



Information Source: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**THIS REPORT CONCERNS THE FOLLOWING CHILD(REN):**

Name:	Age/DOB:	Sex:	School:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Address of Child(ren):**

Street	City	State	Zip	Phone
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**OTHER FAMILY MEMBER(S): Parents, guardians, other adults in home, and other children:**

Names of Parents/  
Guardians \_\_\_\_\_

Address of  
Parents/Guardian:  
(if different)

Street	City	State	Zip
Phone _____	Phone _____		

Name(s) of other  
Children: \_\_\_\_\_

**OTHER SIGNIFICANT PERSON(S) WHO MAY HAVE INFORMATION: (school counselor, teachers, doctor, relative, friends, neighbors, etc.)**

Name:	Address:	Phone:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SUMMARIZE THE NATURE OF THE CONCERN/REPORT: Provide a brief description of the injury, conditions, and reasons for concern. List the most important details first, and be specific.**

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**Is there DOCUMENTED HISTORY of reports regarding this student?**  Yes  No  Unknown

If Yes, please describe:

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**NAME OF PERSON MAKING REPORT:** \_\_\_\_\_

Principal/designee notified:  Yes  No

If yes: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Name: \_\_\_\_\_

**WHICH AGENCY DID YOU MAKE AN ORAL REPORT TO?**  DHS  Police:

**You must speak to a live person to make a report. Do not leave a voicemail.**

Person reported to: \_\_\_\_\_ Date \_\_\_\_\_ Time: \_\_\_\_\_

Requested follow-up telephone call from DHS worker

**PARENT CONTACT:**

Did DHS permit the school to contact parents:  Yes  No

DHS will contact parents:  Yes  No

Safety Supervision Plan:  Yes  No

**WRITTEN REPORT SENT TO AGENCY?**  Yes  No Date: \_\_\_\_\_ Time: \_\_\_\_\_

If Yes, Name & Address of

Agency Report was sent to: \_\_\_\_\_

**DISPOSITION**

Police Contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____	Time: _____
Parents Notified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____	Time: _____
Safety Supervision Plan implemented	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: _____	Time: _____

**NEED FURTHER FOLLOW UP?**  Yes  No

**COMMENTS:**

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The person making the report and the principal shall EACH KEEP A COPY of this written report in a CONFIDENTIAL LOCATION.



## Child Abuse Reporting Checklist

**To Report Child Abuse Call: 1-855-503-SAFE (7233)**

The Child Abuse Hotline is open 24 hours a day/365 days a year

(When calling, listen to the available prompts)

Select "Mandatory Reporter"

**If a child is in *immediate* danger, call 911**

As a mandatory reporter, if you suspect a child with whom you have had contact is being abused, or that a person has abused a child, you must report it to the Department of Human Services Child Welfare Division at 1-855-503-7233.

If a child tells you he or she has been abused, you must immediately make a report.

If you suspect a child has been abused, but are not sure, use the following checklist as a guide. Situations may include, but are not limited to, the following items.

### Potential Child Abuse Indicators

**Child performed possible sex act to self (exposing, manual manipulation).\***

**Child performed possible sex act toward other student (inappropriate touching, sexual playing).\***

When asked, the student's explanation is not consistent with the injury.

Child made sexual or concerning statements.

Child has bruises or physical injury.

Child performed acts of bullying.

Child made threats of physical harm to others.

Child shows signs of mental abuse.

Child shows signs of neglect.

Child displays lack of trust and relationship difficulties.

Child appears to have a core feeling of being broken or damaged.

Child has trouble regulating emotions.

Child acts either inappropriately adult-like or inappropriately infantile.

Child is withdrawn from family and friends.

Child displays privacy issues.

As a general rule, if the child displays any indicators with an asterisk (\*), make a child abuse report.

If the child displays multiple indicators a report should be made. **Whenever you are in doubt, make a child abuse report.**

Use the Child Abuse Report Form, found on the LCSD Forms-Student team drive, to keep record of your report. You must also immediately inform your administrator and provide a copy of the report.