

# JLF-E (FORM) - SUSPECTED CHILD ABUSE, INCLUDING SEXUAL ABUSE, AND NEGLECT REPORT FORM

Any employee of the Cape Elizabeth School Department who suspects that a child has been or is likely to be abused or neglected (the “notifying employee”) must immediately inform a school administrator, the Title IX Coordinator, or the Superintendent. The Superintendent or designee shall immediately make a report by telephone to the Department of Health and Human Services (DHHS) and, if appropriate, the District Attorney (DA), and complete this form. A copy should be provided to the notifying employee for signature and returned to the Superintendent. If the notifying employee has not received a copy of the completed form within 24 hours of informing a school administrator, the Title IX Coordinator, or the Superintendent, the employee shall make an immediate report to DHHS and, if appropriate, the DA, complete the form, and give it to the Superintendent.

This form is for school department use only. It is not to be sent to DHHS or the DA (unless requested by those agencies).

## Notification

Name/title/telephone number/email address of notifying employee (person who first raises the suspicion): \_\_\_\_\_

Date and time of notifying employee’s report: \_\_\_\_\_

Name/title of administrator notifying employee’s report first made to: \_\_\_\_\_

Name of student who is the subject of report: \_\_\_\_\_ Birth  
Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Known history of  
abuse/neglect? \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_ Home telephone  
number(s): \_\_\_\_\_ Work telephone  
number(s): \_\_\_\_\_ Cell telephone  
number(s): \_\_\_\_\_ Name(s) of sibling(s)/others in the  
home: \_\_\_\_\_

Brief statement of indicators leading to the suspicion of abuse, including sexual abuse, or  
neglect: \_\_\_\_\_

## Report

Name/title/telephone number/email address of reporting employee (person who calls DHHS and/or the DA): \_\_\_\_\_

Agency contacted:\_\_\_\_\_

Name/title/telephone of agency contact:\_\_\_\_\_

Date and time of telephone report:\_\_\_\_\_

Reporting Employee Signature Date

Did the notifying employee contact DHHS or the DA independently? \_\_\_\_ Yes \_\_\_\_ No

If No, the form should be given to the notifying employee for their signature and then returned to the Superintendent.

I have received written confirmation that my report has been made to DHHS or the DA by the Superintendent or designee.

Notifying Employee Signature□□□□Date

## Cross Reference:

- [JLF – Reporting Child Abuse and Neglect](#)
- [JLFA – Child Sexual Abuse Prevention and Response](#)
- [JLF-R – Reporting Child Abuse, Including Sexual Abuse, and Neglect Administrative Procedure](#)

## Adopted:

- March 10, 2020

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