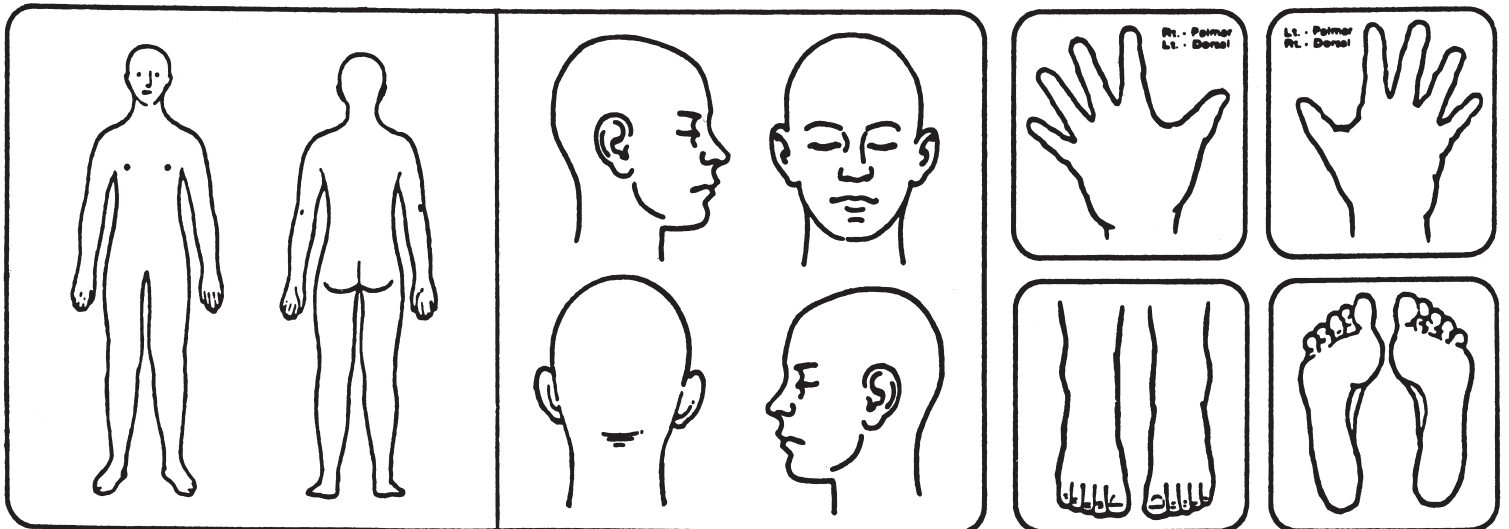


REPORT OF SUSPECTED CHILD ABUSE

(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)		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.

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

NOTIFICATION OF SUSPECTED CHILD ABUSE
 ChildLine # 1-800-932-0313
 Midwestern Intermediate Unit IV

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

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 child

Procedures:

#	Date	Time	Description
1.			Mandated Reporter must call ChildLine (1-800-932-0313) or report online at www.compass.state.pa.us/cwis immediately in accordance with §6313 if under age 18. <u>Age 18 or older</u>, Contact Local Area Agency: 724-662-6222 (Mercer County) or 724-282-3008 (Butler County) or 724-658-3729 (Lawrence County)
2.			Mandated Reporter notifies the Building Administrator *If no Principal is available, proceed to step 3
3.			Mandated Reporter notifies MIU IV Program Supervisor or MIU IV Coordinator of Educational Services *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
4.			Mandated Reporter notifies MIU IV School Social Worker (not applicable for Nonpublic) Bryda Drumm 724-458-6700 x1218
5.			Mandated Reporter completes the CY47, <u>IF</u> reported online you can skip this step (#5) *person reporting to ChildLine completes the CY47 and faxes to County CYS where alleged abuse occurs (Butler Co CYS 724-284-1433) (Lawrence Co CYS 724-658-5503) (Mercer County CYS 724-662-0676)
6.			Mandated Reporter faxes the CY47 form and this Notification form to MIU IV Program Administrator. <u>IF</u> completed online, please print the form and fax to MIU IV Program Administrator.
7.			Program Administrator notifies the LEA or appropriate School Administrators
8.			Program Administrator signs and faxes this form to either the Director of Special Education or Coordinator of Educational Services (if applicable)
9.			Director of Special Education/Coordinator of Educational Services notifies Executive Director

Signature of Program Administrator

Date

Please maintain copy of notifications for your records and destroy CY 47