Child Protection Policy

To be read with Child Safe Policy

**NQS**

|  |  |  |
| --- | --- | --- |
| QA2 | 2.2.3 | Child protection - Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect. |

**National Regulations**

|  |  |  |
| --- | --- | --- |
| Regs | 84 | Awareness of child protection law |

**Aim**

All educators and staff at MCCCC take their responsibility to protect children from any type of abuse seriously and are aware of their roles and responsibilities regarding child protection. While we understand there are legislative obligations we must follow, we believe it is also our responsibility as educators to ensure the safety and wellbeing of all children, and to provide the children at our service with the opportunity to develop to their full potential free from any form of harm and abuse. We will implement a child protection risk management strategy to ensure the safety of children is paramount and the service will always act quickly in the best interests of a child.

**Related Policies**

Educator and Management Policy

Privacy and Confidentiality Policy
Family Law and Access Policy
Relationships with Children Policy
Tobacco Drug and Alcohol Policy

**Related Documentation**

Incident Injury Trauma and Illness Record

Educator Induction Processes

Educator Appraisal Processes

Educator Recruitment Processes

Educator Professional Development Processes

Educator Job Descriptions

Staff Records

Risk Management Plans

**Implementation**

Under the *Children Youth and Families Act 2005* a child is considered to be in need of protection if:

* the child has been abandoned by their parent(s) and no other suitable person is willing and able to care for the child.
* the child's parent(s) are dead or incapacitated and there is no other suitable person willing and able to care for them.
* the child has suffered, or is likely to suffer, significant harm as a result of physical injury, sexual abuse, emotional or psychological harm and the child's parent(s) have not protected, or are unlikely to protect, the child from that harm.
* the child's physical development or health has been, or is likely to be significantly harmed and the child's parent(s) have not provided or arranged, or are unlikely to provide or arrange, basic care or effective medical, surgical or other remedial care.

**Mandatory reporters** must make a report to Child Protection as soon as possible after forming a belief on reasonable grounds that a child is in need of protection from significant harm as a result of **physical or sexual abuse**, and the child’s parents are unwilling or unable to protect the child.

**The following early childhood professionals are mandatory reporters**

* All educators with post-secondary qualifications in the care, education or minding of children and employed or engaged in an education and care service or a children’s service.
* All proprietors, nominees of a children’s service, approved providers, and nominated supervisors of an education and care service.
* Educators registered with the Victorian Institute of Teaching (VIT)

<https://www.education.vic.gov.au/childhood/providers/regulation/Pages/protectionprotocol.aspx>

A report to Child Protection will be made if:

* the harm or risk of harm has a serious impact on the child’s immediate safety, stability or development
* the harm or risk of harm is persistent and entrenched and is likely to have a serious impact on the child’s immediate safety, stability or development
* the child’s parents cannot or will not protect the child from harm.

A report to Child FIRST will be made if concerns about the child have a low to moderate impact on the child and the immediate safety of the child is not compromised. Some of these concerns may include:

* family conflict or family breakdown
* young or isolated families
* significant parenting problems that may be affecting the child’s development.

A step by step guide to making a report to Child Protection or Child FIRST is available on the Department of Human Services website.

<https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2017-06/stpe-by-step-guide-making-report-child-protection-child-first.pdf>

A person may form a belief on **reasonable grounds** that a child is in need of protection after

becoming aware that a child’s health, safety or wellbeing is at risk and the child’s parents are unwilling or unable to protect the child. For example:

* a child states that they have been physically or sexually abused
* a child states that they know someone who has been physically or sexually

abused (sometimes the child may be talking about themselves)

* someone who knows the child says they has been physically or sexually abused
* a child shows signs of being physically or sexually abused
* a staff member is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability that is impacting on the child’s safety or development
* a staff member observes indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision
* a child’s actions or behaviour place them at risk of significant harm and the child’s parents are unwilling or unable to protect the child.

**Child Protection Risk Management Strategy**

The Approved Provider, Nominated Supervisor, employees and volunteers will implement a Child Protection Risk Management Strategy to ensure the health, wellbeing and safety of all children at the service, protect children from harm and protect the integrity of employees and volunteers. The Strategy includes the following component:

1. Aim (page 2)
2. Code of Conduct
3. Recruitment, Selection and Training Procedures for employees and volunteers which include child protection principles
4. Procedures for handling disclosures and suspicions of harm Reporting and Documenting Abuse or Neglect
5. Procedures for Managing Breaches
6. Risk Management for High Risk Activities and Special Events
7. Strategies for Communication and Support
8. **Code of Conduct**

The service upholds the Code of Conduct in our Educator and Management Policy for employers, educators, volunteers, students, families and children to ensure the safety and wellbeing of children.

