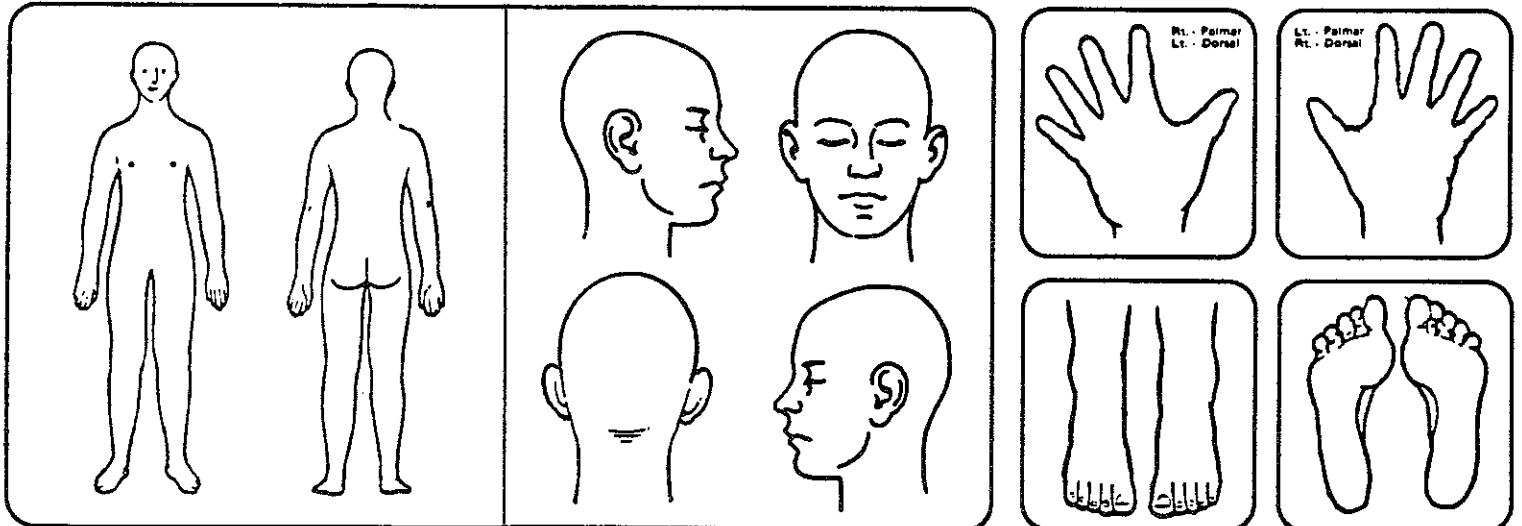


REPORT OF SUSPECTED CHILD ABUSE

(CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA CSA CHAPTER 63)

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

1. NAME OF CHILD (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (Street, City, State & Zip Code)			COUNTY	
1A. PRESENT LOCATION IF DIFFERENT THAN ABOVE			COUNTY	
2. BIOLOGICAL/ADOPTIVE MOTHER (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	TELEPHONE NO.
ADDRESS (Street, City, State & Zip Code)			COUNTY	
3. BIOLOGICAL/ADOPTIVE FATHER (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	TELEPHONE NO.
ADDRESS (Street, City, State & Zip Code)			COUNTY	
4. OTHER PERSON RESPONSIBLE FOR CHILD		SOC. SEC. NO.	BIRTHDATE	RELATIONSHIP TO CHILD
ADDRESS (Street, City, State & Zip Code)		COUNTY		SEX <input type="checkbox"/> M <input type="checkbox"/> F
5. ALLEGED PERPETRATOR (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	RELATIONSHIP TO CHILD
ADDRESS (Street, City, State & Zip Code)		COUNTY		SEX <input type="checkbox"/> M <input type="checkbox"/> F
6. FAMILY HOUSEHOLD COMPOSITION (Excluding Above Names)		RELATIONSHIP TO CHILD	NAME (Last, First, Initial)	RELATIONSHIP TO CHILD
A.			D.	
B.			E.	
C.			F.	
DESCRIBE INJURIES/CONDITION AND WHY YOU SUSPECT ABUSE/NEGLECT. INCLUDE EVIDENCE OF PRIOR ABUSE TO THIS CHILD, SIBLING OR PERPETRATOR. (PLEASE REFER TO OPPOSITE SIDE FOR ADDITIONAL INFORMATION). PLEASE NOTE EXACT LOCATION OF THE INJURY(S) ON MODEL BELOW.		COUNTY WHERE ABUSE OCCURRED		DATE OF INCIDENT



