

Instructions for Completing
Suspected Child Abuse/Neglect SCAN Reporting Form

Appendix D

Instructions for Completing Suspected Child Abuse/Neglect reporting (SCAN) form

General Instructions: Type or legibly print in black ink all information on the reporting form. All information provided in this form is administratively restricted and therefore the contents should be limited to only those individuals who have a need of information in order to perform their official duties.

Instructions for Page 1 of 4 (section identified as below)

(Instructions shown in Red)

Page 1 of 4

	Report Date:	Report Time:
School Information		
Reporting School:	School Supervisor:	
School Phone No.: ()	Responsible Education Line Office:	

Section Instructions	
<i>School Information</i> section is self explanatory.	Note: These two sections are very important and must be completed to confirm requirements for timely reporting.

**Instructions for Page 1 of 4 continued
(section identified as below)**

(Instructions shown in Red)

Personal Information of Victim				
Last Name:	First Name:	Middle Initial:	Census No.:	
SSN:	DOB:	Age:	Grade:	Sex:
Check Suspected Abuse: <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Neglect			Check Seriousness Level: Check one Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> (See reverse for Serious Level Tables)	
Describe Physical Indicators of Abuse:				
Name of Parent(s), Guardian, Custodian:			Relation to Victim:	
Contact Telephone Number of Parents, Guardian, or Custodian: ()				
Complete Mailing Address:		Physical Location of Residence:		

Section Instructions	
<i>Personal Information of Victim -</i>	The full name of the victim must be completed.
	Type of suspected abuse must be completed. For guidance on which type of abuse is appropriate refer to page 2 of SCAN reporting form (reverse side of form).
	Only one box should be indicated for Seriousness Level. For guidance on which seriousness level is appropriate refer to page 2 of SCAN reporting form (reverse side of form).
	Section is mandatory and must be typed or printed clearly.

**Instructions for Page 1 of 4 continued
(section identified as below)**

(Instructions shown in Red)

Alleged Offender Information	
Full Name and Title (if OIEP employee): _____ Complete Address and Physical Location: _____	Alleged Offender's Position/Status: <input type="checkbox"/> OIEP Employee <input type="checkbox"/> OIEP Contractor/Consultant <input type="checkbox"/> Volunteer* <input type="checkbox"/> Relative*, _____ Check one Specify <input type="checkbox"/> Other*, _____ Specify <input type="checkbox"/> Student**
Location of alleged incident: _____	Date of alleged incident: _____ Time of alleged incident: _____
Full Names and telephone numbers of potential witness(es): _____	
<p style="font-size: small;">*Other than notification to law enforcement for Level 1 and 2 incidents. No follow-up action required.</p> <p style="font-size: small;">**Refer to school/agency policies and procedures for any alleged offenders under the age of 18 or classified as a student.</p>	

Section Instructions	
<i>Alleged Offender Information -</i>	The full name of alleged offender must be completed.
	Only one box should be indicated for position/status of alleged offender.
	Location should be specific and include building number, room number, etc.
	All information regarding witnesses is very important. Full names, telephone numbers, or a way to contact the individual should be provided.

**Instructions for Page 1 of 4 continued
(section identified as below)**

(Instructions shown in Red)

Mandatory Reporter Information		
Full Name and Title of Mandatory Reporter:	Signature:	Date
Full Name of School Supervisor/Education Line Officer or Designee:	Signature:	Date
Does Mandatory Reporter Want their Identity Protected? Yes <input type="checkbox"/> No <input type="checkbox"/>	Initials of Mandatory Reporter: _____	

Section Instructions	
<i>Mandatory Reporter Information -</i>	The full name of the Mandated Reporter is required in order to ensure compliance of child abuse reporting laws.
	In order to ensure Mandated Reporter was given the option of anonymity, this question must be answered and initialed.

No Instructions required for Page 2 of 4

**Instructions for Page 3 of 4 continued
(section identified as below)**

(Instructions shown in Red)

Information Regarding the Incident

(Please type or print clearly the following information.)

