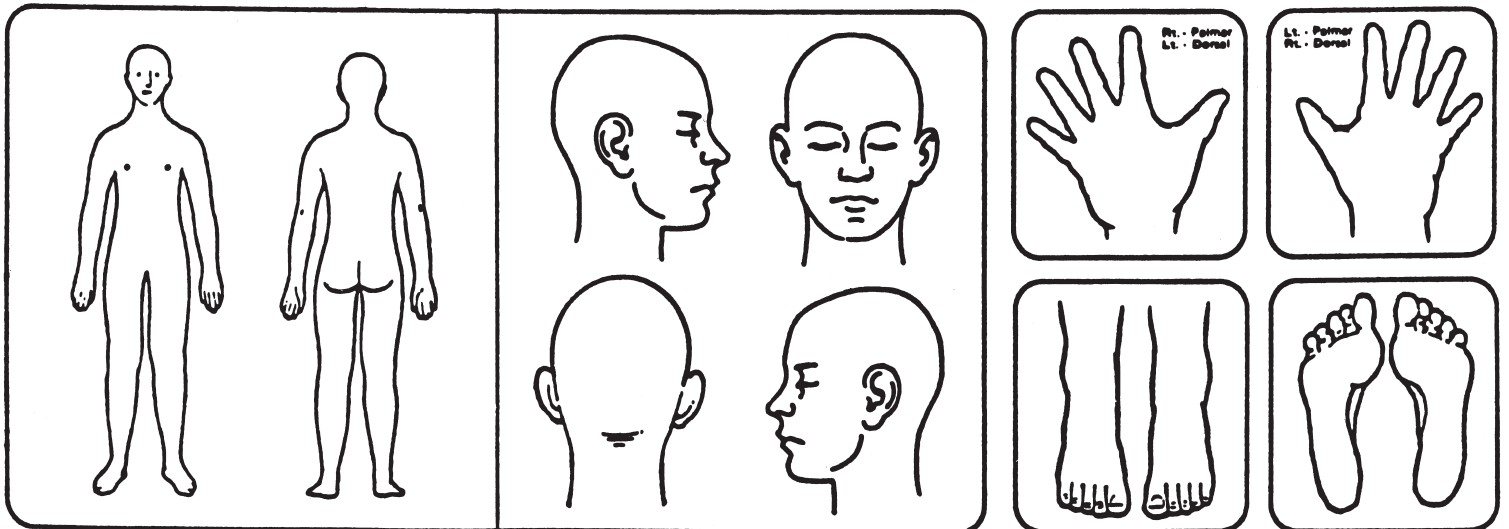


# REPORT OF SUSPECTED CHILD ABUSE (CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA CSA CHAPTER 63)

806-AR-2

**PLEASE REFER TO INSTRUCTIONS ON REVERSE SIDE. EXCEPT FOR SIGNATURE, PLEASE PRINT OR TYPE**

1. NAME OF CHILD (Last, First, Initial)		SSN	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (State, City, State & ZIP Code)			COUNTY	
1A. PRESENT LOCATION IF DIFFERENT THAN ABOVE			COUNTY	
2. BIOLOGICAL/ADOPTIVE MOTHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
3. BIOLOGICAL/ADOPTIVE FATHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
4. OTHER PERSON RESPONSIBLE FOR CHILD		SSN	BIRTHDATE	RELATIONSHIP TO CHILD SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (City, State & ZIP Code)			COUNTY	TELEPHONE NO.
5. ALLEGED PERPETRATOR (Last, First, Initial)		SSN	BIRTHDATE	RELATIONSHIP TO CHILD SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (City, State & ZIP Code)			COUNTY	TELEPHONE NO.
NAME OF ALLEGED PERPETRATOR'S EMPLOYER AND EMPLOYER'S ADDRESS				
6. FAMILY HOUSEHOLD COMPOSITION (Excluding Above Names)		RELATIONSHIP TO CHILD	NAME (Last, First, Initial)	RELATIONSHIP TO CHILD
NAME (Last, First, Initial)				
A.			D.	
B.			E.	
C.			F.	
ADDRESS WHERE THE SUSPECTED ABUSE OCCURRED			COUNTY	
DESCRIBE THE NATURE AND EXTENT OF THE SUSPECTED CHILD ABUSE, INCLUDING ANY EVIDENCE OF PRIOR ABUSE TO THE CHILD OR ANY SIBLING OF THE CHILD. ALSO INCLUDE ANY EVIDENCE OF PRIOR ABUSE BY THE ALLEGED PERPETRATOR(S) TO OTHER CHILDREN. PLEASE NOTE EXACT LOCATION OF THE INJURY(S) ON MODEL BELOW.			DATE OF INCIDENT	



