



# Child Protection Incident Form

The Child Safe Standards require organisations that provide services for children to have processes for responding to and reporting suspected child abuse. This form can be used by a staff member or provided to a child or their family if they disclose an allegation of abuse or safety concern.

This template should be used in conjunction with the College's **Four Critical Actions** procedures for responding to incidents, disclosures and suspicions of child abuse and for responding to student sexual offending.

All Child Protection Incident Report forms relating to suspected child abuse will be stored securely.

REPORT DETAILS	
<b>Who is completing this form?</b> (click to select)	<input type="checkbox"/> MLC Employee <input type="checkbox"/> Third Party Contractor <input type="checkbox"/> Agency Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Student <input type="checkbox"/> Parent/Carer
<b>Time/Date of Report:</b>	Click or tap to enter a date.
<b>Type of Report</b>	<input type="checkbox"/> <b>Disclosure</b> <input type="checkbox"/> <b>Incident</b> <input type="checkbox"/> <b>Suspicion</b>

CHILD'S INFORMATION	
<b>Name(s) of child/children involved:</b>	
<b>School / Year Level:</b>	
<b>Name(s) of additional individuals involved:</b>	
<b>Does the child identify as Aboriginal or Torres Strait Islander?</b>	<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes, Aboriginal</b> <input type="checkbox"/> <b>Yes, Torres Strait Islander</b>

## CRITICAL ACTION 1: IMMEDIATE RESPONSE TO AN INCIDENT

If you believe a child is at immediate risk of abuse phone 000.

Please detail any immediate responses made to an emergency situation e.g. was first aid administered, did the child require immediate medical assistance?

### DETAILS OF THE INCIDENT

1. Please categorise the suspected abuse:

- Physical violence
- Sexual offence
- Serious emotional or psychological abuse
- Serious neglect
- Student sexual offending

2. Grounds for your belief that a child has been or is at risk of abuse.

Please describe details of the disclosure, incident or suspicion of child abuse, including: names, times and dates, documenting a child's exact words, as far as possible.

3. Incident reporter wishes to remain anonymous?

- Yes
- No

If no, name of reporter: \_\_\_\_\_

**This form is to be handed to an MLC Child Protection Officer as soon as practical.**

**PART 2: FOR COMPLETION BY MLC CHILD PROTECTION OFFICER**

<b>DETAILS OF REPORT TO MLC CHILD PROTECTION OFFICER</b>	
Date report received:	
Staff member managing incident:	
Comments/Notes:	

## CRITICAL ACTION 2: REPORTING TO AUTHORITIES

MLC Counsellor to complete in consultation with Head of School, Senior Child Protection Officer as per the MLC Child Safety Program, Reporting and Responding to Allegations of Child Abuse procedures.

	Name of person who took your report	Date and Time
<b>AUTHORITY</b> (tick the authorities you have reported to)	<input type="checkbox"/> <b>Police</b>	
	<input type="checkbox"/> <b>DHHS Child Protection</b>	
	<input type="checkbox"/> <b>Child First</b>	
<b>Decision not to report</b> <i>If you did not report to an authority, list the reasons for this decision here.</i> (Who was consulted?)		
<b>Reporting Internally MLC</b> <i>Provide details of any discussion had with school leadership regarding report or concerns about safety of the student.</i> (Who? Time, Date, outcome/recommendations)		
<b>Outcome of Report</b>		
<b>Follow Up actions undertaken</b>		
<b>Review of existing Child Safe risk assessment controls</b>		

### CRITICAL ACTION 3: CONTACTING PARENTS/CARERS

School staff must consult with Victoria Police and/or DHHS Child Protection to determine if it is appropriate to contact parents. If it is, parents must be contacted as soon as possible (preferably on the same day of the disclosure, incident, or suspicion).

<p>Have you sought advice from DHHS Child Protection or Victoria Police?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – advice must be sought.</p>
<p>Is it appropriate to contact parent/carer?</p> <p><input type="checkbox"/> Yes (note approval from also Principal required)</p> <p><input type="checkbox"/> No</p>
<p>List reason if it is not appropriate to contact parent/carer:</p>
<p>Provide details of your discussion with parent/carer's (if appropriate)</p>
<p>Name of staff member making call:</p>
<p>Name of parent/carer receiving the call:</p>
<p>Discussion outcomes:</p>

**Working document will be uploaded to a private Channel within the Emergency Management Team site by the Senior Child Protection Officer.**

**A copy of the completed document will be uploaded to MLC Connect by Head of School at Level 4 security.**

**A hard copy to be kept in counselling file.**

**CRITICAL ACTION 4: PROVIDING ONGOING SUPPORT**

<b>Follow-up actions to support the student:</b>
<b>Support provided:</b>
<b>Referral(s):</b>

## REVIEW OF ACTIONS TAKEN

Complete this section between 4-6 weeks after an incident, suspicion or disclosure of abuse in conjunction with your school leadership team.

This will support you and the College to continue to protect children in your care and to reflect on your processes and the need for any follow- up actions.

### SAFETY AND WELLBEING

#### Current safety and wellbeing of the child

Is the child safe from abuse and harm – including exposure to family violence?

- No  
 Yes

if not, consider the need to make a further report

Does the child have any wellbeing issues that are not currently being addressed?

- No  
 Yes

If so, consider how these can be addressed and captured within a student support plan.

#### Current wellbeing of other children who may be impacted by the abuse

Are there any other children who may be impacted by the abuse?

- No  
 Yes

If so, have their wellbeing needs been met?

- No  
 Yes

If so, consider how these can be addressed and captured within a student support plan.

#### Current wellbeing of impacted staff members

Does the staff member who made the report/ witnessed the incident, formed a suspicion or received a disclosure require any support? (e.g.,EAP referral)

- No  
 Yes

If so, has this been received?

- No  
 Yes

Review of actions taken	
Have College staff followed the four critical actions for schools: responding to incidents, disclosures or suspicions of child abuse?	
Was an appropriate decision made in relation to when to act? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have the parents continued to be engaged if appropriate? <input type="checkbox"/> No <input type="checkbox"/> Yes
Could the suspected abuse have been detected earlier? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Action 1</b> Did the College take appropriate action in an emergency? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Action 2</b> Was a report made to the appropriate authorities and internally? <input type="checkbox"/> No <input type="checkbox"/> Yes	Were subsequent reports made if necessary? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Action 3</b> Did the College contact the parents/carers asap? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Action 4</b> Has the College provided adequate support for the student? <input type="checkbox"/> No <input type="checkbox"/> Yes	Has a student support group been established? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have any complaints been received? <input type="checkbox"/> No <input type="checkbox"/> Yes	have the complaints been resolved? <input type="checkbox"/> No <input type="checkbox"/> Yes
Has a student support plan been established, implemented, and reviewed? <input type="checkbox"/> No <input type="checkbox"/> Yes	Was the student appropriately supported in any interviews? <input type="checkbox"/> No <input type="checkbox"/> Yes



Consider and list actions that can be taken to build the College's capacity to identify and respond to incidents, allegations or reports of child abuse or student sexual offending in the future.