7. ACTIONS TAKEN OR ABOUT TO BE TAKEN BY REPORTER, COUNTY AGENCY, LAW ENFORCEMENT, SCHOOL OFFICIAL, OR OTHERS.							
<input type="checkbox"/> NOTIFICATION OF CORONER	<input type="checkbox"/> X-RAYS	<input type="checkbox"/> PHOTO-GRAPHS	<input type="checkbox"/> HOSPITAL-IZATION	<input type="checkbox"/> POLICE NOTIFIED	<input type="checkbox"/> MEDICAL EXAMINATION	<input type="checkbox"/> EMERGENCY CUSTODY TAKEN	<input type="checkbox"/> OTHER (Specify) _____
8. RISK FACTORS, CHILD:							
A. DESCRIBE ANY PHYSICAL, MENTAL OR BEHAVIORAL FACTORS THAT MAY PLACE THE CHILD AT RISK:						<input type="checkbox"/> UNKNOWN	
B. DOES THE CHILD APPEAR TO NEED IMMEDIATE MEDICAL ATTENTION?						IF YES, PLEASE EXPLAIN:	
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES							
C. LEVEL OF PAIN CHILD EXHIBITS				PLEASE DESCRIBE:			
<input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE							
D. DOES THE CHILD APPEAR TO BE FEARFUL, SUICIDAL OR WITHDRAWN? IF YES, PLEASE EXPLAIN:							
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES							
9. RISK FACTORS, FAMILY:							
A. DESCRIBE ANY CARETAKER/PERPETRATOR CHARACTERISTICS THAT PLACE THE CHILD AT RISK:						<input type="checkbox"/> UNKNOWN	
B. DESCRIBE THE EXTENT OF PERPETRATOR(S) ACCESS TO CHILD:						<input type="checkbox"/> UNKNOWN	
C. IS THERE ANY SUBSTANCE ABUSE IN THE HOUSEHOLD?				IF YES, PLEASE EXPLAIN:			
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES							
D. DOES THE CARETAKER/PERPETRATOR HAVE A HISTORY OF VIOLENCE OR SEVERE EMOTIONAL PROBLEMS? IF YES, PLEASE EXPLAIN:						<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES	
E. WHAT IS THE ENVIRONMENTAL (HEALTH AND SAFETY) CONDITION OF THE HOME?						<input type="checkbox"/> UNKNOWN	
F. WILL CHILD BE AT RISK DUE TO COUNTY AGENCY INVOLVEMENT?						IF YES, PLEASE EXPLAIN:	
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES							
G. ARE THERE WEAPONS IN THE HOME?				IF YES, PLEASE EXPLAIN:			
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES							

INSTRUCTIONS TO MANDATED PERSONS: Any persons who, in the course of their employment, occupation, or practice of their profession come into contact with children shall report or cause a report to be made to ChildLine (800-932-0313) when they have reasonable cause to suspect, on the basis of their medical, professional or other training and experience, that a child coming before them in their professional or official capacity is a victim of child abuse. Within 48 hours after making the oral report, send one copy of this report to the county children and youth agency.

NOTE: If the child has been taken into custody, you must also immediately contact the county children and youth agency where the abuse occurred. Except for confidential communications made to an ordained member of the clergy, the privileged communication between any professional person required to report and the patient or client of that person shall not apply to situations involving child abuse and shall not constitute grounds for failure to report suspected abuse.