1. **Recruitment, Selection and Training Procedures**

The Approved Provider or Nominated Supervisor will implement recruitment, professional development and training procedures for employees and where relevant volunteers to ensure no-one at the service poses a risk to children and everyone understands how to manage disclosures or suspicions of harm (Recruitment procedures at Appendix A and training procedures). Requirements include:

* job advertisements which include qualifications and skills required, and culture of child safety and protection
* job descriptions which outline level of professional skills and responsibilities
* processes (including job advertisements) which ensure employees and volunteers have clear Working With Children Checks or they are exempt (see <http://www.workingwithchildren.vic.gov.au/>)
* interview questions and referee checks which reference person’s approach to child safety and protection
* documented induction/ orientation checklists which reference child safety and protection, supervision, compliance with National Law and Regulations, NQS, Code of Conduct, policies and procedures
* annual training and development to ensure individuals are clear about their roles and responsibilities to protect children from harm, are aware of their reporting obligations, can confidently recognise the indicators of harm (see Appendix B) and understand documenting and reporting procedures.
* annual performance appraisals for employees
* regular inclusion of child protection in staff meetings and annual review of written training plans which must include Child Protection matters (eg disclosures and suspicions of harm)
* providing access to relevant legislation and other resources to help employees and volunteers meet their obligations
1. **Procedures for managing disclosures and suspicions of harm**

**What is a *disclosure* of harm?**

A disclosure of harm occurs when someone, including a child, tells you about harm that has happened, is happening, or is likely to happen to a child. Disclosures of harm may start with:

* I think I saw…‖
* Somebody told me that…‖
* Just think you should know…‖
* I‘m not sure what I want you to do, but…‖

**What is a *suspicion* of harm?**

A suspicion of harm is when someone has a reasonable suspicion that a child has suffered, is suffering, or is at an unacceptable risk of suffering significant harm. Note there may be circumstances where there is concern for a child’s welfare but it does not reach the threshold to be considered a disclosure or suspicion of harm. In this case educators will connect families with Family and Child Connect with the family’s consent.

The Approved Provider, Nominated Supervisor, employees and volunteers may suspect harm if:

* a child says they have been harmed
* someone else, for example another child, a parent, or an employee, says harm has occurred or is likely to occur
* a child tells them they know someone who has been harmed (it is possible that they may be referring to themselves)
* they are concerned at significant changes in the behaviour of a child, or the presence of new unexplained and suspicious injuries
* they see the harm happening.

**Managing and recording a disclosure of harm**

If the Approved Provider, Nominated Supervisor, educators have concerns about the safety of a child they will:

* find a private place to talk
* remain calm and listen in an attentive, active and non-judgemental way
* encourage the person (including a child) to talk in their own words
* take anything a child says seriously
* allow children to be part of decision-making processes where appropriate
* ask just enough open-ended questions to act protectively without asking any leading questions which suggest an answer and could compromise later investigations
* tell the person they have done the right thing in revealing the information and they’ll need to tell someone who can help keep them safe
* not try to investigate or mediate the matter themselves
* record their own observations as well as accurate details of any conversation with a parent (who may for example explain a noticeable mark on a child)
* document as soon as possible so the details are accurately captured including:
	+ time, date, location and who was present
	+ full details of the (suspected) abuse
	+ exactly what the person said using “I said”, “they said,” statements
	+ the questions educators asked
	+ any comments educators made
	+ educators’ actions following the disclosure
* ensure the managements and storage of records complies with our Privacy and Confidentiality Policy.
* follow our reporting procedures

See template at Appendix C

**Managing and recording a suspicion of harm**

The Approved Provider, Nominated Supervisor, employees and volunteers will:

* remain alert to any warning signs or indicators
* pay close attention to changes in the child’s behaviour, ideas, feelings and the words they use
* make written notes of observations in a non-judgemental and accurate manner, and manage in line with our Privacy and Confidentiality Policy
* assure a child that they can come to talk when they need to, and listen to them and believe them when they do
* follow our reporting procedures

See template at Appendix C

**Making a Report**

A report will be made using the following procedure preferably on the same day there is a disclosure or suspicion of significant harm, and no later than 24 hours after the disclosure or suspicion.

