# SCHOOL DISTRICT OF PITTSVILLE BOARD POLICY

#### **STUDENTS**

#### STUDENT HEALTH AND WELFARE

#### REPORTING CHILD ABUSE AND NEGLECT

454

1. Any person employed by the district who reasonably suspects a child may be abused or neglected shall report such suspicion immediately to the appropriate Department of Social Services:

Wood County at Marshfield 715-387-6374

at Wisconsin Rapids 715-421-8600 or 715-884-6479 (Courthouse)

The Building Principal or designee must also be notified of such suspicion.

- 2. In the event of emergency or apparent danger to the child, the local police jurisdiction shall also be notified immediately.
- 3. Social Services, after investigating the report of suspected abuse or neglect, shall be requested to report to the referral source on the status of the case within two weeks after the initial referral has been made. If the Social Services Unit does not report back within two weeks after the initial referral has been made, the referral source from the school shall make contact with Social Services to determine the status of the case.
- 4. Person making reports and referrals are immune from civil liability and criminal penalty if such reports or referrals are made in good faith.
- 5. Failure to make such referral is in violation of state law and is subject to a fine of not more than \$1000 or imprisonment of not more than six months or both.
- 6. All conditions of the reports, referrals and ultimate disposition of any case shall remain confidential with the district to the extent required by law. No records of any such case shall be maintained by the district.

Reference: WI Statutes, Section 111.32(13)

WI Statutes, Section 111.36

WI Statutes, Section 48.981(1)(2)

2005 Wisconsin Act 113

Reviewed: February 14, 2013

Form 454A

## CHILD ABUSE / NEGLECT REPORT

### SCHOOL DISTRICT OF PITTSVILLE 5459 Elementary Avenue, Pittsville, WI 54466 (715)884-6694

Child's Name		D.O.B.			Grade	
Street		City	State		ZIP	
PERSON RESPONSIBLE	FOR CHILD					
Father's Name:						
Mother's Name:						
Guardian:						
Address:Street	City		ZIP Phor	ne:		
Circumstances leading to the susp	picion that the child	l is a victim of ab	use including the	nature of the inj	ıry, if any:	
Other Pertinent Information:						
Other Pertinent Information:						
Report Made By:				Date:		
Oral Report to: Human Service	es 🗌	Police	: 🗆	She	riff 🗌	
Data		Tima				