**7. ACTIONS TAKEN OR ABOUT TO BE TAKEN BY THE PERSON MAKING THE REPORT:**

- NOTIFICATION OF CORONER OR MEDICAL EXAMINER     X-RAYS     PHOTOGRAPHS     HOSPITALIZATION  
 POLICE NOTIFIED     MEDICAL TEST(S)     TAKEN INTO PROTECTIVE CUSTODY     OTHER (Specify) \_\_\_\_\_

**8. SAFETY CONCERNS AND RISK FACTORS:**

**A.** DESCRIBE THE CHILD(REN)'S PHYSICAL AND BEHAVIORAL HEALTH, GOOD MOOD AND TEMPERAMENT. DESCRIBE CHILD(REN)'S INTELLECTUAL FUNCTIONING, COMMUNICATION AND SOCIAL SKILLS, SCHOOL PERFORMANCE AND PEER RELATIONS. INCLUDE WHETHER THE CHILD(REN) HAS EXPRESSED ANY SUICIDAL/HOMICIDAL IDEATION OR PLANS.  INFORMATION UNKNOWN

**B.** DESCRIBE HOW THE ADULT CAREGIVERS FUNCTION COGNITIVELY, EMOTIONALLY, BEHAVIORALLY, PHYSICALLY AND SOCIALLY. INCLUDE WHETHER THE ADULTS HAVE ANY MENTAL HEALTH, SUBSTANCE USE ISSUES AND/OR CRIMINAL HISTORY. DOCUMENT ANY PAST OR PRESENT DOMESTIC VIOLENCE. RECORD THE EMPLOYMENT STATUS/SOURCE OF INCOME AND WHETHER THERE ARE ANY FINANCIAL STRESSORS IN THE HOME. INCLUDE ANY SAFETY OR SANITARY CONCERNS REGARDING THE CONDITIONS OF THE HOME AND WHETHER THERE ARE WORKING UTILITIES. WHAT IS THE PRIMARY LANGUAGE OF THE HOUSEHOLD?  INFORMATION UNKNOWN

**C.** DESCRIBE WHETHER THE CAREGIVERS HAVE THE APPROPRIATE KNOWLEDGE, EXPECTATIONS AND SKILLS TO PARENT THE CHILD(REN) ADEQUATELY. DOES THE CAREGIVER ADEQUATELY SUPERVISE THE CHILD(REN)? ARE THEY WILLING AND ABLE TO PROTECT THE CHILD(REN)? DESCRIBE THE ABILITY OF THE CAREGIVER TO EMPATHIZE, NURTURE AND ADVOCATE FOR THE CHILD(REN).  INFORMATION UNKNOWN

**D.** DESCRIBE THE CAREGIVERS' APPROACH/METHODS OF DISCIPLINING THE CHILD(REN). DESCRIBE WHEN DISCIPLINE OCCURS AND WHETHER DISCIPLINARY METHODS ARE AGE-APPROPRIATE? ARE THERE ANY CULTURAL PRACTICES IN THE HOME THAT WOULD INFLUENCE THE DISCIPLINARY METHODS USED?  INFORMATION UNKNOWN

**E.** PLEASE PROVIDE ANY ADDITIONAL INFORMATION RELEVANT TO THE INVESTIGATION PROCESS THAT HAS NOT ALREADY BEEN ENTERED IN THIS REFERRAL. THIS MAY INCLUDE ADDITIONAL ADDRESSES TO LOCATE THE CHILD OR PERPETRATOR, ADDITIONAL RESOURCES FOR THE CHILD, EMAIL ADDRESSES, INFORMATION ABOUT ANY WEAPONS IN THE HOME OR CONCERNS YOU MAY HAVE FOR THE CASEWORKER'S SAFETY.  INFORMATION UNKNOWN

**INSTRUCTIONS TO MANDATED PERSONS:**

A mandated reporter making an oral report of suspected child abuse to the department via the Statewide toll-free telephone number (800-932-0313) must also make a written report, which may be submitted electronically, within 48 hours to the department or county agency assigned to the case by using this form. If needed, attach additional sheet(s) of paper to provide all of the requested information on this form.

**NOTE:**

If the child has been taken into custody, you must immediately contact the county children and youth agency where the abuse occurred.

