

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 administrator or designee - 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 administrator. 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 ultimately be forwarded to the Superintendent, and filed for the required retention period.

The completed form shall be forwarded to DHHS, and the District Attorney if requested by those agencies (see Policy JLF).

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 administrator, he/she shall immediately make the abuse/neglect report to DHHS, and the District Attorney if required. The employee shall complete this form and submit it to the administrator.

Any person who in good faith reports, assists DHHS in making the child available for an interview, or participates in the investigation or proceedings of a child protection investigation is immune from any criminal or civil liability for the act of reporting or participating in the investigation or proceeding. Good faith does not include instances when a false report is made and the person knows the report is false.

SECTION 1 – INITIAL NOTIFICATION AND STUDENT INFORMATION

- A. Name of notifying employee: _____
Position: _____
Contact information (telephone number/email address): _____

- B. Notification made to (administrator’s name): _____
Date, time and method of notification: _____
- C. Did notifying employee make own telephone report to DHHS:
___ No ___ Yes DA: ___ No ___ Yes
If yes, date, time of report(s) _____
Agency(ies) and name(s) of person(s) reported to: _____
- D. Information about student:
Name: _____
School, grade: _____
Date of Birth: _____
Gender: _____
Parent/guardian name(s): _____
Home address and telephone number: _____
Name(s), school, grade and age of any sibling(s): _____

Any knowledge of past abuse or neglect of student and/or sibling(s):
___ No ___ Yes
If yes, describe: _____

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

Person(s) suspected of abuse or neglect: _____

- F. Additional actions taken by school staff (include names, dates and times):

- G. Any other relevant information not included above: _____

- H. Was a decision made to report to DHHS/DA? Yes/No: _____
(If yes, continue to Section 2.)

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

A. Name and position of administrator/designee making report to DHHS, and if required, the District Attorney:

Date and time of telephone report to DHHS: _____

Name of person taking report: _____

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

Name of person taking report: _____

B. Name of person sending form to DHHS, and District Attorney if requested:

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, IF REQUIRED, DISTRICT ATTORNEY

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

A. Administrator providing completed form to notifying employee:

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

SECTION 4 – NOTIFYING EMPLOYEE ACKNOWLEDGEMENT

The notifying employee must provide written acknowledgement that he/she received confirmation of a report being made to DHHS, and, if required, the District Attorney.

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

Date: _____

Signature

THIS COMPLETED FORM MUST BE SUBMITTED TO THE SUPERINTENDENT’S OFFICE FOR FILING.