



**GULF STREAM COUNCIL, INC.
BOY SCOUTS OF AMERICA**

8335 N Military Trail
Palm Beach Gardens, FL 33410-6329
(561) 694-8585 Fax (561) 694-9050
www.gulfstreamcouncil.org

CHILD ABUSE REPORTING REQUIREMENTS

If you come to suspect that a youth is being abused or an adult or older youth is a potential abuser you must:

1. First to the Office of Child Abuse (1-800-962-2873) or local law enforcement (911). You cannot delegate the responsibility of reporting to a unit leader, Scout Executive, or anyone else. If you suspect, you must report!
2. Then, if the youth or adult is a member of the Boy Scouts of America, you must contact the Scout Executive at 561 694-8585 x230. The attached "Suspected Child Abuse Report Form" should be completed and submitted to the Council.

Florida Abuse Hotline	800-962-2873
Palm Beach County Sheriff	561-688-3000
Martin County Sheriff (Camp Tanah Keeta)	772-220-7000
St. Lucie County Sheriff	772-462-7300
Indian River County Sheriff (Camp Oklawaha)	772-569-6700
Okeechobee County Sheriff (Camp Dark Hammock)	863-763-3117
Glades County Sheriff	863-946-1600
Hendry County Sheriff	863-674-5600

IMMUNITY FROM CIVIL OR CRIMINAL LIABILITY

Any person, who in good faith, reports abuse and neglect or testifies in a child abuse hearing resulting from such a report is immune from any criminal or civil liability as a result of such action.

PENALTY FOR FAILURE TO REPORT

Any person who knowingly fails to report suspected abuse or neglect pursuant to the law or to comply with the provisions of the law is subject to a fine of up to \$1,000 or up to six months imprisonment, or both.

SUSPECTED CHILD ABUSE REPORTING FORM

The following information was provided to:

Name of person Position

Address _____ Telephone _____

City _____ Zip _____

Name of suspected abuser: _____

Address _____ Telephone _____

City _____ Zip _____

Scouting position if known _____

Child's name _____ Date of birth _____

Address _____

Parent's name _____ Telephone _____

Address _____

Physical indicators observed _____

Behavioral indicators observed _____

Other indicators observed/known _____

Reporter's name and position _____

Date of report _____ Signature _____