

SJASD STAFF TO USE WORD FORM FOUND AT SJASD Portal - Forms Reporting Suspicion of a Child in Need of Protection



ST. JAMES-ASSINIBOIA SCHOOL DIVISION

JHG-E-1

LL# 448643

REPORTING SUSPICION OF A CHILD IN NEED OF PROTECTION

FOLLOW-UP TO ORAL REPORT			
TO:			
	(Agency to which the oral report was given, i.e. ANCR (204-944-4200), a mandated child welfare agency, or a police service)		
REPORTED TO:			
	(Name of Worker, Police Officer, etc.)		
FROM:			
	NAME (Person Making Report)	POSITION	
RELATIONSHIP TO CHILD:			
SCHOOL:		PHONE NUMBER:	
SCHOOL ADDRESS:			
ORAL REPORT DATE M/D/YY:		ORAL REPORT TIME:	
CONCERNING THE FOLLOWING CHILD:			
NAME OF CHILD:	LAST NAME:	FIRST NAME:	
GENDER-M or F:		DATE OF BIRTH MM/DD/YYYY:	
OTHER SIBLINGS KNOWN:			
ADDRESSES: (if different)			
FATHER:	LAST NAME:	FIRST NAME:	
ADDRESS:		PHONE:	
MOTHER:	LAST NAME:	FIRST NAME:	
ADDRESS:		PHONE:	
GUARDIAN: (If other than biological parent)	LAST NAME:	FIRST NAME:	
NAME OF AGENCY:		AGENCY PHONE NUMBER:	
AGENCY ADDRESS:			

NARRATIVE DESCRIPTION OF EVIDENCE, CIRCUMSTANCES OR EVENTS LEADING TO SUSPICION OF CHILD IN NEED OF PROTECTION

(Oral report should be consistent with this written report): Please include the following as relevant:

- Any immediate concerns about the child's safety and the time of day that the child's parent or guardian is expected to pick the child up from school.
- Record the appearance of child and other indicators of abuse or neglect that you have observed. If applicable, include a description of the length, size, color, form and locations of any physical injury that may be observed. Drawings may be useful to pinpoint the area, size and color of injuries.

VULNERABILITY:

DOES ANY PERSON SUSPECTED OF ENDANGERING THE CHILD HAVE ACCESS TO THE CHILD?

YES ☐

NO ☐

EXPLAIN:

Specific Follow-up Activity agreed upon by the Child Caring Agency and/or Police at time of Oral Report:

Other Comments or Notes:

**SIGNATURE OF
PERSON REPORTING:**

DATE:

**SIGNATURE OF
SCHOOL PRINCIPAL:**

DATE:

Note: The signature of Principal indicates only awareness that the report is being made. It does not indicate that the Principal acts as co-reporter.

PROCESS:

Please send in sealed envelope marked **CONFIDENTIAL** to:

- Original Report to Appropriate Mandated Child and Family Services Agency (to whom the oral report was given)
- Copy to Superintendent, St. James-Assiniboia School Division

NO OTHER COPIES OF THIS REPORT SHOULD BE RETAINED.

This personal information is collected under the authority of the Public Schools Act and FIPPA, and will be used for the purpose of maintaining accurate records of events. If you have any questions about the collection of this information contact the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, (204) 888-7951.