Reports will be kept confidential while the matter is investigated. Employees or volunteers must not discuss the Report with anyone who’s not involved to ensure the matter can be thoroughly and fairly investigated and the person’s reputation preserved in the event the allegation is not substantiated.

The following procedure will be followed where there are allegations of harm against the Approved Provider, Nominated Supervisor, employees or volunteers.

**The Approved Provider, Nominated Supervisor, employees and volunteers will:**

1. **Consider whether disclosure or suspicion needs to be reported to Police**
* contact the police on 000 if there is an immediate danger to a child and intervene immediately if it is safe to do so
* contact the police on 000 where the child has been or may be the victim of a criminal offence (**including sexual abuse** and where a child is at risk of significant harm outside the family)
* contact the Police immediately on 000 if the Approved Provider, or an employee, volunteer or visitor has abused or is alleged to have abused a child
* get clear guidance from Police about who will tell child’s parents about the disclosure and who can give ongoing support
1. **Consider whether the disclosure or suspicion must be reported to Children Protection**
* make a report by phone to the Child Protection hotline on **131 278** (available 24 hours/7 days a week)**.** You may also contact Regional offices (See page 2)
* make the report with the assistance or support of the Nominated Supervisor. If the Nominated Supervisor does not follow through and make the report, employees and volunteers will make the report
* get clear guidance from the person answering about who will tell child’s parents of the disclosure and who can give ongoing support
1. **Consider whether referral is needed to Child FIRST**
* connect families with Child FIRST agencies (available 24 hours/7 days a week) where concerns of abuse or neglect do not require reports to Child Protection or the Police. Get family consent first. See <https://services.dhhs.vic.gov.au/> for contacts
1. **Consider whether you must notify ECEC Regulatory Authority**
* notify the Regulator through the online NQA ITS portal about any incident/allegation, including any suspected or alleged incident of child abuse that has occurred at the service within 24 hours of the incident/allegation. This includes any physical or sexual abuse that has occurred or is occurring while the child is at the service
* notify the Commission for Children and Young People using the online form within 3 business days of becoming aware of reportable allegations/conduct (see next section), providing name of employee/volunteer, date of birth, whether police have been contacted and police report if relevant, service contact details, Approved Provider’s name, nature of allegation
	+ get clearance from Police first if allegation is a criminal offence and start investigation using grievance procedure ie gather information to establish facts, decide whether it is more likely than not that reportable conduct occurred and make findings/recommendations
	+ consider when to tell alleged perpetrator eg could they destroy evidence like emails/texts/documents, what sort of evidence is there, will they have enough time to prepare response
	+ provide a progress report to the Commission for Children and Young People within 30 calendar days of becoming aware of reportable allegations/conduct, providing name of person investigating allegation, details of allegation and your response including any disciplinary action taken or proposed, any reasons why you no action has been taken, any written response from employee/volunteer
	+ provide outcomes of investigation to the Commission for Children and Young People (if these are not included in progress report) including any disciplinary action taken or proposed and reasons for taking or not taking action
	+ help any employee/volunteer subject to allegations access appropriate support/counselling. (Also provide this to others involved in reportable incidents if appropriate)
	+ protect the identity of employees/volunteers where possible in relation to unsubstantiated complaints
	+ suspend volunteers pending outcome of investigation and ensure employees subject to allegations are supervised at all times. Seek legal advice if relevant about restricting person’s duties or putting them on leave with/without pay.

**Reportable Allegations/Conduct involving Employees and Volunteers**

The Approved Provider must report allegations of reportable conduct to the Commission for Children and Young People if they involve employees aged 18 and over, or people 18 and over who volunteer at the service with the verbal or written agreement of the Approved Provider or Nominated Supervisor, if they believe that the alleged conduct may have occurred. For example, they may have observed the conduct, or heard about it from a child or other person. Allegations must be reported even if a person does not have direct contact with children, the conduct occurred outside of their work or the person resigns.

Any employee or volunteer who becomes aware of conduct that is potentially reportable must inform the Approved Provider.

Reportable conduct includes sexual offences, sexual misconduct and physical violence all against, with or in the presence of a child, behaviour that causes significant emotional or psychological harm and significant neglect. A more detailed description of each type of conduct is available in the Commission for Children and Young People Information Sheet ‘What is reportable conduct?’

[https://ccyp.vic.gov.au/.](https://ccyp.vic.gov.au/.%20)  The Commission has a series of Fact Sheets to assist services understand their responsibilities under the Reportable Conduct Scheme.

