

JUNCTION CITY SCHOOL DISTRICT #69

INSTRUCTIONS FOR MANDATORY CHILD ABUSE AND NEGLECT REPORTING

All school employees must report suspected child abuse or neglect when there is reasonable cause to believe that a child may have been abused (ORS 418.715). If you have questions or concerns about the legal definition of child abuse, consult with counseling staff or your supervising administrator. If you suspect abuse or neglect, please follow these steps:

1. Notify counselor and/or administrator that you intend to make a report. However, informing them of your intent does not fulfill your legal obligation to report. **You** must file a report with CPS (Child Protective Services), or to law enforcement. If you need help or handholding, contact the counselor or administrator.

2. Fill out the Child Abuse Reporting form completely (attached). Make sure you have the child's family information including the child's date of birth and the name, address, and phone number of parents. You can get this information from eSchool or the office staff.

3. You (the reporter) must call Child Protective Services (CPS) at 541-349-4444 (Lane County), or the Junction City Police Department at 998-1245, (for Territorial, call the Lane County Sheriff's office at 682-4150). When calling CPS, as soon as you hear the recording, quickly press 1 and you will get the pre-screener or a recording to leave your name and school phone number. Be sure to have your report form at hand so that you have access to the information they ask for. If it is a recording, they will call you back, though it may not be until the next day. Before the end of the call, please ask for the pre-screener's name and phone extension, this information will need to be documented on the second sheet of the report form.

4. After you have made the report, make copies for the counselor and/or your administrator. The counselor or administrator at each building will send a copy of the report form to the superintendent for the District's files. Keep the original for your records.

JUNCTION CITY SCHOOL DISTRICT #69

SUSPECTED CHILD ABUSE REPORTING FORM

This information MUST be kept confidential

All school district employees are mandatory reporters. If you suspect abuse, **you** must make a report to Child Welfare or Law Enforcement **immediately** (ORS 418.750). Telling another employee or administrator does not relieve you of this legal obligation. Failure to report suspected child abuse to Child Welfare or Law enforcement may subject the employee to a fine, a loss of license, or possible disciplinary action.

Please complete this form for your working files to document your report. Make copies and provide to your school counselor and/or administrator. (The counselor and/or administrator will ensure that a copy be submitted to the superintendent for the district's files.) This form should be utilized whether or not the abuse involves a district employee. If the abuse involves a district employee, notify the Superintendent **immediately** at 998-6311, extension 5600.

Name of staff member filing report

Title and Date

Student Name _____ Grade _____ Date of Birth _____

Student's Address, Phone Number, and Parents' Names: _____

School _____ Bus # _____ AM _____ PM _____

Source of Information/Disclosure _____

Date suspected abuse occurred _____

Name of Administrator _____ Date informed _____

Nature and extent of the suspected abuse (use quotations from the child if possible.)
If physical marks are present, describe completely and or draw a picture

Identity of abuser (if known), date and location of suspected abuse: _____

Other Information: _____

Reporter's Signature: _____

REPORT TO LEGAL AUTHORITY

Date and time report was filed: _____

Agency Notified (check all that apply):

- Child Protective Services (541) 349-4444 (Lane County)
- Junction City Police (541) 998-1245
- Lane County Sheriff (541) 682-4150

Please fill out an entry for each agency (below).

Agency: _____ Intake person's name: _____

Outcome: _____

Agency: _____ Intake person's name: _____

Outcome: _____

Agency: _____ Intake person's name: _____

Outcome: _____

