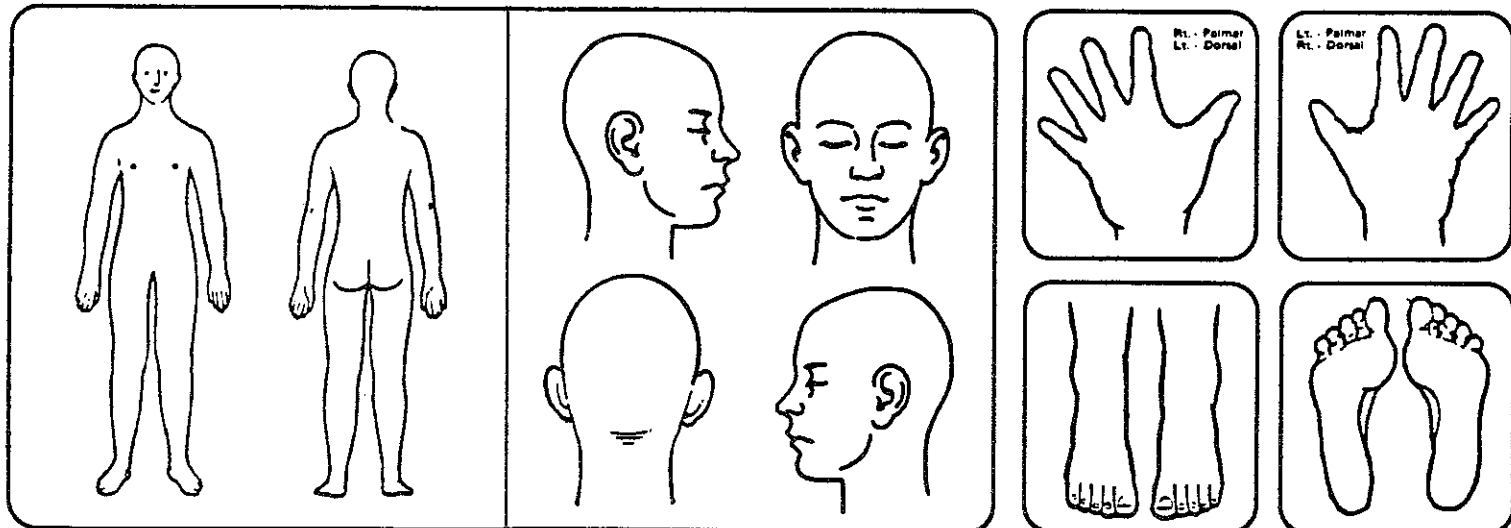


REPORT OF SUSPECTED CHILD ABUSE

(CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA 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 <input type="checkbox"/> M <input type="checkbox"/> 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	TELEPHONE NO.
ADDRESS (Street, City, State & Zip Code)			COUNTY	
3. BIOLOGICAL/ADOPTIVE FATHER (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	TELEPHONE NO.
ADDRESS (Street, City, State & Zip Code)			COUNTY	
4. OTHER PERSON RESPONSIBLE FOR CHILD		SOC. SEC. NO.	BIRTHDATE	RELATIONSHIP TO CHILD
ADDRESS (Street, City, State & Zip Code)		COUNTY		SEX <input type="checkbox"/> M <input type="checkbox"/> F
5. ALLEGED PERPETRATOR (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	RELATIONSHIP TO CHILD
ADDRESS (Street, City, State & Zip Code)		COUNTY		SEX <input type="checkbox"/> M <input type="checkbox"/> F
6. FAMILY HOUSEHOLD COMPOSITION (Excluding Above Names)		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. 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.							
<input type="checkbox"/> NOTIFICATION OF CORONER	<input type="checkbox"/> X-RAYS	<input type="checkbox"/> PHOTO-GRAPHS	<input type="checkbox"/> HOSPITAL-IZATION	<input type="checkbox"/> POLICE NOTIFIED	<input type="checkbox"/> MEDICAL EXAMINATION	<input type="checkbox"/> EMERGENCY CUSTODY TAKEN	<input type="checkbox"/> OTHER (Specify) _____
8. RISK FACTORS, CHILD:							
A. DESCRIBE ANY PHYSICAL, MENTAL OR BEHAVIORAL FACTORS THAT MAY PLACE THE CHILD AT RISK:						<input type="checkbox"/> UNKNOWN	
B. DOES THE CHILD APPEAR TO NEED IMMEDIATE MEDICAL ATTENTION?						IF YES, PLEASE EXPLAIN:	
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES							
C. LEVEL OF PAIN CHILD EXHIBITS				PLEASE DESCRIBE:			
<input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE							
D. DOES THE CHILD APPEAR TO BE FEARFUL, SUICIDAL OR WITHDRAWN? IF YES, PLEASE EXPLAIN:							
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES							
9. RISK FACTORS, FAMILY:							
A. DESCRIBE ANY CARETAKER/PERPETRATOR CHARACTERISTICS THAT PLACE THE CHILD AT RISK:						<input type="checkbox"/> UNKNOWN	
B. DESCRIBE THE EXTENT OF PERPETRATOR(S) ACCESS TO CHILD:						<input type="checkbox"/> UNKNOWN	
C. IS THERE ANY SUBSTANCE ABUSE IN THE HOUSEHOLD?				IF YES, PLEASE EXPLAIN:			
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES							
D. DOES THE CARETAKER/PERPETRATOR HAVE A HISTORY OF VIOLENCE OR SEVERE EMOTIONAL PROBLEMS? IF YES, PLEASE EXPLAIN:						<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES	
E. WHAT IS THE ENVIRONMENTAL (HEALTH AND SAFETY) CONDITION OF THE HOME?						<input type="checkbox"/> UNKNOWN	
F. WILL CHILD BE AT RISK DUE TO COUNTY AGENCY INVOLVEMENT?						IF YES, PLEASE EXPLAIN:	
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES							
G. ARE THERE WEAPONS IN THE HOME?				IF YES, PLEASE EXPLAIN:			
<input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> YES							

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 also immediately contact the county children and youth agency where the abuse occurred. Except for confidential communications made to an ordained member of the clergy, the privileged communication between any professional person required to report and the patient or client of that person shall not apply to situations involving child 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