

ABUSE/NEGLECT REPORTING FORM

- ALL CHILD CARE FACILITY STAFF ARE MANDATED REPORTERS. IT IS A MISDEMEANOR NOT TO REPORT.
- A REPORT MUST BE MADE IMMEDIATELY, BUT IN NO EVENT LATER THAN 24 HOURS.
- IMMUNITY FROM CIVIL OR CRIMINAL LIABILITY EXTENDS TO EVERY PERSON WHO IN GOOD FAITH MAKES A REPORT.

INDIVIDUAL WHO SUSPECTS ABUSE/NEGLECT

DATE _____ TIME _____ AM/PM

NAME _____

POSITION _____

(Staff, Volunteer, Parent)

ADDRESS _____

PHONE _____

LOCATION OF ALL STAFF MEMBERS AND VOLUNTEERS AT TIME OF INCIDENT:

CHILD(REN) INVOLVED

NAME _____ AGE _____ M/F

NAME _____ AGE _____ M/F

NAME(S) OF PARENT(S)

_____ PHONE _____

_____ PHONE _____

HOME ADDRESS OF CHILD (IF AVAILABLE)

_____ PHONE _____

The following things lead you to suspect the child was abused or neglected (check as many that apply)

- _____ Something the child said
- _____ Something the child did (behavior, etc.)
- _____ Something said by another child
- _____ Something said by another adult
(If checked, give the name of the adult) _____
- _____ An observable injury
- _____ You actually witnessed the abuse or neglect

Give a short factual statement of the incident that caused you to suspect abuse or neglect. If there was a physical injury observed, please indicate where it was located on the child. Be as specific as possible about what you saw or heard.

