**Caddo Parish School Board**

**1961 Midway Street Shreveport, LA 71108 318-603-6300**

**MANDATED REPORTING CASES OF CHILD ABUSE/NEGLECT**

The report of child abuse/neglect should be made as soon as the school personnel becomes aware of the abuse or neglect. The initial report of abuse or neglect may be made orally, but the oral report shall be followed by a written report made within five days to the local child protection agency or, if necessary to the local law enforcement agency

(**CPSB Policy JO-R – Student Records – Child Abuse/Neglect**)

**Mandated Reporter Information:** (This form can be used to complete your Hotline report and submitted as your required written report.)

**Reporter’s Name:**  **Position:** 

**School Name**:  **Address**: 

**Reporter’s Phone #:** 

**Date/Time this child came to the reporter’s attention:** 

**What is the child’s current location?** 

**When the child leaves school, will he/she be in immediate risk of harm? Or are there visible signs of abuse/neglect? Or is the child involved in human sex trafficking, sexual abuse? Or is the child in an emergency situation that requires immediate assistance?**

[ ]  **Yes to any of the above questions (emergent steps: 1)** Complete this form; **2)** CALL DCFS HOTLINE to make oral report; **3)** report to Law Enforcement**)**

[ ]  **No (non-emergent Steps: 1)** Complete this form; **2)**callDCFS HOTLINE to make oral report *or* online report; 3) report to Law Enforcement**)**

**List all known victims as well as other non-victim children residing in the home.**

|  |
| --- |
| **Name of Child**  **Age/DOB****Address (if known) w/City & Parish****Child’s Cell #**  **Gender**  **Race**  **Foster Care?** [ ]  **Yes** [ ]  **No****School**:  |
| **Name of Child**  **Age/DOB****Address (if known) w/City & Parish****Child’s Cell #**  **Gender**  **Race**  **Foster Care?** [ ]  **Yes** [ ]  **No****School**:  |

**Caretaker(s) and/or Adult(s) in the household**

|  |
| --- |
| **Name** **Relationship to Victim****Approx. Age or DOB**  **Gender**  **Race** **Phone Number #**  |
| **Name** **Relationship to Victim****Approx. Age or DOB**  **Gender**  **Race** **Phone Number #**  |

**Abuse/Neglect Details**

**Is this report from information that is first hand?**  [ ]  **Yes** [ ]  **No**

**What prompted you to report this situation/concern? (i.e. Account of how this child came to the reporter’s attention**



**Description of incident**: Describe the following, if known: **WHAT** happened, **WHO** is involved, **WHEN** and **WHERE** did the incident occur, impacts/effects on the victims, a description of injuries and/or threat of harm, the frequency of occurrence, and the history of occurrences.



**Explanation of the cause of the child’s injury or condition offered by the child, the caretaker, or any other person:**

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**Name(s) & Relationship of the person or persons who are thought to have caused or contributed to the child’s condition.**

**The report shall contain the name of such person if he/she is named by the child**.

**Name:** **Relationship to the Victim**: 

**Address: **

**Phone # **

**Approx. Age or DOB**   **Gender**  **Race** 

**Can you describe normal disciplinary practices in the home?**



**Any previous known or suspected abuse to this child or the child’s siblings** [ ]  **\*Yes** (If Yes, describe) [ ]  **No**



**Any other information which the reporter believes might be important or relevant**:



**DCFS Report Documentation**

**Name of the DCFS Intake Worker to whom the oral report was made**: 

**Date of oral report to DCFS**:  **Time of oral report to DCFS**: 

**Case #**  **Requested** a **Response Disposition Letter** from DCFS

**Date of Written Report to DCFS**:  (within 5 days of oral report)

**This completed form can be FAXED** to Office of Community Services (FAX # 318-676-7307)

**Mailing address**: DCFS Caddo Parish Welfare; 1525 Fairfield Ave. Rm. 424 Box 31; Shreveport, LA 71101

**Law Enforcement Documentation**

**Name/Title/Badge # of the Law Enforcement Officer to whom the report was made:**



**Date of Report to Law Enforcement:**  **Time of Report**: 

**Police Report #** 

**Reminders:**

**[ ] It is your individual responsibility as a mandatory reporter (ALL school personnel) to ENSURE that a child neglect/abuse report is made. Telling a supervisor or anyone else does not fulfill your legal obligation. A supervisor does not have the authority to decide whether a mandated reporter makes a report. Never assume that a report has been made by other professionals or adult. When a mandated reporter becomes aware of a situation, he/she becomes responsible.**

**[ ]**  If this is an **emergent** report, call the hotline to report. Do not submit an on-line report for an emergent case.

[ ]  If the report is **non-emergent**, an on-line report can be made at dcfs.la.gov; click on “Report Abuse”.

**[ ] ALL** reports (emergent and non-emergent reports) must be **dually reported** to Child Protection and Law Enforcement and followed up with a written report.

[ ] If the child is **18** y/o or older **and** receiving **SPED** services, contact **Adult Protective Services**.

[ ] If the child is 18 y/o and not SPED, contact law enforcement.

[ ] Reports of sexual abuse and human trafficking are emergent

[ ] Reports of visible signs or marks of physical abuse or neglect are emergent

[ ] Coordinate with your Principal so that he/she is aware

[ ] **Signature Form** for Child Protection Worker or Law Officer if child is examined or interviewed at school

[ ] If you have previously reported abuse/neglect regarding this child, have that information in hand (if available) when giving your oral report and inform them you have made a previous report(s).

[ ] If the child has siblings at another school, contact the school counselor at the other school to check on the safety of the other children. Your mandated reporting **cannot wait** on the responses from the other school counselors.

[ ]  This completed form can be used to guide your DCFS hotline oral report and as the required follow-up written report to DCFS.

[ ]  Send copy of this completed report to Counseling Specialist (M. Kay)

**Resource Numbers**

**Hotline** **for Reporting Child Abuse or Neglect**: (24 hours a day/365 days a year) **(1-855-4LA-KIDS) 1-855-452-5437**

**Non-emergent on-line report dcfs.la.gov; click on “report abuse”; click on “Mandated Reporters”; click on Online Form**

**Hotline for Reporting to Adult Protective Services 1-800-898-4910**

**Office of Community Services local FAX #** for written report following oral report **(318) 676-7307**

**Office of Community Services** (Caddo Parish local office) **(318) 676-7323**

**Shreveport Police Department (318) 673-7300**

**Caddo Parish Sheriff’s Office (318) 675-2170**

Shreveport Police Department - Sex Crimes **~~(318) 673-7026~~ (318)673-6955**

Shreveport Police Department – Juvenile Dept.; Det. Diana Coleman **(318) 673-7020; (318) 673-7023**

Caddo Parish Sheriff’s Detective **(318) 681-0700**

**Purchased Hotline (Sex Trafficking) (318) 230-7482**

Kimberly Brook, CPSB Security Investigator **(318) 603-6487**, **(318) 465-9845**

Melinda Kay, School Counseling Specialist **(**mkay@caddoschools.org**) FAX (318) 603-6516, (318) 455-4049** wk cell

Community Liaison Officer for my school (Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_