

**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

(Employee's Signature)

Date and Time

Adopted: April 13, 2016