Policy JLF - E - SUSPECTED CHILD ABUSE/NEGLECT REPORT FORM

Any employee of the West Bath SAU who suspects that a child has been or is likely to be abused or neglected (the “notifying person”) must immediately notify the building principal using this form. The purpose of this form is to document your reporting and to facilitate confirmation to you that the building principal or other designated school official has made your report to the Department of Health and Human Services (DHHS) or, as appropriate to the District Attorney.

If you have not received written confirmation within 24 hours of submitting this form to the building principal, you must make your own report to DHHS or, if appropriate, to the DA.

1) Name/title/telephone number and email address of notifying person (person who originally has the information and is required to report it):

2) Date and time of notifying person’s report: _________________________________________________

3) Name/title of school principal/designated agent first report made to:

4) Did notifying person contact DHS independently: _____ Yes _____ No

5) Name of student who is subject of report: _________________________________________________
   Birthdate: ____________________ Sex: ________ Grade: ______________
   Known history of abuse/neglect? _________________________________________________________
   Parent/Guardian Name(s): ______________________________________________________________
   Address: ____________________________________________________________________________
   Home and work telephone numbers: ______________________________________________________
   Name(s) of sibling(s): __________________________________________________________________

6) Statements or indicators leading to the suspicion of abuse/neglect (include all known information, including date, time and location, name of alleged abuser, and relationship to student)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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7) List any photographs taken or other materials collected related to the report:

__________________________________________________________________________

__________________________________________________________________________

8) Actions taken by school personnel (list date, time and personnel involved):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

*** CONFIRMATION OF REPORT ***

Name of principal or designated agent: ___________________________________________

Agency contacted by telephone: ___________________________________________________

Name and title of agency contact: _________________________________________________

Date and time of telephone report: ________________________________________________

Copy of report form sent (include date and addressee): ________________________________

__________________________________________________________________________

__________________________________________________________________________

Principal/Designated Agent Signature  Date and Time

*** EMPLOYEE’S ACKNOWLEDGEMENT OF RECEIPT OF CONFIRMATION***

(To be returned to principal or designated agent)

I have received confirmation that my report has been made to DHHS or the DA by the Principal or other
Designated Agent.

__________________________________________________________________________

Notifying Person/Original Reporter’s Signature  Date and Time

(Employee’s Signature)

First Reading: 12/02/15
Second Reading: 01/06/16
Adoption: 01/06/16

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