Describe how you became aware of the incident:

Describe the specific incident:

Section Instructions	
<i>Information regarding the Incident -</i>	The Mandated Reporter should use this space to describe how they actually became aware of the incident such as whether they actually witnessed the incident, if they were told by the victim, or told by someone else, etc.
	This section is used specifically to describe the incident. As much detail as possible should be provided to include any factors that may have led to the incident.
	Physical contact is a key factor in determining a seriousness level. In describing the physical contact it should be described where the physical contact was made, whether it was contact to clothing or directly on the victim, and whether any marks were made as a result of the physical contact.

(You do not have to prove abuse when you make a report, but you should describe the behavior or physical signs that led you to believe the child was abused.)

Did the alleged abuser physically touch the victim in any way?

No Yes If yes, describe specifically the physical contact.

Was Medical Treatment Required?

No Yes If yes, indicate action taken: Victim was taken for medical care by school staff for an evaluation and/or medical treatment.
 Ambulance was contacted for immediate medical attention.
 Other. Explain action taken:

Check one

Attachments

- Continuation pages, if required.
- Statement from victim.
- Other (must describe attachment): _____

OIEP Internal Distribution:
 Copy to Education Line Officer
 Copy to Security Services

**Instructions for Page 4 of 4 continued
(section identified as below)**

(Instructions shown in Red)

Confidentiality Agreement

To be read and signed by Mandated Reporter

In accordance with the Indian Child Protection and Family Violence Prevention Act, the identity of any person making a report of suspected child abuse or neglect shall not be disclosed, without the consent of the individual, to any person other than a court of competent jurisdiction or any employee of an Indian tribe, a State or the Federal Government who need to know the information in the performance of such employee's duties.

By signing this agreement, I understand that:

1. Confidentiality means that I cannot discuss any matter pertaining to the any child abuse or neglect case, except as allowed by law. Pursuant to section 552a of title 5, United States Code, the Family Education Rights and Privacy Act of 1974 (20 USC 1232g), or any other provision of law, agencies of any Indian tribe, of any State, or of the Federal government that investigate and treat incidents of abuse of children may provide information and records to those agencies of any Indian tribe, any State, or any Federal Government that need to know the information in performance of their duties. For purposes of this section, Indian tribal government shall be treated the same as other Federal Government entities.
2. The legal requirements of confidentiality mean that I cannot discuss any matter pertaining to the Suspected Child Abuse and/or Neglect Report I completed on this date with any member of my family, including parents, children, spouse, aunts, uncles, cousins, any school staff or with another person unless they are allowed access to such information by law.
3. **If I do not keep substantiated and/or unsubstantiated child abuse and/or neglect cases confidential**, I may be subject to disciplinary action up to and including termination of my job as allowed by tribal or federal law or OIEP policies and procedures.

Signature of Mandated Reporter

Position/Title

Date

Witnessed by:

Signature of School Supervisor, Education Line Officer, or Designee

Date

Section Instructions	
<i>Confidentiality Agreement -</i>	The overseeing official must ensure that the Mandated Reporter signs the Confidentiality Agreement and the signature is witnessed by the School Supervisor, Education Line Officer, or designee.

No Instructions required for Tracking Notifications

Tracking of Notifications

Note: Contact to Law Enforcement and Child Protection Services should not be made until Pages 1 – 4 of SCAN Report have been completed. All contact is to be made verbally and follow-up in writing by faxing pages 1 –4 of the SCAN Report. Contact does not have to be made to all agencies identified under law enforcement or social services/child protection services, only those required for your school.

Law Enforcement Notification		(Only indicate actual law enforcement agency contacted.)	
Agency Contacted	Person Contacted, Title, and Telephone Number	Date & Time of Report	
		Verbal Contact	Written Contact
Tribal:			
FBI:			
BIA Law Enforcement:			
Local/State/Other:			

Indicate the Report Number provided by Law Enforcement: _____

Social Services/Child Protection Services Notification		(Only indicate actual agency contacted.)	
Agency Contacted	Person Contacted, Title, and Telephone Number	Date & Time of Report	
		Verbal Contact	Written Contact
Tribal:			
Local:			
State:			

OIEP Notification			
	Person Contacted, Title, and Telephone Number	Date & Time of Report	
		Verbal Contact	Written Contact
School Counseling Services			
Education Line Office			
Deputy Director, School Operations			
Security Services			
Employer/Labor Relations			
Other			

SCAN Tracking Notes

Information on Person Making Notifications	
Full Name and Title of Individual Filling Out Tracking Report:	Date:

