

FORM CCPS/DSS 180R

CARROLL COUNTY PUBLIC SCHOOLS
Westminster, MD 21157

CHILD ABUSE / NEGLECT REPORT FORM

INSTRUCTIONS: Respond to each item even if reply is "unknown" or "none." For suspected child abuse/neglect, an immediate oral report must be made to the Child Protective Services Unit of the Carroll County Department of Social Services (410-386-3434). This report must be filed within 48 hours after making an immediate oral report. (Please see the Child Abuse section of the online *Student Services Manual* for more information.)

Please print **UbX Zfk UX the gj[bYXZcompleted form 'c 'h YZ`ck]b[Zi f f[L U[YbVYg#d Yfgcbg.**

Copy #1 Carroll County Department of Social Services
1232 Tech Court
Westminster, MD 21157

Copy #2 State's Attorneys Office
55 N. Court Street, Suite 100
Westminster, MD 21157

Copy #3 School Principal

Copy #4 Director of Student Services
dafalls@carrollk12.org

Person Making Report: _____
Position/Title: _____

Name of School: _____
School Address: _____
School Telephone: _____

Type of Referral: ~~Physical Abuse~~ ~~Sexual Abuse~~ ~~Neglect~~ ~~Mental Injury-Abuse~~ ~~Mental Injury-Neglect~~
Name of Child: _____ Sex: ~~M~~ ~~F~~ Race: ~~_____~~ Birth Date:
School: _____ Grade: _____ Address (where child may be seen): _____

Does this child need accommodations to facilitate understanding and communication? Yes * No

*** If the child receives special education or 504 services, the Principal shall determine if accommodations for an investigation at school are necessary in order to facilitate effective communications.**

NAME OF PERSON RESPONSIBLE FOR CHILD'S CARE	ADDRESS	TELEPHONE
Mother:		
Father:		
Guardian (specify relation):		

Name of Suspected Abuser: _____ Phone: _____
Address: _____ State: _____ Zip Code: _____
Relationship (of Suspected Abuser) to Child: _____

Use the following information to complete the report. If you are unable to provide information, please indicate "Unknown" or "None".

Is the child currently receiving special education or 504 services? Yes No Unknown

Are there any weapons in the home or known to be carried by the family or accused abuser? Yes No Unknown

Is there a history of violence, drugs, mental illness or retaliation in the family? Yes No Unknown

Are weapons in the home or known to be carried by the family or accused abuser? Yes** No Unknown
Is there a history of violence, drugs, mental illness or retaliation in the family? Yes** No Unknown
****If YES to either, describe in detail on separate sheet of paper.**

_____	_____
Date and Hour of Oral Report	Name of Person to Whom Oral Report was Made
_____	_____
Signature of Person Making Report (electronic signature is acceptable)	Date Mailed