



**Mr. Craig Kupferberg**  
Superintendent

1920 SLABTOWN ROAD LIMA, OH 45801  
TELEPHONE: (419) 222-1836 FAX: (419) 224-0718  
<http://www.allencountyesc.org>

**Confidential School Report of  
Suspected Child Abuse/Neglect**

- Staff members are required by law and board Policy to report suspected child abuse/neglect.
- Staff member reporting suspected child abuse/neglect must complete this form.
- Turn into office once completed.

Date & time reported to child protective services: \_\_\_\_\_ School: \_\_\_\_\_

Child Protective Services intake screener name: \_\_\_\_\_

Police notification: \_\_\_\_ Yes \_\_\_\_ No Date & time reported to police: \_\_\_\_\_

Name of officer contacted: \_\_\_\_\_

Police response: \_\_\_\_\_

Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's address: \_\_\_\_\_

Other children in home that school has knowledge of:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Circumstances leading to the suspicion that the child is the victim of abuse/neglect including the nature of  
Injuries, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Pertinent information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Alleged perpetrator (if known): \_\_\_\_\_

Reporting staff member signature \_\_\_\_\_ Date \_\_\_\_\_

Counselor signature \_\_\_\_\_ Date \_\_\_\_\_

PROVIDING SERVICES TO: Allen East Local, Bath Local, Bluffton Exempted Village, Delphos City, Elida Local, Perry Local,  
Shawnee Local, Spencerville Local, and Lima City and Apollo Career Center