

MANDATORY ABUSE REPORT



Date of Report:	Time:
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Name of victim/recipient/consumer (Last, First, M.I.):		Facility name:	
Address:		Address:	
City:	State:	Zip Code:	City:
Phone:		Phone:	
Date of birth:	Sex:	Facility type: (NH, PCH, DC, CLA, etc.)	
Date and time of incident: Date: / / Time: ____ : ____ A.M. / P.M.		Facility licensing agency:	Facility licensing number:
Date and time of report to licensing agency: Date: / / Time: ____ : ____ A.M. / P.M.		Licensing agency contact and telephone number: Name: Telephone # :	
<p style="text-align: center;">OAPSA (OVER 6o)</p> <p>Abuse type: (check one)</p> <p><input type="checkbox"/> ABUSE not Involving sexual abuse, serious bodily injury, serious physical injury or suspicious death</p> <p><input type="checkbox"/> SEXUAL ABUSE (rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, indecent assault or incest)</p> <p><input type="checkbox"/> SERIOUS BODILY INJURY <input type="checkbox"/> SERIOUS PHYSICAL INJURY</p> <p><input type="checkbox"/> SUSPICIOUS DEATH</p>		<p style="text-align: center;">APS (UNDER 6o)</p> <p>Abuse/Neglect type: (check one)</p> <p><input type="checkbox"/> ABUSE, NEGLECT, EXPLOITATION or ABANDONMENT <u>not</u> Involving sexual abuse, serious injury, serious bodily Injury or suspicious death</p> <p><input type="checkbox"/> SEXUAL ABUSE (rape, involuntary deviate sexual intercourse, sexual assault, statutory sexual assault, aggravated indecent assault, or incest)</p> <p><input type="checkbox"/> SERIOUS BODILY INJURY <input type="checkbox"/> SERIOUS INJURY</p> <p><input type="checkbox"/> SUSPICIOUS DEATH</p>	
Date/Time oral report to AAA: Date: / / Time: ____ : ____ A.M. / P.M.	Name of AAA contacted:	AAA/APS Agency use only Date/Time oral report to county coroner: (If applicable) Date: / / Time: ____ : ____ A.M. / P.M.	AAA/APS Agency use only Name of coroner: (If applicable)
Date/Time oral report to local law enforcement: (if applicable)	Name of law enforcement agency: (if applicable)	Date/Time oral report to PDA/DHS: (if applicable)	
Contact information: (Please check appropriate block) <input type="checkbox"/> Guardian <input type="checkbox"/> Attorney-in-fact <input type="checkbox"/> Next of kin		Alleged perpetrator name:	Relationship to victim:
Name:		Address:	
Address:		City:	State:
City:	State:	Zip Code:	Zip Code:
City:	State:	Zip Code:	Phone number:
Phone:		Age:	Sex:
Relationship:		Type of position: (RN, LPN, CNA, etc.)	Work shift:
		Date of hire:	

PLEASE COMPLETE REVERSE SIDE

Details and description of abuse: (attach additional sheets if necessary)

Actions taken by facility, including taking of photographs and X-Rays, removal of victim and notification of appropriate authorities:
(attach additional sheets if necessary)

Other pertinent information, comments or observations directly related to alleged abuse incident and victim:

Name and title of reporter: (Please type of print)

Name:

Title:

Signature of reporter:

Reporter contact information:

Telephone number:

Email address:

Date:

Name and title of person preparing report: (Please type of print)

Name:

Title:

Signature of person preparing report:

Person preparing report contact information:

Telephone number:

Email address:

Date:

For Students 18 & older

NOTIFICATION OF SUSPECTED ABUSE
Adult Protective Service Hotline # 1-800-490-8505
Midwestern Intermediate Unit IV

Student:		DOB:		Age:	
Parents:		Phone:			
Address:		District of Residence:			
Program Location:		Teacher:			

1. Do not investigate, simply report
2. Resist interviewing the student; defer interviews to the appropriate authority
3. Under NO circumstances are MIU IV staff to photograph the student
4. Briefly describe the situation and/or condition of the student

Procedures:

#	Date	Time	Description
1.			Mandated Reporter who has reasonable suspicion that a student 18 & older is a victim of abuse, neglect, exploitation or abandonment must immediately call the Adult Protective Services Hotline (1-800-490-8505) in accordance with Adult Protective Services Act (Act 70 of 2010).
2.			<u>AND IF</u> the Mandated reported has reason to suspect the student is a victim of sexual abuse, serious injury, serious bodily injury or a death that is suspicious, you must complete the following steps 2a, 2b, and 2c
2a			a. Immediately make an oral report to Local Law Enforcement Agency. IF not an emergency, call the local police department obtain number from school office. (If an emergency call 911)
2b			b. Immediately make an oral report to Department of Human Services/Adult Protective Services Division 717-265-7887 select option 3.
2c			c. Complete the written report (PA 1943) and send to Local Law Enforcement Agency. http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_167248.pdf
3.			Mandated Reporter notifies the Building Administrator *If no Principal is available, proceed to step 3
4.			Mandated Reporter notifies MIU IV Program Supervisor *if MIU IV Administrator is not available, contact MIU IV Director of Special Education *if MIU IV Director of Special Education is not available, contact MIU IV Executive Director
5.			Mandated Reporter notifies MIU IV School Social Worker - Bryda Drumm 724-458-6700 x1218
6.			Mandated Reporter completes the written report (PA 1943) http://www.dhs.pa.gov/cs/groups/webcontent/documents/document/c_167248.pdf Fax to 484-434-1590 or email the completed form to mandatoryron@libertyhealth.com
7.			Mandated Reporter faxes the written report and this Notification form to MIU IV Program Supervisor
8.			Program Administrator notifies the LEA or appropriate School Administrators
9.			Program Administrator signs and faxes this form to the Director of Special Education
10.			Director of Special Education notifies Executive Director

Signature of Program Administrator

Date