



LOS ANGELES UNIFIED SCHOOL DISTRICT
CHILD ABUSE AND NEGLECT REPORTING REQUIREMENTS
POLICY BULLETIN No. BUL-1347.2

LOS ANGELES UNIFIED SCHOOL DISTRICT
EMPLOYEE ACKNOWLEDGEMENT
OF SUSPECTED CHILD ABUSE REPORTING
DISTRICT POLICY AND LEGAL REQUIREMENTS

1. I have been fully informed of my individual responsibility to report suspected child abuse as specified by District policy and state law.
2. I have received training on suspected child abuse reporting laws, child abuse reporting procedures, and my duties as a mandated reporter.
3. I understand that reporting suspected child abuse is my individual responsibility and that my failure to comply with child abuse reporting laws and/or LAUSD child abuse reporting procedures may subject me to professional liability, which may include discipline, demotion, dismissal, and the possible suspension or revocation of credentials, and criminal and/or civil liability.
4. I understand that, if I reasonably suspect that conduct by another LAUSD employee, other school related adult, or a student to another student may be an indication of suspected child abuse, I must report the suspected child abuse to an appropriate child protective agency and I must inform my supervising administrator of the alleged inappropriate conduct.
5. I have been provided with a copy of the *Child Abuse Reporting Information Sheet* (Attachment B of District policy bulletin No. BUL-1347.2, "*Child Abuse and Neglect Reporting Requirements*") which summarizes my suspected child abuse reporting responsibilities as a LAUSD employee.
6. I further understand that if, at any time during the course of my employment with LAUSD, I make a report of suspected child abuse consistent with District suspected child abuse reporting policy and procedures, I will be defended by the District against any actions or claims that may be made as a result of the report and that the District will pay all expenses associated with such defense.

I hereby certify that I have knowledge of the suspected child abuse reporting legal mandates, LAUSD child abuse reporting procedures, and that I will comply with them.

Name: _____ Signature: _____
(Please Print)

Employee Number: _____ Position: _____

School / Office Location: _____ Date: _____

**A COPY OF THIS CERTIFICATION WILL BE RETAINED
BY YOUR SCHOOL OR SITE ADMINISTRATOR**