



REPORT OF SUSPECTED CHILD ABUSE

JLEB-E
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River East Transcona School Division
Report of Suspected Child Abuse

An oral report to a Child and Family Services (CFS) Agency should be made as soon as possible following disclosure and/or suspicion of child abuse. If the child's worker is not available immediately, call CFS at 1-866-345-9241. If no one is available immediately and it is an emergency, contact police. Reporting should focus on factual information and not subjective feelings.

PART 1: REPORTING INFORMATION

Reporter(s): School:
Reporter's relationship to child:
Agency Reported to:
Date of Oral Report to Agency: Time:
Name of CFS worker to whom report was made:
Phone number: Fax number:

PART 2: DEMOGRAPHIC INFORMATION

Child
Name: Other Names Used:
Date of Birth (DD/MM/YY): Age: Grade:
Address:
Postal Code: Phone:

Primary Caregiver(s) / Legal Guardian
Name: Address: Phone: (h) (w) (C)
Relationship to child:

Table with 3 columns: Name, Date of Birth (DD/MM/YY) or Age, School. Includes header row and three blank rows for data entry.

Languages spoken in the home:

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**PART 3: Nature of Alleged Incident**

Physical       Sexual       Emotional       Neglect

**PART 4: Disclosure**

Describe the disclosure and the circumstances that lead you to believe that the child may be a victim of child abuse, neglect or exploitation. Include direct quotes of the child's disclosure if applicable.

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**PART 5: Observations**

Describe how the child looks and any other indicators of abuse or neglect you have observed. If applicable, provide a description of the length size, color, form and location of any physical injury observed. Indicate location of injury on diagram. Do not take photos.

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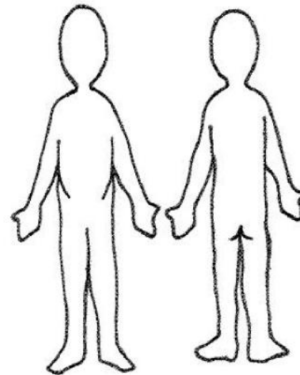
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**PART 6: Safety Concerns**

Does the alleged offender(s) live in the home or have access to the child? Yes  No   
 Explain: \_\_\_\_\_

Describe any other immediate concerns you have about the child's safety.

**PART 7: Additional Information**

Describe factors affecting the child's vulnerability such as disabilities, limited/alternate communication skills, limited social skills, etc.

**PART 8: Follow-Up (To be completed after oral report.)**

What is the action plan agreed upon by Child and Family Services/School?

Other relevant information:

Signature of Reporter: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Signature of principal indicates only awareness that the report has been made to the agency. It does not indicate that the principal acts as co-reporter.

**PROCESS: PLEASE MARK FAX AND ENVELOPE AS CONFIDENTIAL.**

- Written report to be completed within one working day of oral report.
- Report to be submitted by fax to person receiving oral report.
- Original to be sent to Assistant Superintendent, Student Services.
- No copy should be retained by the school.

Report Faxed to:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Fax #: \_\_\_\_\_

JLEB-E 2017-09-19

Effective Date: March 1, 2005 Review Date:  
 Amended Date: September 19, 2017  
 Board Motion(s): 126/05; 217/17  
 Legal/Cross Reference: