

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[Z i 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
ktstrea@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: _____

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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