Report of Suspected Child Abuse

(Child Protective Service Law - Title 23 CSA Chapter 63)

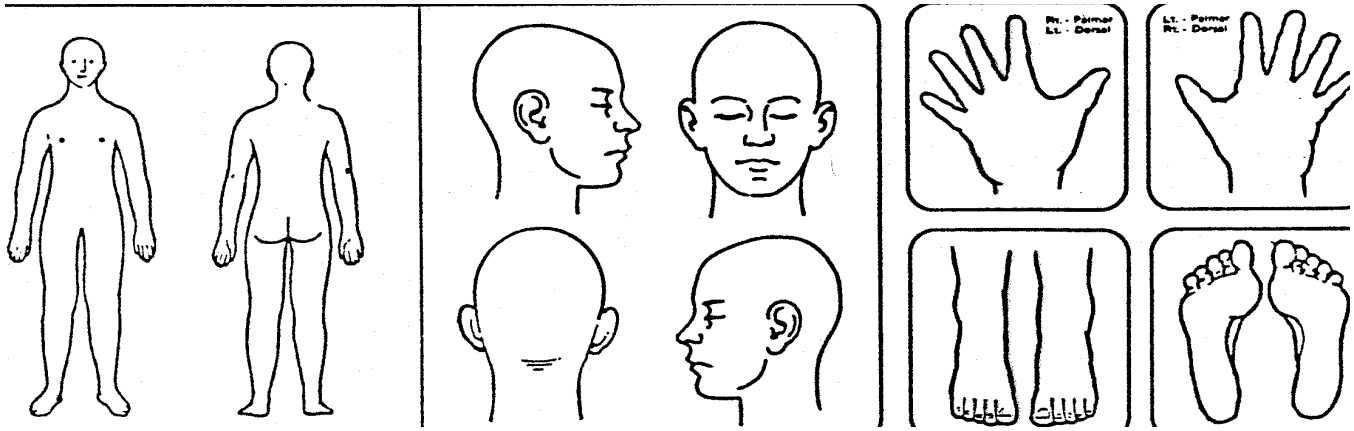
Please refer to instructions on reverse side. Except for signature, Please print or type.

1. Name of Child (Last, First, Initial)	Soc. Sec. No.	Birthdate	Sex ☐ M ☐ F
Address (Street, City, State & Zip Code)			County
1A. Present location if different than above			County
2. Biological/ Adoptive Mother (Last, First, Initial)	Soc. Sec. No.	Birthdate	Phone No.
Address (Street, City, State & Zip Code)			County
3. Biological/ Adoptive Father (Last, First, Initial)	Soc. Sec. No.	Birthdate	Phone No.
Address (Street, City, State & Zip Code)			County

4. Other Person Responsible for Child	Soc. Sec. No.	Birthdate	Relationship to Child	Sex ☐ M ☐ F
Address (Street, City, State & Zip Code)		County		Phone No.
5. Alleged Perpetrator (Last, First, Initial)	Soc. Sec. No.	Birthdate	Relationship to Child	Sex ☐ M ☐ F
Address (Street, City, State & Zip Code)		County		Phone No.

6. Family Household Name (Last, First, Initial)	Relationship to Child	Name (Last, First, Initial)	Relationship to Child
A.		D.	
B.		E.	
C		F.	

Describe injuries/condition and **why** you suspect abuse/neglect. County where abuse occurred Date of Incident Include evidence of prior abuse to this child, sibling or perpetrator (please refer to opposite side for additional information). Please note exact location of the injury (s) on model below.	County where abuse occurred	Date of Incident



7. Actions taken or about to be taken by Reporter, County Agency, Law Enforcement, School Official, or Others

☐ Notification of Coroner ☐ x-rays ☐ Photo graphs ☐ Hospital ization ☐ Police Notified ☐ Medical Examination ☐ Emergency Custody Taken ☐ Other (Specify):

8. Risk Factors, Child:

A. Describe any Physical, Mental, or Behavioral Factors that may place the child at risk**:** ☐ Unknown

B. Does the child appear to need medical attention? ☐ No ☐ Unknown ☐ Yes, If Yes, Please Explain:

C. Level of pain child exhibits ☐ Mild ☐ Moderate ☐ Severe Please Describe**:**

D. Does the child appear to be fearful, suicidal or withdrawn? ☐ No ☐ Unknown ☐ Yes If Yes, Please Explain

9. Risk Factors, Family:

A. Describe any caretaker/perpetrator characteristics that place the child at risk: ☐ Unknown

B. Describe the extent of perpetrator access to child: ☐ Unknown

C. Is there any substance abuse in the household? ☐ No ☐ Unknown ☐ Yes If Yes, Please Explain

D. Does the caretaker/perpetrator have a history of violence or severe emotional problems? ☐ No ☐ Unknown ☐ Yes

E. What is the environmental (Health and Safety) condition of the home? ☐ Unknown

F. Will child be at risk due to County Agency involvement? ☐ No ☐ Unknown ☐ Yes If Yes, Please Explain

G. Are there weapons in the home? ☐ No ☐ Unknown ☐ Yes If Yes, Please Explain

Instructions to Mandated Persons: Any persons who, in the course of their employment, occupation, or practice of their profession come into contact with children shall report or cause a report to be made to Childline (800-932-0313) when they have reasonable cause to suspect, on the basis of their medical, professional or other training and experience, that a child coming before them in their professional or official capacity is a victim of child abuse. Within 48 hours after making the oral report, send one copy of this report to the county children and youth agency.

Note: If the child has been taken into custody, you must immediately contact the children and youth agency where the abuse occurred. Except for confidential communications made to an ordained minister, the privileged communication between any professional person required to report and the patient or client of that person shall not apply to situations involving abuse and shall not constitute grounds for failure to report suspected abuse.

Reporting Source

Signature	Title or Relationship to Child	Facility or Organization
Address	Telephone Number	Date of Report