RSU 82/MSAD 12 POLICY

SUSPECTED CHILD ABUSE/NEGLECT REPORT FORM

Any employee of RSU 82/MSAD 12 who suspects that a child has been or is likely to be abused or neglected must immediately notify the guidance counselor/social worker using this form. The purpose of this form is to document your reporting and to facilitate confirmation to you that the guidance counselor/social worker 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 guidance counselor/social worker, 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 guidance counselor/social worker or 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):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

(Used for confirming guidance counselor/social worker or other designated agent’s report to authorities)

Name of guidance counselor/social worker or other 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): _______________

________________________________________________________

Guidance Counselor/Social Worker or Designated Agent Signature    Date and Time

EMPLOYEE’S ACKNOWLEDGEMENT OF RECEIPT OF CONFIRMATION

(To be returned to guidance counselor/social worker or other designated agent)

I have received confirmation that my report has been made to DHHS or the DA by the Guidance Counselor/Social Worker or other Designated Agent.

__________________________________________    _____________

Notifying Person/Original Reporter’s Signature    Date and Time

(Employee’s Signature)

Adopted:    April 13, 2016