



**ADMINISTRATIVELY RESTRICTED
Suspected Child Abuse/Neglect (SCAN) Report**



Report Date:		Report Time:
School Information		
1. Reporting School:		2. School Principal/Administrator or Designee (Required) :
3. School Phone Number (Required) :		4. School Principal/Administrator Phone Extension or Cell Phone Number:

Personal Information of Victim					
5. Last Name:		First Name:		Middle Initial:	
7. SSN:	8. DOB:	9. Age:	10. Grade:	11. Sex:	
12. Check Suspected Abuse: <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Neglect (basic needs [e.g., food, clothing, shelter]) <input type="checkbox"/> Neglect (medical) <input type="checkbox"/> Neglect (educational)					
13. Describe the Specific Incident (Required) :					
14. Name of Parent(s), Guardian, or Custodian (Required) :				15. Relation to Victim:	
16. Contact Telephone Number of Parents, Guardian, or Custodian (Required) :					
17. Complete Mailing Address (Required) :			18. Physical Location of Residence (Required) :		
(attach map, if applicable)					

Alleged Offender Information:					
19. Full Name of Alleged Offender:			20. Alleged Offender's Position/Status <input type="checkbox"/> BIE Employee <input type="checkbox"/> BIE Contractor/Consultant <input type="checkbox"/> Volunteer ** <input type="checkbox"/> Relative: _____ Specify <input type="checkbox"/> Other: _____ Specify <input type="checkbox"/> Student **		
21. If BIE Employee, Position Title:					
22. Contact Information for Alleged Offender: Day Telephone: Address or Physical Location:					
23. Location of Alleged Incident:		24. Date of Alleged Incident (Required) :			
		25. Time of Alleged Incident (Required) :			
26. Full Names and Telephone Numbers of Potential Witness(es):					
**Refer to school/agency policies and procedures for any alleged offenders under the age of 19 or classified as a student.					

Mandatory Report Information:					
27. Full Name and Title of Mandatory Reporter Reporting Incident:			28. Signature (Required) :		Date:
29. Full Name of School Principal/Administrator or Designee:			30. Signature (Required) :		Date:
31. Has Mandatory Reporter Requested Protection of His or Her Identity? <input type="checkbox"/> YES <input type="checkbox"/> NO			32. Initials of Mandatory Reporter:		

Information Regarding the Incident

(Please type or print clearly the following information.)

33. Describe how you became aware of the incident:

34. Describe the specific incident (continuation of Box 13, Page 1):

(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.)

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

NO **YES** If yes, describe specifically the physical contact:

36. 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):

Attachments

- Continuation pages, if required
- Statement from victim, witness, alleged offender, etc.
- Other (must describe attachment):

Distribution (Required):

Original to SCAN Case File
 Copies to Law Enforcement, Child Protective Services, and BIE Program Specialist

CONFIDENTIALITY AGREEMENT

To be read and signed by a 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 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.

By signing this agreement, I understand that:

1. Confidentiality means that I cannot discuss any matter pertaining to any child abuse or neglect case, except as allowed by law. Pursuant to §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 child abuse may provide information and records to those agencies of any Indian Tribe, State, or any Federal Government that need to know the information in order to perform 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 BIE policies and procedures.

Signature of Mandated Reporter (Required)

Position/Title

Date

Witnessed by:

Signature of School Principal/Administrator or Designee (Required)

Date

Notifications Tracking

Note: Contact to Law Enforcement and Child Protection Services should be made immediately.
 All contact is to be made verbally and followed 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 and Time of Report (Required)	
		Verbal Contact	Written Contact
Tribal:			
BIA Law Enforcement:			
Local/State/Other:			

If applicable, indicate the Law Enforcement Report/Case Number: _____

Social Services/Child Protection Services Notification (only indicate actual agency contacted):

Agency Contacted	Person Contacted, Title, and Telephone Number	Date and Time of Report (Required)	
		Verbal Contact	Written Contact
Tribal:			
Local:			
State:			

BIE Notification

	Person Contacted, Title, and Telephone Number	Date and Time of Report (Required)	
		Verbal Contact	Written Contact
BIE Program Specialist (SCAN)			

SCAN Tracking Notes

Information on Person Making Notifications:

Full Name and Title of Individual Completing this Page (Required):	Date:
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