**5. Procedures for Managing Breaches**

All employees and volunteers working with children have a duty of care to support and protect children which is breached if a person:

* does something that a reasonable person wouldn’t do in a particular situation
* fails to do something that a reasonable person would do in the circumstances
* acts or fails to act in a way that causes harm to someone owed a duty of care.

Employees, volunteers or families should report the breaches to the Nominated Supervisor or Approved Provider who will manage an investigation into the breach in a fair, unbiased and supportive manner in line with our Educator and Management Policy (see Report Breach template at Appendix D). For example:

* those involved in the breach will be able to provide their version of events
* matters discussed in relation to the breach will be kept confidential
* an appropriate outcome will be decided
* everyone affected will receive a clear written statement (letter, email or SMS) of the outcome
* records will be kept about the details of the breach, including the versions of all parties and the outcome of the breach

Depending on the nature of the breach outcomes may include:

* providing closer supervision
* professional development and training
* mediating between those involved in the incident (where appropriate)
* disciplinary procedures if necessary
* reviewing current policies and procedures and developing new policies and procedures if necessary
* termination of employment.

**6.Risk Management Plan for High Risk Activities and Special Events**

The Nominated Supervisor and educators will analyse the risk of ‘harm’ to children for all relevant events as well as high risk activities where there is an increased risk of harm to children for example:

* water based activities
* special events like service concerts and family information days where there will be a large number of visitors or people present
* events or activities where visitors will be present
* excursions
* playground renovations
* activities using dangerous equipment

The Nominated Supervisor and educators will:

1. Identify all the elements of an activity (eg objectives, location, participants, transportation, toileting/change room procedures, appropriate supervision and adult to child ratios, photography policy, managing medications, managing illness and injury, procedure applying to visitors, physical environment)
2. Identify the risks
3. Analyse the likelihood and consequences of the risks
4. Evaluate the level of risk (eg low, moderate, high, extreme)
5. Implement strategies to eliminate or minimise the risk
6. Review the activity to determine how it could be improved

Use Service Risk Management template.

1. **Strategies for Communication and Support**

The Approved Provider /Nominated Supervisor will implement the following to ensure families, employees, volunteers and children are aware of our Child Protection Policy:

* provide information to families about our Child Protection Policy and Child Safe Policy during enrolment and orientation.
* display posters about child protection issues, including safe and supportive environments
* include child protection issues e.g. training in employees’ performance and training plans
* ensure educators regularly include learning about appropriate child protection issues in the Curriculum, including how to keep themselves safe, and what to do if they feel unsafe
* make available to employees and family’s relevant resources

**Sources**

**Children, Youth and Families Act 2005**

**The Child Wellbeing and Safety Act 2005**

**Crimes Act 1958**

**Working with Children Act 2005**

**Education and Training Reform Act 2006**

**Depart of Human Services Child Protection, Dept of Education and Early Childhood Development, Licensed Children’s services and Victorian Schools “Protecting the Safety and Wellbeing of Children and Young People”
Education and Care Services National Law and Regulations
The Commission for Children and Young People**

**Review**

The policy will be reviewed every 2 years.

The review will be conducted by:

Management

Employees

Families

Interested Parties

**Reviewed:** May 2019 **Date for next review:** May 2021

Child Protection Reporting Overview

**Notifications of Abuse**

If anyone has suspicions of serious abuse contact **Child Protection** on **13 12 78** (after hours)

see Next page for business hours contacts

If anyone has suspicions of low to moderate level abuse contact Child FIRST **1300 786 433**

When children are in immediate danger OR THERE IS SEXUAL ABUSE INVOLVED contact the **police on** **000**



**See ‘A step-by-step guide to making a report to Child Protection or Child FIRST’ on the Department of Human Services website. Guide also includes contact numbers for Child Protection and Child FIRST**

**Appendix A**

**Recruitment Process**

* The Approved Provider/Nominated Supervisor will oversee and approve the recruitment process:
	+ ensuring there is a documented position description for the vacant position that is accurate and current.
	+ arranging for the position to be advertised
	+ ensuring there is a standard list of interview questions for all applicants
	+ reviewing the applications that have been received and making a short list of applicants
	+ arranging suitable interview times with the shortlisted applicants
	+ contacting referees for the most suitable candidate(s).
	+ making an offer of employment in writing which the applicant must sign as an acceptance of the offer. The applicant must sign a contract of employment containing the specific terms and conditions of employment.
	+ notifying unsuccessful applicants by letter, telephone or email.
* Recruitment and selection decisions will be made by the Approved Provider/Nominated Supervisor.

