



Keenan SafeSchools (KSS)

Presents Mandated Reporter Training FOR NHUSD EMPLOYEES

Keenan SafeSchools is an online Program that provides the District's employee with regulatory and compliance training. Please note this is required based on the condition of employment.

Mandatory Reporting

California Assembly Bill AB 1432 - Mandated reporters are required to receive annual training pursuant to this bill. All District employees must complete and show proof of training as a condition of employment.

AB 1432 requires that Mandatory Reporting Training include child abuse and neglect detection, mandatory reporter obligations and procedures, and information that the failure to report is a misdemeanor and punishable by six months in jail, a \$1,000 fine, or both.

How to log on to the online training program:

Using your browser, go to the web page: <http://nhusd.ca.safeschools.com/>

Once the Keenan SafeSchools page appears:

1. Enter your **FIRST AND LAST NAME**.
2. To access your assigned training, enter your username. **This is first letter of your first name, full last name, and last 4 of SSN(For example: jsmith4321)**
3. Select your assigned **SITE LOCATION**.
4. Enter your **E-MAIL ADDRESS** in the required fields.
5. Confirm login by clicking the **REGISTER** button.
6. Your Keenan SafeSchools page will reflect the mandatory training that has been assigned for your position (for most employees it will be "**Mandated Reporter: Child Abuse and Neglect.**" After you click on the course title, you will need to accept the "Disclaimer". This will then take you to the modules for the course. The courses have audio, so if you would like to listen to the course, be sure to turn up your speakers. You must complete each of the modules in its entirety, as well as successfully pass the quiz at the end of each of the courses in order to receive full credit. The "running time" for the course is 32 minutes.

***Note:** Keenan SafeSchools will track where you left off in each of the courses, as long as you complete the entire module. In the event you log off in the middle of a module, you will need to begin that same module once logging back in.

Should you have any questions, please contact Michelle, mparonia@nhusd.k12.ca.us 510-471-1100

****THIS REQUIREMENT MUST BE COMPLETED NO LATER THAN SEPTEMBER 30th 2017****

SUSPECTED CHILD ABUSE REPORT

To Be Completed by **Mandated Child Abuse Reporters**
Pursuant to Penal Code Section 11166

CASE NAME: _____

PLEASE PRINT OR TYPE

CASE NUMBER: _____

A. REPORTING PARTY	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY			
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS		Street	City	Zip	DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	REPORTER'S TELEPHONE (DAYTIME) ()		SIGNATURE		TODAY'S DATE			
B. REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY					
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)		ADDRESS		City	Zip		
	DATE/TIME OF PHONE CALL		OFFICIAL CONTACTED - TITLE		TELEPHONE ()			
C. VICTIM One report per victim	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX		
	ADDRESS			Street	City	Zip		
	PRESENT LOCATION OF VICTIM			SCHOOL		CLASS		
	GRADE			PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	OTHER DISABILITY (SPECIFY)			PRIMARY LANGUAGE SPOKEN IN HOME				
	IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME		TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY)		
RELATIONSHIP TO SUSPECT			PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
D. INVOLVED PARTIES	VICTIM'S SIBLINGS							
	NAME		BIRTHDATE	SEX	ETHNICITY	NAME		
	1. _____		3. _____		2. _____		4. _____	
	2. _____		4. _____					
	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY	
	ADDRESS			Street	City	Zip	HOME PHONE ()	
	BUSINESS PHONE ()			NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE	
	SEX			ETHNICITY		ADDRESS		
	Street			City	Zip	HOME PHONE ()	BUSINESS PHONE ()	
	SUSPECT'S NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY	
ADDRESS			Street	City	Zip	TELEPHONE ()		
OTHER RELEVANT INFORMATION								
E. INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____							
	DATE / TIME OF INCIDENT		PLACE OF INCIDENT					
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)							