

CCCS SAFEGUARDING CHILDREN REPORT FORM



SECTION 1 – COORDINATORS / DIRECTORS

SERVICE NAME			
SERVICE ADDRESS			
SUBURB		COST CODE	
SERVICE TYPE	KINDERGARTEN <input type="checkbox"/>	LONG DAY CARE <input type="checkbox"/>	OUTSIDE SCHOOL HOURS CARE <input type="checkbox"/>
AREA SUPERVISOR			

REPORT RELATES TO:

ADULT TO CHILD INTERACTION <input type="checkbox"/>	CHILD TO CHILD INTERACTION <input type="checkbox"/>
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TYPE OF INTERACTION / SUSPECTED HARM OR ABUSE

PHYSICAL <input type="checkbox"/>	NEGLECT <input type="checkbox"/>	EMOTIONAL <input type="checkbox"/>	SEXUAL <input type="checkbox"/>
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HOW WAS INFORMATION RECEIVED?			
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DATE		TIME	
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NAME AND POSITION OF PERSON COMPLETING SECTION 1

NAME		POSITION	
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DETAILS OF PERSON THAT RECEIVED INFORMATION OR WITNESSED INCIDENT

NAME			
ADDRESS			
PHONE		EMAIL	
RELATIONSHIP TO CHILD			

DETAILS OF CHILD / REN INVOLVED

CHILD 1			
NAME		D.O.B	
ADDRESS			
DOES CHILD HAVE A DISABILITY/MEDICAL CONDITION?		GENDER	M <input type="checkbox"/> F <input type="checkbox"/>
PARENT NAME		PHONE	
PARENT ADDRESS			
IS PARENT AWARE OF REPORT / INCIDENT ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

CHILD 2 (IF APPLICABLE)			
NAME		D.O.B	
ADDRESS			
DOES CHILD HAVE A DISABILITY/MEDICAL CONDITION?		GENDER	M <input type="checkbox"/> F <input type="checkbox"/>
PARENT NAME		PHONE	
PARENT ADDRESS			
IS PARENT AWARE OF REPORT / INCIDENT ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

If additional children are involved, please provide the same details on a separate page and attach to this report.

DETAILS OF ALLEGED ADULT INVOLVED

NAME			
ADDRESS			
PHONE		EMAIL	
RELATIONSHIP TO CHILD			

DOCUMENT INCIDENT

(remain impartial and factual, including dates and times)

Please attach additional pages if needed.

THE FOLLOWING RESOURCES HAVE BEEN USED

TRAFFIC LIGHT GUIDE FOR UNDERSTANDING SEXUAL BEHAVIOUR	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	BEHAVIOUR IDENTIFIED AS:			
	GREEN <input type="checkbox"/>	ORANGE <input type="checkbox"/>	RED <input type="checkbox"/>	
	If amber or red, continue reporting.			
PRIOR DOCUMENTATION	DETAILS ATTACHED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
PRIOR KNOWLEDGE	DETAILS ATTACHED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

FORM COMPLETED BY

NAME		POSITION	
DATE		TIME	

PLEASE CONTACT YOUR AREA SUPERVISOR

SECTION 2 – AREA SUPERVISORS	
TIME FORM RECEIVED FROM SERVICE	
HAVE YOU REVIEWED ALL DOCUMENTATION AND TOOLS ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
OUTCOME OF TRAFFIC LIGHT ASSESSMENT?	GREEN <input type="checkbox"/> ORANGE <input type="checkbox"/> RED <input type="checkbox"/>
OUTCOME OF ONLINE CHILD PROTECTION GUIDE?	
HAVE THERE BEEN PREVIOUS INCIDENTS CONCERNING THIS CHILD / REN?	
HAVE THERE BEEN PREVIOUS INCIDENTS CONCERNING THIS ADULT?	
IF ADULT IS INVOLVED, HAS THIS ISSUE BEEN DISCUSSED WITH HR CONSULTANT?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
OUTLINE DISCUSSION AND / OR OUTCOME	
INCIDENT HAS BEEN DISCUSSED WITH CCCS SAFEGUARDING CHILDREN OFFICER?	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAS THE SCHOOL PRINCIPAL BEEN INFORMED?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
HAS THE PARISH PRIEST BEEN INFORMED?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
DO YOU SUPPORT THE ASSESSMENT MADE BY THE SERVICE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
RECOMMENDATIONS FOR ACTION	MONITOR <input type="checkbox"/> REPORT TO: ACECQA (VIA NQITS) <input type="checkbox"/> CHILD SAFETY <input type="checkbox"/> POLICE <input type="checkbox"/>
REASONS FOR ASSESSMENT?	
HOW WILL THE SITUATION BE MONITORED?	
TIME INFORMATION FORWARDED TO THE OPERATIONS MANAGER	
NAME	DATE

PLEASE CONTACT THE OPERATIONS MANAGER

SECTION 3 – OPERATIONS MANAGER

TIME FORM RECEIVED FROM AREA SUPERVISOR		
HAS ALL DOCUMENTATION BEEN REVIEWED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
RECOMMENDATION FOR ACTION		
INTERNAL REPORTING		
POSITION	DATE	TIME
DIRECTOR, CCCS		
ARCHDIOCESAN SAFEGUARDING CHILDREN OFFICER		
DIRECTOR – RISK & GOVERNANCE		
GOVERNANCE ADVISOR		
EXTERNAL REPORTING		
ACECQA (VIA NQITS)	NOTIFICATION NUMBER: DATE: TIME: DETAILS PROVIDED:	
CHILD SAFETY	REGIONAL INTAKE OFFICE: NAME OF INTAKE OFFICER: DATE: TIME: DETAILS PROVIDED:	
POLICE	POLICE STATION (LOCATION): NAME OF OFFICER: DATE: TIME: DETAILS PROVIDED:	
BRISBANE CATHOLIC EDUCATION (SCHOOL OR CHILD PROTECTION UNIT) – if appropriate	NAME: LOCATION: DATE: TIME: DETAILS OF CONTACT:	
PARISH – if appropriate	NAME: PARISH: DATE: TIME: DETAILS OF CONTACT:	

NAME		POSITION	
DATE		TIME	