**Job Description**

Every position must have a position description which:

* summarises the job and describes the tasks,
* details the skills, qualifications and experience required to perform the job and whether these are essential or desirable criteria.
* Clearly describes the expectations for educators/staff members to provide a safe and supportive environment for children.

**Advertising**

* Positions may, at the discretion of the Approved Provider/Nominated Supervisor and where relevant, be initially advertised internally. This process gives current employees the chance to be considered.
* External advertising will occur when a suitable internal candidate is unavailable, or may occur concurrently with the internal advertising where the Approved Provider/Nominated Supervisor believes it is in the service’s best interests to source additional candidates.

**The Job Advertisement**

The job advertisement will be written in clear, concise and non-discriminatory language and will contain:

* the title of the position
* a summary of the role and conditions of employment
* the essential and desirable criteria for candidates
* information about what applicants should provide with their applications
* clear, concise details about our Service and our safe, supportive work practices
* advice that the successful applicant will need to undergo a successful Working With Children Check
* the name of a contact person
* the closing date for receipt of applications
* a statement that the Service is an Equal Opportunity Employer

**Interviews**

The Approved Provider/Nominated Supervisor will conduct the interview. The format of the interview will be:

* advise the applicant about the position and the Service
* discuss the applicant’s skills and experience as they relate to the position
* discuss the applicant’s understanding of child safety and child protection
* answer any questions the applicant may have
* advise the applicant about the next steps in the selection process
* obtain permission to contact the applicant’s nominated referees.

**Selection of Candidates and Offer of Employment**

Following the interviews, we will check the work histories and references of the most suitable candidates(s) after obtaining their permission. If a decision is made to employ the most suitable candidate, we will make a written offer of employment.

The successful applicant must sign a contract of employment containing the specific terms and conditions of their employment.

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The successful applicant must sign a contract of employment containing the specific terms and conditions of their employment.

**Exit Interviews**

If an employee resigns, management will undertake an exit interview with the person to:

* gather information about the effectiveness of the recruitment process.
* identify possible areas for improvement in organisational processes, management, job design, remuneration or career planning and development.
* receive positive feedback on what is working well.

**Appendix B**

**Indicators of Harm**

There are many indicators of harm to children. Behavioural or physical signs which assist in recognising harm to children are known as indicators. The following is a guide only. One indicator on its own may not imply abuse or neglect. However a single indicator can be as important as the presence of several indicators. Each indicator needs to be considered in the context of other indicators and the child’s circumstances. A child's behaviour is likely to be affected if he/she is under stress. There can be many causes of stress and it is important to find out specifically what is causing the stress. Abuse and neglect can be single incidents or ongoing, and may be intentional or unintentional.

**General indicators of abuse and neglect**

* marked delay between injury and seeking medical assistance
* history of injury
* the child gives some indication that the injury did not occur as stated
* the child tells you someone has hurt him/her
* the child tells you about someone he/she knows who has been hurt
* someone (relative, friend, acquaintance, sibling) tells you that the child may have been abused

**Physical Abuse**

Physical indicators include:

* Bruises, burns, sprains, dislocations, bites, cuts
* Fractured bones, especially in an infant where a fracture is unlikely to occur accidentally
* Poisoning
* Internal injuries
* Bald patches where hair has been pulled out

Possible behavioural indicators include:

* Showing wariness or distrust of adults
* Wearing long sleeved clothes on hot days (to hide bruising or other injury)
* Demonstrating fear of parents and of going home
* Becoming fearful when other children cry or shout
* Being excessively friendly to strangers
* Being very passive and compliant
* Not reacting or showing little emotion when hurt
* Showing little or no fear when threatened
* Often being absent
* Showing regressive behaviour such as bed-wetting
* Often feeling sad or crying

**Sexual Abuse**

A child is sexually abused when any person uses their authority or power over the child to engage in sexual activity. This can include exploitation through pornography or voyeurism. Sexual abuse is not usually identified through physical indicators. Often the first sign is when a child tells someone they trust that they have been sexually abused. However the presence of sexually transmitted diseases, pregnancy, or vaginal or anal bleeding or discharge may indicate sexual abuse.

