

SUSPECTED CHILD ABUSE/NEGLECT REPORT FORM

Any employee of Cape Elizabeth Schools 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 ~~making first report~~ (person who originally has the information and is required to report it): _____

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

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

4) Did the notifying person ~~making first report~~ contact DHS independently: ____ Yes ____ No

~~5) Date/time/person making report to Superintendent: _____~~

~~6~~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): _____

~~7~~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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87) List any photographs taken or other materials collected related to the report: _____

98) Actions taken by school ~~officials~~ personnel (list date, time and personnel involved):

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CONFIRMATION OF REPORT

(Used for confirming principal or designated agent's report to authorities)

~~10) Reports to authorities:~~

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): _____

~~Signature and title of person completing form:~~

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)