

6.43 NOTIFICATION OF SUSPECTED CHILD ABUSE

To protect the best interests of young children, the Ohio General Assembly has granted legal immunity for those persons in frequent contact with younger children reporting suspected cases of child abuse. At the same time the legislature granted this immunity, it also required that all persons who are acting in an official or professional capacity must immediately report any and all known or suspected cases of child abuse.

A. Principals, teachers, counselors, school psychologists and other staff members in close contact with students having good reason to believe that a child less than eighteen (18) years of age or any mentally retarded, developmentally disabled, or physically impaired child under twenty-one (21) years of age has suffered, or faces the threat of suffering, a physical or mental wound, injury, disability or condition of such a nature as to reasonably indicate abuse or neglect of such child shall immediately report such information to the agency or officer responsible for children services functions in the county in which the child resides. Such reports shall be made forthwith by telephone or in person and shall be followed by a written report, if requested. Such report shall contain:

1. The name and address of the child and his parents or person or persons having custody of such child, if known;
2. The child's age and the nature and extent of the child's injuries or physical neglect, including any evidence of previous injuries or physical neglect;
3. Any other information which might be helpful in establishing the cause of the injury or physical neglect; and
4. A copy of the above-listed report items shall be forwarded to the Superintendent of Schools.

B. The Superintendent shall be notified immediately of any suspected child abuse or neglect. The Superintendent or designee will assist in the notification of proper authorities, the preparation of the written report, if required, and such other matters as may be necessary.

C. Anyone or any hospital, institution, school, health department or agency participating in the making of such reports, or anyone participating in a judicial proceeding resulting from such report shall be immune from any civil or criminal liability that might otherwise be incurred or imposed as a result of such actions.

Each person employed by the Board to work as an elementary school nurse, teacher, counselor, school psychologist or administrator shall complete at least four (4) hours of in-service training in child abuse prevention, violence, and substance abuse and the promotion of positive youth development within two (2) years of commencing employment with the school district, and every five (5) years thereafter. Other employees shall receive such training to the extent required by law. The Board shall incorporate training on its harassment, intimidation, or bullying policy and in school safety and violence prevention, including human trafficking content, into the in-service training.

Each person employed by the Board to work as a middle school or high school school nurse, teacher, counselor, school psychologist or administrator shall complete at least four (4) hours of in-service training in child abuse prevention, violence, and substance abuse and the promotion of positive youth development on or before October 16, 2011, and every five (5) years thereafter.

In the course of conducting child abuse investigations and in the absence of a court order or subpoena directing otherwise, a school district administrator shall be present for any interviews conducted by county children services officials and/or municipal or county peace officers while under the supervision of the school.

FRANKLIN LOCAL SCHOOL DISTRICT

P. O. BOX 428

DUNCAN FALLS, OHIO 43734

CONFIDENTIAL SCHOOL REPORT OF ALLEGED CHILD ABUSE AND NEGLECT

Name of Child (Last, First, Middle)		
Street Address		
City, State, and Zip Code		
Grade	Age	Date of Birth
Adult With Whom Child Resides		

Name of Mother
Name of Father
Street Address of Parents (if different, include city, state and zip code)

List names of other children living in the home.

Name of Child	Age	Grade

Indicate reason for report. List observations, previous injuries and any statements. (Use reverse side if necessary)
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Indicate any additional information from other professionals or relatives who have knowledge of family circumstances, directions to home, etc. (use reverse side if necessary)

Date of Oral Report	Received By	Reporter
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Signature of Official Completing Form	Date	Telephone Number	Title
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Board approved 11/19/2009