Physical indicators include:

* Injury to the genital or rectal area
* Vaginal or anal bleeding or discharge
* Discomfort in toileting
* Inflammation and infection of genital area
* Bruising
* Frequent urinary tract infections

One or more of these behavioural indicators may be present:

* Child telling someone that sexual abuse has occurred
* Complaining of headaches or stomach pains
* Experiencing problems with schoolwork
* Displaying sexual behaviour or knowledge which is unusual for the child's age
* Showing behaviour such as frequent rocking, sucking and biting
* Experiencing difficulties in sleeping
* Having difficulties in relating to adults and peers
* Drawing or telling stories that are sexually explicit
* Showing regressive behaviour such as bed-wetting

**Emotional Abuse**

Emotional abuse happens when a child is repeatedly rejected, isolated or frightened by threats or by witnessing family violence. It also includes hostility, derogatory name-calling and putdowns or persistent coldness from a person to the extent the child’s emotional development and behaviour is at serious risk of being impaired. There are few physical indicators, although emotional abuse may cause delays in emotional, mental, or even physical development.

Physical indicators include:

* Speech disorders
* Delays in physical development
* Failure to thrive

Possible behavioural indicators include:

* Displaying low self esteem
* Tending to be withdrawn, passive, tearful
* Displaying aggressive or demanding behaviour
* Being highly anxious
* Showing delayed speech
* Acting like a much younger child, eg. soiling, wetting pants
* Displaying difficulties in relating to adults and peers
* Showing mental or emotional displays
* Having overly high standards and a fear of failure

**Neglect**

Physical indicators include:

* Frequent hunger
* Malnutrition
* Poor hygiene
* Inappropriate clothing, eg. Summer clothes in winter
* Left unsupervised for long periods
* Medical needs not attended to
* Abandoned by parents

Possible behavioural indicators include:

* stealing food or gorging when food is available
* staying at school outside school hours
* often being tired, falling asleep in class
* abusing alcohol or drugs
* displaying aggressive behaviour
* not getting on well with peers
* poor socialising habits
* withdrawn, listless, pale and thin

The presence of indicators such as those described may alert us to the possibility that a child is being abused. It is important that anyone who has concerns that a child or young person is in need of protection contacts a local Child Protection Service for assistance and advice.

**Family Violence**

Family violence, either threatened or actual, occurs within a family, including physical, verbal, emotional, psychological, sexual, financial and social abuse. Child Protection must be informed when there are strong indicators that family violence is placing a child at significant risk if danger.

**Appendix C**

**Disclosure of harm**

A disclosure of harm occurs when someone, including a child, tells you about harm that has happened, is happening, or is likely to happen to a child. Disclosures of harm may start with:

* I think I saw…‖
* Somebody told me that…‖
* Just think you should know…‖
* I‘m not sure what I want you to do, but…‖

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the name of the person who made the disclosure? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are they related to the child? Yes No

If yes, what is the relationship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What did the person disclose? Try to use the exact words they used. Use “I said” “they said” statements, include any questions you asked and comments you made

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What date did the person make the disclosure? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What time?\_\_\_\_\_\_\_AM/PM

Where did the disclosure occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was anyone else present during the disclosure? Yes No If yes what is/are their name, role and employer?

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Have you followed the procedure in the Child Protection Policy for making a report? Yes No

Describe the actions you have taken following the disclosure

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Name of person completing form Signature of person completing form

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM

**Suspicion of harm**

Educators may suspect harm if:

* a child says they have been harmed
* someone else, for example another child, a parent, or an employee, says harm has occurred or is likely to occur
* a child says they know someone who has been harmed (it is possible that they may be referring to themselves)
* they are concerned at significant changes in the behaviour of a child, or the presence of new unexplained and suspicious injuries
* they see the harm happening.

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you suspect harm? Try to use the exact words a child or someone else uses if relevant. Provide as much detail as possible

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If relevant, what date did the person say something? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_What time?\_\_\_\_\_\_AM/PM

Have you followed the procedure in the Child Protection Policy for making a report? Yes No

Describe the actions you have taken because of your suspicion

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Name of person completing form Signature of person completing form

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM

**Appendix D**

**CHILD PROTECTION RISK MANAGEMENT STRATEGY BREACH INCIDENT REPORT FORM**

Date breach occurred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time breach occurred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of breach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person(s) involved in the breach

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**Description of the breach**

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**Immediate action taken**

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**If no action taken – reason**

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Name of person completing form Signature of person completing form

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_ AM/PM

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Authority breach reported to (if relevant) Name of person reported to