

# CHILD ABUSE/NEGLECT REPORTING FORM 2015-16

Rock County Human Services  
Phone Access: 1-608-757-5401

Walworth County Human Services  
Phone Access: 1-262-741-3200

This form is to be completed and phoned in to Rock or Walworth County Human Services **by the person that suspects child abuse/neglect or listened to the child or parent disclosure.**  
**The report must be made immediately after the abuse is suspected or disclosed.**

## **Guidance:**

- 1) **This form should be filled out completely** and you should have the child's file with you *before* calling the Dept. of Human Services. Do not leave any unanswered questions or spaces.
- 2) After the report has been phoned in, the next step is to inform the following staff: Regional Site Team Leader, Transportation Team Leader and/or Family Services Staff, Child Development Staff, and Bus Driver. If the police will be coming to the center, notify the school or church office that a police officer will be coming to the HS/EHS classroom.
- 3) After the Regional Site Team Leader and/or Transportation Team Leader has reviewed and initialed the report, route the report to the Family & Community Partnership Team Leader. If the Regional Site Team Leader and Transportation Team Leader *are not available* the Family & Community Partnerships Team Leader will follow up to get reports initialed and reviewed.
- 4) The Child Abuse/Neglect Report should be put in a red envelope and sent through inter-office mail. **Do not report in a brown inter-office envelope.**
- 5) The person making the report will receive a Mandatory Reporter Letter from the Dept. of Human Services. This letter **must be forwarded** to the Family & Community Partnerships Team Leader and will remain with original report in a locked file.

First and last name of HS/EHS person reporting: \_\_\_\_\_

Title of reporter \_\_\_\_\_ Date information was received: \_\_\_\_\_

## **Before you proceed ask the Human Services Access Worker for his/her**

**First and last name** \_\_\_\_\_ Date/Time Report was taken: \_\_\_\_\_

Give the first & last name of child or injured pregnant mother: \_\_\_\_\_

Give child's date of birth: \_\_\_\_\_ or, injured mother's due date: \_\_\_\_\_

Give the **first & last name** of child's parent/guardian/foster parent: \_\_\_\_\_

Street: \_\_\_\_\_ Apt.: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

## **Complete this section thoroughly and objectively:**

- 1) Describe what you saw that led you to *suspect* child abuse/neglect (i.e. size, location, and color of any marks):

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2) Describe any unusual behaviors.

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3) Write the exact words that the child or pregnant mother said to you.

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4) First and/or last name and address (if available) of suspected perpetrator: \_\_\_\_\_

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5) If the child does not have the name of the suspected perpetrator, describe what the child said, such as: uncle, aunt, mom's friend, etc: \_\_\_\_\_

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6) Describe any previous incidents or behaviors that you feel are concerning: \_\_\_\_\_

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7) Did you or any of your team make a previous report on this child?      Yes      No

**Before you end the conversation** - ask the Access Worker if someone will be coming to the center to see the child. If the Access Worker indicates a C.P.S. Worker will be coming to the center, tell the Access Worker the time that the class ends *and* if the child rides the bus or is self-transported.

Access worker's response:

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8) **Should your report need further explanation please use this space to share additional details:**

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