

### SUSPECTED CHILD ABUSE AND NEGLECT FORM

**INSTRUCTIONS:** Any school employee who suspects that a child has been or is likely to be abused or neglected (hereinafter referred to as the “notifying employee”) is required to immediately notify the building administrator (and may also directly report to DHHS, and the District Attorney if required). Please see Policy JLF for important definitions and requirements.

This form should be completed by the person making the report to DHHS (and the District Attorney if required) - generally the Superintendent or building administrator -- in consultation with the notifying employee.

The completed form shall be provided to the notifying employee within 24 hours of his/her initial notification of the building administrator or Superintendent. The notifying employee shall sign the form acknowledging that he/she received confirmation that a report was made to DHHS, and the District Attorney if required. The report shall be forwarded to the Superintendent.

The completed form shall be forwarded to DHHS, and the District Attorney if required (see Policy JLF), and filed for the required retention period.

If the notifying employee does not receive a copy of this form confirming that a report was made within 24 hours of his/her original notification to the building administrator/ Superintendent, he/she shall immediately make the abuse/neglect report to DHHS, and the District Attorney if required. The employee shall also ensure that this form is completed and filed with the Superintendent.

#### SECTION 1 – INITIAL NOTIFICATION AND STUDENT INFORMATION

A. Name of notifying employee: \_\_\_\_\_

Position: \_\_\_\_\_

Contact information (telephone number/email address): \_\_\_\_\_

\_\_\_\_\_

B. Date, time and method of first notification: \_\_\_\_\_

Building administrator notification made to (name/position): \_\_\_\_\_

\_\_\_\_\_

C. Did notifying employee make own telephone report to DHHS:

DHHS contact number: **800-452-1999**

\_\_\_ No \_\_\_ Yes      DA: \_\_\_ No \_\_\_ Yes

If yes, date, time and method of report(s) \_\_\_\_\_

Agency(ies) and name(s) of person(s) reported to: \_\_\_\_\_

Parent notified? \_\_\_ No \_\_\_ Yes

D. Information about student:

Name: \_\_\_\_\_

School, grade and homeroom: \_\_\_\_\_

Age and gender of child: \_\_\_\_\_

Parent/guardian name(s): \_\_\_\_\_

Home address and telephone number: \_\_\_\_\_

Names, school, grade and homeroom of any siblings: \_\_\_\_\_

\_\_\_\_\_

Any past evidence of abuse or neglect of student and/or siblings: \_\_\_\_ No \_\_\_\_ Yes

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

E. Description of alleged abuse or neglect, including injuries or other indicators, and any explanations provided for them: \_\_\_\_\_

\_\_\_\_\_

Alleged perpetrator of abuse or neglect: \_\_\_\_\_

\_\_\_\_\_

F. Any actions taken by school staff (aside from reporting abuse/neglect) (include names, dates and times): \_\_\_\_\_

\_\_\_\_\_

G. Any evidence collected (such as photographs, clothing or other items):

\_\_\_\_\_

H. Any other relevant information not included above: \_\_\_\_\_

\_\_\_\_\_

**SECTION 2 – REPORTS TO SUPERINTENDENT, DHHS, AND DISTRICT ATTORNEY IF REQUIRED**

A. Name and position of building administrator making report to Superintendent:

\_\_\_\_\_

Date, time and method of report: \_\_\_\_\_

B. Name and position of administrator making report to DHHS, and District

Attorney if required: \_\_\_\_\_

Date, time and method of telephone report to DHHS: \_\_\_\_\_

Name of person taking report: \_\_\_\_\_

Date, time and method of telephone report to District Attorney (if required):

\_\_\_\_\_

Name of person taking report: \_\_\_\_\_

C. Name of person sending form to DHHS, and District Attorney if required:

\_\_\_\_\_

Date and method of sending form: \_\_\_\_\_

Report sent to DHHS: \_\_\_ Yes \_\_\_ No

Report sent to DA (if required): \_\_\_ Yes \_\_\_ No

**SECTION 3 – CONFIRMATION GIVEN TO NOTIFYING EMPLOYEE THAT REPORT WAS MADE TO DHHS, AND DISTRICT ATTORNEY IF REQUIRED**

**The building administrator or Superintendent who made the report to DHHS, and the District Attorney if required, must provide written confirmation to the notifying employee within 24 hours of his/her initial notification.**

A. Person providing completed form to notifying employee: \_\_\_\_\_

B. Date, time and method of providing form to notifying employee:

\_\_\_\_\_

**SECTION 4 – NOTIFYING EMPLOYEE ACKNOWLEDGMENT**

**The notifying employee must provide written acknowledgement that he/she received confirmation of a report being made to DHHS, and the District Attorney if required. If such confirmation is not received within 24 hours of the initial report, the notifying employee must make his/her own report to DHHS, and the District Attorney if required. In such a circumstance, the notifying employee should ensure that this form is completed.**

I, \_\_\_\_\_, acknowledge that I have received the confirmation above that the required report has been made to DHHS, and the District Attorney if required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ONCE THIS FORM IS COMPLETED IN FULL, RETURN IT TO THE SUPERINTENDENT’S OFFICE FOR FILING.**