

RSU 16 Suspected Child Abuse and Neglect Form

- If the abuser is responsible for the care of the child – contact DHHS: **1-800-452-1999**
 You may also need to contact the DA or police depending on the situation. Call DHHS first and follow their guidance.
- If the abuser is not responsible for the care of the child – contact the District Attorney (753-2500 option 4) or local police agency

Any employee of RSU 16 who suspects that a child has been or is likely to be abused or neglected, the employee must immediately notify the appropriate agency and the building principal/designated agent. The report is to be made in conjunction with administration or a designated agent (school counselor, social worker, nurse). The purpose of this form is to document your reporting and to facilitate communication *with the receiving agency*. You must report any suspected child abuse or neglect within 24 hours.

Name and position of person the child reported to:		
Date and time original reporter sought assistance from principal or designated agent:		
Printed name and position of person making this report:		
Signature of person making this report:		
Which designated agent helped the staff person make this report:		
Did the child report to anyone else? If yes, who?	YES	NO
Did original reporter make report independently?	YES	NO
If no, who assisted the original reporter with making the report to the agency?		
Who called the agency to make the report?		
What agency was this report made to?		
Date and time of agency notification:		
Name of agency intake worker:		
Reporter's confidentiality requested?	YES	NO

Information About the Alleged Victim:

Name of child: _____ DOB: _____ Age: _____ Gender: _____

Home Address: _____

Phone Number(s): _____

Name(s) of Parent/Guardian: _____

Parent/Guardian Contact Info: _____

Out of Home Parent/Guardian (if any), Address, Contact Info: _____

Other Household Members (include names & ages of any other children in the home): _____

Domestic Violence Concerns including knowledge of any prior abuse/neglect: _____

Mental Health Concerns/Diagnoses: _____

Substance Abuse Concerns: _____

Are any Service Providers already involved with the family? Yes No
 If yes, please describe: _____

Any additional information that may be helpful to agency (could include drop in grades, attendance issues, and prior experience with the family): _____

Any comments made by agency? Any action taken? _____

Did this agency recommend contacting any other agency (police, DHHS, DA)? If yes, whom?
When was the report made to recommended agency? _____

Confirmation of Report

Staff Notification	Signature	Date
Principal (required)		
Assistant Principal		
School Counselor		
Social Worker		
Nurse		
Other:		

Employee's Acknowledgement of Receipt of Information

Principal or Designated Agent: If employee did not notify DHHS (or related agency) directly themselves, you must get the signature of the person who shared information about abuse/neglect.

I acknowledge that the principal or designee made report to DHHS (or related agency) within 24 hours of sharing report of abuse/neglect.

Signature of Original Person Child Reported to: _____ Date & Time: _____

RSU 16 School Policy requires that the principal/designee notify the Superintendent of any referrals/reports made to DHHS or other agencies. Copies of any written reports are to be sealed, marked confidential and given to the Superintendent.

Date sent to the Superintendent: _____