REPORTING SOURCE			
SIGNATURE		TITLE OR RELATIONSHIP TO CHILD	FACILITY OR ORGANIZATION
ADDRESS		TELEPHONE NUMBER	DATE OF REPORT

REPORT OF SUSPECTED STUDENT ABUSE

(CHILD PROTECTIVE SERVICE LAW TITLE 23 PA CSA CHAPTER 63)

INSTRUCTIONS TO SCHOOL EMPLOYEE AND ADMINISTRATOR

A SCHOOL EMPLOYEE WHO HAS REASONABLE CAUSE TO SUSPECT, ON THE BASIS OF PROFESSIONAL OR OTHER TRAINING AND EXPERIENCE, THAT A STUDENT COMING BEFORE THEM IS A VICTIM OF SERIOUS BODILY INJURY OR SEXUAL EXPLOITATION BY A SCHOOL EMPLOYEE, SHALL IMMEDIATELY REPORT THAT SUSPICION TO THE ADMINISTRATOR. THE ADMINISTRATOR SHALL REPORT THE SUSPICION IMMEDIATELY AND PROVIDE A COPY OF THIS REPORT TO LAW ENFORCEMENT OFFICIALS AND THE APPROPRIATE DISTRICT ATTORNEY. (IF THE ACCUSED SCHOOL EMPLOYEE IS THE ADMINISTRATOR, THEN THE SCHOOL EMPLOYEE WHO HAS THE SUSPICION SHALL MAKE THIS REPORT.)

1. NAME OF STUDENT (<i>Last, First, Middle Initial</i>)		SOC. SEC. NO.	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (<i>Street, City, State & Zip Code</i>)			COUNTY	
2. MOTHER (<i>Last, First, Middle Initial</i>)		SOC. SEC. NO.	BIRTHDATE	TELEPHONE NO.
ADDRESS (<i>Street, City, State & Zip Code</i>)			COUNTY	
3. FATHER (<i>Last, First, Middle Initial</i>)		SOC. SEC. NO.	BIRTHDATE	TELEPHONE NO.
ADDRESS (<i>Street, City, State & Zip Code</i>)			COUNTY	
4. AGENCY OR LEGAL GUARDIAN		SOC. SEC. NO.	BIRTHDATE	RELATIONSHIP TO CHILD
ADDRESS (<i>Street, City, State & Zip Code</i>)		COUNTY		SEX <input type="checkbox"/> M <input type="checkbox"/> F
5. NAME OF SCH EMPL SUSPECTED OF ABUSING STUDENT		SOC. SEC. NO.	BIRTHDATE	RELATIONSHIP TO CHILD
HOME ADDRESS (<i>Street, City, State & Zip Code</i>)		COUNTY		SEX <input type="checkbox"/> M <input type="checkbox"/> F
SCHOOL ADDRESS (<i>Street, City, State & Zip Code</i>)				
NATURE OF ALLEGED OFFENSE (INCLUDE ANY SPECIFIC COMMENTS OR OBSERVATIONS THAT ARE DIRECTLY RELATED TO THE ALLEGED INCIDENT, THE INDIVIDUALS INVOLVED, AND THE SPECIFIC LOCATION OF THE INCIDENT).				
COUNTY WHERE ALLEGED INCIDENT OCCURRED			DATE OF INCIDENT	

REPORTING SOURCE (CONFIDENTIAL)

NAME	TITLE	SCHOOL FACILITY OR LEO		
ADDRESS	TELEPHONE NUMBER	DATE OF REPORT		

INSTRUCTIONS TO LAW ENFORCEMENT OFFICIALS

IF YOUR INITIAL REVIEW GIVES EVIDENCE OF SERIOUS BODILY INJURY OR SEXUAL ABUSE OR SEXUAL EXPLOITATION, CALL THE COUNTY AGENCY IN THE COUNTY WHERE THE ABUSE OCCURED. FORWARD A COPY OF THIS FORM, ALONG WITH AY OTHER INFORMATION YOU HAVE GATHERED IN WRITING 48 HOURS. PLEASE NOTIFY THE COUNTY AGENCY OF THE RESULTS OF YOUR INVESTIGATION, SUCH AS ANY ARRESTS, CHARGES, OR CONVICTION (PLEASE USE FORM CY-LEO).

CENTENNIAL SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: October 14, 2014

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, 9th Floor, Harrisburg, PA 17126-0333.

CENTENNIAL SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: October 14, 2014

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
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