



Suspected Child Abuse/Neglect Report (SCAN)



Effective 7/18/18

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

PERSONAL INFORMATION OF VICTIM (Required)				
5. Last Name:		First Name:		Middle Name:
7. SSN:	8. DOB:	9. Age:	10. Grade: SELECT GRADE	11. Sex: SELECT GENDER
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 – food, clothing, shelter) <input type="checkbox"/> Neglect (Medical) <input type="checkbox"/> Neglect (Educational)				
13. Describe the specific incident (do not leave blank):				
14. Name of Parent(s) , Guardian, Custodian (Required):				15. Relation to Victim:
16. Contact Telephone Number of Parents, Guardian, or Custodian: () - -				
17. Complete Mailing Address (Required):		18. Physical Location of Residence (Required): (attach map, if applicable)		

ALLEGED OFFENDER INFORMATION (Required):			
19. Full Name of Alleged Offender (If a minor/peer, then indicate age or grade in box 20):		20. Alleged Offender's Position/Status (Required)	
21. If Employee, Position Title:		<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 ** (age or grade)	
22. If Employee, Contact Information for Alleged Offender: Cell phone number: Physical Location of Employee: () - -		<input type="checkbox"/> ** Refer to school/agency policies and procedures for any alleged offenders under the age of 19 or classified as a student.	
23. Location of alleged incident:	24. Date of alleged incident:		
	25. Time of alleged incident:		
26. Full Names and telephone numbers of potential witness(es):			

MANDATORY REPORT INFORMATION (Required):			
27. Full Name and Title of Mandatory Reporter Reporting Above 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 their Identity? <input type="checkbox"/> YES <input type="checkbox"/> NO		32. Initials of Mandatory Reporter:	

INFORMATION REGARDING THE INCIDENT
<i>(Please type or print clearly the following information.)</i>
33. Describe how you became aware of the incident:
34. Describe the specific incident (continuation of Box 13, Page 1):
<i>(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.)</i>
35. Did the alleged abuser physically touch the victim in any way? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe specifically the physical contact:
36. Was Medical Treatment Required? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, indicate action taken: <input type="checkbox"/> Victim was taken for medical care by school staff for an evaluation and/or medical treatment <input type="checkbox"/> Ambulance was contacted for immediate medical attention. <input type="checkbox"/> Other. Explain action taken:

ATTACHMENTS
<input type="checkbox"/> Continuation pages, if required <input type="checkbox"/> Statement from victim, witness, alleged offender, etc. <input type="checkbox"/> 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 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 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, and 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 BIE policies and procedures.

Signature of Mandated Reporter (Required)

Position/Title

Date

Witnessed by:

Signature of School Principal/Administrator or Designee (Required)

Date

Tracking of Notifications
Completed in its entirety

Effective 7/18/18

Note: Contact to Law Enforcement and Child Protective 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 protective services, only those required for your school.

LAW ENFORCEMENT NOTIFICATION Only indicate actual law enforcement agency contacted (Required):

AGENCY CONTACTED	PERSON CONTACTED, TITLE AND TELEPHONE NUMBER	DATE & TIME OF REPORT	
		Verbal Contact (Required)	Written Contact (Required)
Tribal:	<input type="checkbox"/> Fax <input type="checkbox"/> Hand-delivered	(date) (time)	(date) (time)
BIA Law Enforcement:	<input type="checkbox"/> Fax <input type="checkbox"/> Hand-delivered	(date) (time)	(date) (time)
Local/State/Other:	<input type="checkbox"/> Fax <input type="checkbox"/> Hand-delivered	(date) (time)	(date) (time)

IF APPLICABLE, indicate the Law Enforcement Report/Case Number: _____

SOCIAL SERVICES/CHILD PROTECTIVE SERVICES NOTIFICATION Only indicate actual agency contacted (Required):

AGENCY CONTACTED	PERSON CONTACTED, TITLE AND TELEPHONE NUMBER	DATE & TIME OF REPORT	
		Verbal Contact (Required)	Written Contact (Required)
Tribal:	<input type="checkbox"/> Fax <input type="checkbox"/> Hand-delivered	(date) (time)	(date) (time)
Local:	<input type="checkbox"/> Fax <input type="checkbox"/> Hand-delivered	(date) (time)	(date) (time)
State:	<input type="checkbox"/> Fax <input type="checkbox"/> Hand-delivered	(date) (time)	(date) (time)

BIE NOTIFICATION (Required):

	PERSON CONTACTED, TITLE AND TELEPHONE NUMBER	DATE & TIME OF REPORT	
		Verbal Contact (Required)	Written Contact (Required)
BIE Program Specialist	Michelle Begay phone: (505) 563-5290 fax: (505) 563-5292	(date) (time)	(date) (time)

SCAN TRACKING NOTES

Please do NOT attach fax transmission/confirmation sheets

Completed by: Name, Title

INFORMATION ON PERSON MAKING NOTIFICATIONS (Required):

Full Name and Title of Individual completing this page: Name, Title (e-mail address)	Date:
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