## Report of Suspected Child Abuse, Abandonment or Neglect

A reporting timeline is established by statute/policy of 24 hours for completing all reports from the time first knowledge of suspected child abuse, <u>abandonment</u> or neglect is received by the staff person and the principal or designee at the building.

CALL: Child Protective Ser	rvices (1.855.552.5	5 <b>437</b> ) or 911 Dispato	ch (208.265.	.5525).	
Time:	Date	Received Information	on:		
Date of Call(s):	Name of Person(	(s) talked to (above):	:		
Notified: Principal/Designee (Name)			Date:		
School:					
			_ 凵	□ .	
Child's Last Name		rst Name	Male	Female	DOB
Additional Siblings in the Ho	ome:				
			_		
Child's Last Name	Fi	rst Name	Male	Female	DOB
		First Name		Eamala	DOB
Child's Last Name	FI	1st Name	Male	Temate	ВОВ
2.11	C't-	Ctata	7in		Telephone
Address	City	State	Zip		retephone
Name of Parents/Step-Paren	ts/Guardians/Custo	diai Parents			
With whom does the child live? Both Parents Father			Mother		Other
Check appropriate box indic	ating type of abuse	being reported:			
physical injury	sexual a	buse e	emotional ne	glect or al	ouse
physical neglect	other (sp	pecify)			
Describe the reported incide	nt (checked above)	):			
State any other previous or o	current, information	n or concern, include	e their natur	e and exte	nt?
G. 6014 - L. D			-		
Staff Member Reporting		Det			
Signature:		Date: _			
Administrator Reporting		<b>.</b>			
Signature:					
cc. Building Administrator, Bu	5.	5			
Staple Idaho Department of He	alth & Welfare Ackn	owledgment Letter to	this form wh	en received	