



# WELLS-OGUNQUIT COMMUNITY SCHOOL DISTRICT

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www.k12wocsd.net

NEPN/NSBA Code: JLF-E

## Suspected Child Abuse and Neglect Form

**RETURN COMPLETED FORM TO CENTRAL OFFICE FOR FILING**

**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 this 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 forward 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 I – Initial Notification and Student Information**

#### Initial Notification

1. Name of Notifying Employee: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

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

3. Did Notifying Employee make own telephone report to DHHS? : <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES – date/time/method of report(s)
Did Notifying Employee make own telephone report to DA? : <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
	_____

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

#### Student Information

4. Student Name: \_\_\_\_\_ -School/Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ -Student Age/Gender: \_\_\_\_\_ (M) (F)

Address: \_\_\_\_\_ -Siblings Names/School/Grade: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

**➔ Is there any past evidence of abuse or neglect of student and/or siblings?:**  
 YES  NO

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

5. Please describe the alleged abuse or neglect, including injuries or other indicators, and any related explanations:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Alleged perpetrator of abuse or neglect: \_\_\_\_\_
6. Any actions taken by school staff *-aside from reporting abuse/neglect* (include names/dates/times): \_\_\_\_\_  
 \_\_\_\_\_
7. Any evidence collected (i.e., photos, clothing, etc.): \_\_\_\_\_  
 \_\_\_\_\_
8. Other relevant information: \_\_\_\_\_

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**Section II – Reports to Superintendent, DHHS, and District Attorney, if required**

1. Name/position of Building Administrator reporting to Superintendent: \_\_\_\_\_ -Date/Time/Method of report: \_\_\_\_\_
2. Name/position of Administrator reporting to DHHS: \_\_\_\_\_ -Date/Time/Method of report to DHHS: \_\_\_\_\_  
 -Person taking report: \_\_\_\_\_
- and*  
 District Attorney, if required: \_\_\_\_\_ -Date/Time/Method of report to DHHS: \_\_\_\_\_  
 -Person taking report: \_\_\_\_\_
3. Name of person sending form to DHHS and District Attorney, if required: \_\_\_\_\_ -Date/Method of sending form: \_\_\_\_\_
- ✓ **Report sent to DHHS):** \_\_\_YES \_\_\_NO      ✓ **Report sent to DA (if required):** \_\_\_YES \_\_\_NO

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**Section III – Confirmation to Notifying Employee - Report Made to DHHS & DA (if required)**

The Building Administrator or Superintendent making the report to DHHS (or DA, if required), must provide written confirmation to the Notifying Employee within 24 hours of his/her initial notification.

1. Person providing completed form to Notifying Employee: \_\_\_\_\_
2. Date/Time/Method of providing form to Notifying Employee: \_\_\_\_\_

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**Section IV – Notifying Employee Acknowledgment**

The Notifying Employee must provide written acknowledgment that he/she received confirmation of a report being made to DHHS, (and the DA, 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 DA, 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: \_\_\_\_\_