State of Maryland-Child Protective Services

REPORT OF SUSPECTED CHILD ABUSE ABUSE/NEGLECT

1. NAME OF LOCAL DEPARTMENT BEING NOTIFIED	PHONE	FAX #	NAME OF PROTECTIVE SERVICES WORKER
HARFORD COUNTY CHILD PROTECTIVE SERVICES	410-836-4713	410-836-4919	

2. PERSON MAKING REPORT (Name)	3. POSITION/TITLE

4. NAME OF DEPARTMENT/ORGANIZATION	ADDRESS	ZIP	5. TELEPHONE

6. TYPE OF REFERRAL

☐ PHYSICAL ABUSE ☐ SEXUAL ABUSE ☐ NEGLECT ☐ MENTAL INJURY-ABUSE ☐ MENTAL INJURY-NEGLECT

7. NAME OF CHILD	8. SEX	9. DATE OF BIRTH	10. RACE

11. ADDRESS *(Where Child Can Be Seen)*	CITY	STATE	ZIP	12. GRADE	13. SCHOOL

14. NAME OF PERSON RESPONSIBLE FOR CHILD'S CARE	14A. AGE/D.O.B.	14B. ADDRESS	14C. TELEPHONE

PARENTS/GUARDIAN	AGE/D.O.B	ADDRESS	TELEPHONE
MOTHER:			
FATHER:			
GUARDIAN *(Specify Relation)*:			
SIBLINGS:			

15. NAME OF SUSPECTED ABUSER/NEGLECTOR	16. RELATION	17. AGE/D.O.B.	18. ADDRESS	19. TELEPHONE

20. STATE NATURE AND EXTENT OF THE CURRENT ABUSE/NEGLECT TO THE CHILD IN QUESTION: EXPLAIN THE CIRCUMSTANCES LEADING TO THE SUSPICION THE CHILD IS AN ABUSE/NEGLECT VICTIM. DESCRIBE ANY INJURY OR RISK. DESCRIBE HOW REPORTER KNOWS INFORMATION.

21. LIST INFORMATION CONCERNING PREVIOUS ABUSE/NEGLECT TO THE CHILDREN/OTHER CHILDREN IN THE FAMILY, INCLUDING PREVIOUS ACTION TAKEN. HOW DOES THE REPORTER KNOW THIS INFORMATION?

22. DESCRIBE INFORMATION KNOWN ABOUT FAMILY FUNCTIONING, RELATIONSHIP BETWEEN PARENT, CARETAKER, OTHER ADULTS IN HOME AND CHILDREN AND LIKELY RESPONSE BY FAMILY TO DISCLOSURE. HOW DOES THE REPORTER KNOW THIS INFORMATION?

23. STATE ANY OTHER AVAILABLE INFORMATION THAT WOULD AID IN ESTABLISHING THE CAUSE OF THE ALLEGED ABUSE/NEGLECT.

24. ARE WEAPONS IN THE HOME OR KNOWN TO BE CARRIED BY THE FAMILY OR ACCUSED ABUSER?	25. IS THERE A HISTORY OF VIOLENCE, DRUGS, MENTAL ILLNESS OR RETALIATION IN THE FAMILY?	26. IF YES TO EITHER, DESCRIBE IN DETAIL ON SEPARATE SHEET OF PAPER
☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown	

27. SIGNATURE OF PERSON REPORTING	28. DATE / HOUR ORAL CONTACT IN LOCAL DSS

Complete 4 copies: 2 Copies: Harford County Department of Social Services – 2 Bond St., Bel Air, MD 21014

The following should NOT include informant's name or signature: 1 Copy: Supervisor of Pupil Personnel

1 Copy: Principal's Office