

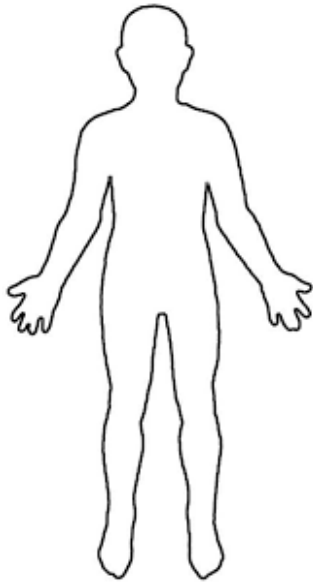
Chinle Unified School District
Student Safety/Suspected Child Abuse & Neglect (SCAN) Form
Exceptional Student Services-Social Services
 (928) 674-9733; 9739; 9729

Report Date: _____		Report Time: _____		
Reporting School: <input type="checkbox"/> CDCES <input type="checkbox"/> CES <input type="checkbox"/> MVES <input type="checkbox"/> MFPS <input type="checkbox"/> TPS <input type="checkbox"/> CJHS <input type="checkbox"/> CHS				
School Phone Number: _____		Reporting Person: _____		
School Principal Signature: _____				<input type="checkbox"/> Non-School Reporting
STUDENT				
First Name:		Middle Initial:		Last Name:
GENDER:	DOB:	SSN:	CIB:	GRADE:
SIBLINGS				
		Age:	Grade:	Gender:
		Age:	Grade:	Gender:
PARENT(s)/Guardian(s): _____			Phone Numbers: Home- Cellular-	
Parent Notified (Date/Time): _____				
Mailing Address: _____				
Location of Home (attach a copy of map): _____				
INFORM REGARDING THE INCIDENT				
<input type="checkbox"/> Sexual <input type="checkbox"/> Physical <input type="checkbox"/> Neglect <input type="checkbox"/> Emotional <input type="checkbox"/> Medical <input type="checkbox"/> Basic Needs <input type="checkbox"/> Educational				
Report based on:				
1) Child's Statement Disclosure (Date/Time): _____				
2) 3 rd Party Disclosure (Date/Name): _____				
3) Observation of Physical/Behavioral Indications (Dates): _____				
Date of Incident: _____		Time of Incident: _____		Location: _____
Describe the Incident (Verbatim child's language when possible - What happened? Who did it? When did it happen? Where did it happen?):				
NOTE: Mandated Reporters do not have to prove abuse when making a report, but must describe the behavior or physical sign that led the Mandated Reporter to believe the child was abused.				

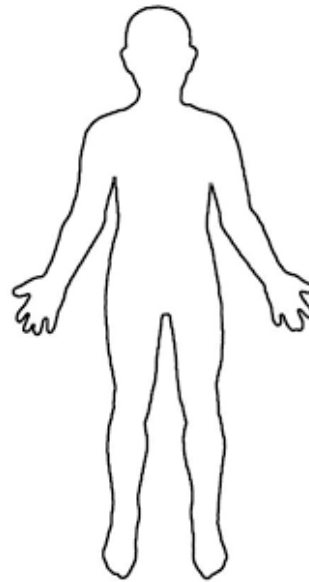
SCHOOL NURSE

Student was observed/examined by _____

Student taken for Medical Treatment Emergency Room/Hospital _____

****Attachments**** (all documents must be signed and dated):☐ Photo ☐ Diagram ☐ Written Statement(s) _____**Physical injuries** – Check (X) observation of (if any)☐ Bruise ☐ Laceration ☐ Burn ☐ Fracture ☐ Other _____**Color/Size/Shape:**☐ Bright red ☐ Purple ☐ Blue ☐ Green ☐ Yellow**Child's Name:** _____

FRONT VIEW OF CHILD



BACK VIEW OF CHILD

SUICIDAL INCIDENTS☐ Self-Injury ☐ Suicidal Ideation ☐ Suicidal Attempts ☐ Previous Attempts (how many attempts) _____**ALLEGED OFFENDER(S)**Name: _____ Age: _____ Gender: ☐ Male ☐ Female

Location of Home: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Status: ☐ Parent/Guardian ☐ Relative ☐ Student ☐ School Staff ☐ Volunteer ☐ OtherSuspicion of risk: ☐ Drug/Alcohol use-abuse ☐ Mental disability-illness

MANDATORY REPORTING SOURCES must follow up all telephone reports to Child Protective Services (CPS) Navajo Nation Division of Social Services (NNDSS) with a written seventy-two (72) A.R.S. § 13-3620 and Navajo Nation Alchini Bi Beehaz Anni Act of 2011 Title 9 §§1171.

Completing this form fulfills the written requirements for Mandated Reporting. Reports made in good faith are immune from civil and criminal liability.

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 anyone other than a court of competent jurisdiction, employees of an Indian Tribe, State, or the Federal Government who need to know the information in order to perform their duties.

Describe how <u>you</u> became aware of the Incident:	
Mandated Reporter-Name/Title	Signature/Date:

DISTRICT OFFICIAL USE:

Witness(es):				Phone Number:		
<i>Notification Tracking</i>						
<i>Person Contact</i>	<i>Phone Number/Email</i>	<i>Fax Number</i>	<i>Date/Time</i>	<i>V</i>	<i>T</i>	<i>W</i>
<i>Parents</i>						
<i>NN Police</i>						
<i>NND Social Services</i>						

Procedures for REFERRALS to School Social Workers are as follow:

- 1. The Severity (*Sexual, Physical, Domestic Violence, Suicidal Ideation*) of the Case is a PRIORITY.**
- 2. Did you follow the Response to Intervention (RtI) Manual?**
 - a. Is this Tier I, Tier II or Tier III Phase?*
 - b. What INTERVENTIONS did you try?*
 - c. Are they documented and attached in your STUDENT REFERRAL?*
- 3. Complete STUDENT REFERRAL form with proper signatures and attachments (incident reports; interventions utilized; mapped home location) for requested services.**
- 4. Delivery of STUDENT REFERRAL is to be directed to Director of Exceptional Student Services.**
 - a. Emergency services should be email immediately;*
 - b. Urgent services should be hand delivered;*
 - c. General services can be forward in routine mail.*
- 5. Social Worker will send a courtesy acknowledgement of assigned referral.**
- 6. Social Worker will investigate, recommend, and/or refer case to Navajo Nation Social Services.**
- 7. Social Worker will only report to building Principal the outcome of the Investigation. This is due to CONFIDENTIALITY.**

***** School Social Worker does not have the same authority as Navajo Nation Social Services *****