<b>REPORTING SOURCE:</b>			
PRINTED NAME AND SIGNATURE:			DATE OF REPORT:
ADDRESS:			
TITLE OR RELATIONSHIP TO CHILD:	FACILITY OR ORGANIZATION:	TELEPHONE NUMBER:	EMAIL ADDRESS:

# CENTENNIAL SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: January 8, 2019

REVISED:

## 806-AR-4. SCHOOL ENTITY MANDATORY REPORT

Section 2070.9a of the Professional Educator Discipline Act, 24 P.S. § 2070.9a, requires the superintendent, assistant superintendent, executive director of an intermediate unit, chief administrator of an area vocational-technical school or career and technology center, or their designees to report to the Department of Education the following:

1. The dismissal of a certificated employee for cause. The report of a dismissal shall be filed within thirty (30) days after an administrative decision by an arbitrator or the local board of school directors;
2. Conduct that has resulted in a criminal indictment or conviction of a certificated employee for a crime listed in section 111(e)(1)-(3) of the Public School Code or other crime that involves moral turpitude. The report of a criminal indictment or conviction shall be filed within thirty (30) days of the receipt of information concerning the indictment or conviction and must include all available information concerning the indictment or conviction; and
3. Information which constitutes reasonable cause to believe that the certificated employee has caused physical injury to a student or child through negligence or malice or has committed sexual abuse or exploitation involving a student or child. The report shall be filed within sixty (60) days of receipt of the information.

Failure to comply with the reporting requirements may result in professional disciplinary action against the chief school administrator.

The Department of Education also strongly encourages school officials to file a Mandatory Report whenever a certificated employee resigns his/her employment in lieu of being dismissed or disciplined.

The completed mandatory report form with supporting documentation should be sent to: Pennsylvania Department of Education, Office of Chief Counsel, 333 Market Street, 9<sup>th</sup> Floor, Harrisburg, PA 17126-0333.

# CENTENNIAL SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: January 8, 2019

REVISED:

## 806-AR-5. SCHOOL ENTITY MANDATORY REPORT FORM

### 1. REPORTING SCHOOL ENTITY:

Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

### 2. EDUCATOR'S INFORMATION:

Educator's Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Most Recent Position: \_\_\_\_\_  
Telephone Number (Home): \_\_\_\_\_ (Work) \_\_\_\_\_  
Home Address (Please complete and check box below):  
\_\_\_\_\_

Address is current       Address is most recent but may be inaccurate

### 3. INFORMATION REGARDING ALLEGED MISCONDUCT:

County and State where conduct occurred: \_\_\_\_\_

Check the reason(s) the educator was dismissed or would have been dismissed:

- |                                                                             |                                                        |
|-----------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Immorality                                         | <input type="checkbox"/> Drugs                         |
| <input type="checkbox"/> Intemperance                                       | <input type="checkbox"/> Cruelty                       |
| <input type="checkbox"/> Incompetence                                       | <input type="checkbox"/> Negligence                    |
| <input type="checkbox"/> Persistent and Willful<br>Violation of School Laws | <input type="checkbox"/> Forged or Altered Certificate |
| <input type="checkbox"/> Other _____                                        |                                                        |

Briefly describe the facts surrounding the dismissal and the act or behavior of the educator.

If a dismissal hearing was held, indicate the date(s) of the hearing and the date of the final decision:

Hearing date(s): \_\_\_\_\_

Final Decision: \_\_\_\_\_

If the educator was criminally charged with or convicted of a crime of moral turpitude or a crime delineated in section 1-111(e) of the Public School Code, please provide the following information.

List the crime(s): \_\_\_\_\_

List the county in which the educator was charged/convicted: \_\_\_\_\_

List the docket number: \_\_\_\_\_

List the date of the charge/conviction/sentencing: \_\_\_\_\_

Attach the following supporting documentation, when applicable:

- Copies of performance ratings
- Copies of applicable policies and/or directives
- Certified copies of applicable Board minutes
- Copy of educator's resignation, any resignation agreements, and evidence of the Board's acceptance of the resignation
- Any available criminal documentation, including docket sheets and police reports

**4. CURRENT STATUS OF EDUCATOR:**

Was the educator dismissed for cause or did the educator resign in order to avoid dismissal?

- Dismissed       Resigned to avoid dismissal       Not applicable

What is the current status of the educator?

- |                                                           |                                                 |
|-----------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> In Classroom                     | <input type="checkbox"/> Temporarily Reassigned |
| <input type="checkbox"/> Date suspended with pay _____    | <input type="checkbox"/> Date resigned _____    |
| <input type="checkbox"/> Date suspended without pay _____ | <input type="checkbox"/> Date dismissed _____   |

If the educator was suspended or dismissed, has the educator filed a grievance or has the educator filed an appeal with the Secretary of Education? If yes, please provide information related to the status of the grievance/appeal.

- No  
 Yes \_\_\_\_\_

**5. INFORMATION REGARDING MANDATORY REPORTER:**

Name and Title of Mandatory Reporter: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_)\_\_\_\_\_ ext. \_\_\_\_\_

\_\_\_\_\_  
Signature of Mandatory Reporter

\_\_\_\_\_  
Date