

**Report of Suspected Child Abuse/Suspected Neglect**  
(see instructions on page 4)

**TO: Department of Social Services 1888 N. Market Street, Frederick, MD. 21701**

Clear Form

Person Making Report (Print Name)		Position and Title		
Name of School:	Address		Telephone	
Type of Referral (Check only one box) <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Mental Injury-Abuse <input type="checkbox"/> Mental Injury-Neglect				
Name of Child: (Identify only one child per report)		Sex:	Birth Date	Race
Address (where child can be seen)			Grade	School (if different from above)
Name of person responsible for child's care	Age/D.O.B	Address		Telephone
<b>Parents/Guardian</b>	<b>Age/D.O.B.</b>	<b>Address</b>		<b>Telephone</b>
Mother:				
Father:				
Guardian (Specify Relation)				
Name of suspected abuser/neglector	Relation	Age/D.O.B.	Address	Telephone
State nature extent of the current abuse/neglect to the child in question: Explain the circumstances leading to the suspicion the child is an abuse/neglect victim. Describe any injury or risk. Describe how reporter knows information.				

List information concerning previous abuse/neglect to the children/other children in the family, including previous action taken. How does the reporter know this information?

Describe information known about family functioning, relationship between parent, caretaker, other adults in home and children and likely response by family to disclosure. How does the reporter know this information?

State any other available information that would aid in establishing the cause of the alleged abuse/neglect.

Are weapons in the home or known to be carried by the family or the 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.

Signature of Person reporting

Date

Date/Hour Oral Contact in DSS

Report Taken:

Yes     No

Name of DSS staff person to whom oral report was made

Distribution: Original to the Department of Social Services (suspected abuse or neglect), 1888 N. Market Street, Frederick, MD. 21701  
One copy to be retained in the School Principal's office

## INSTRUCTIONS

***For Detailed Procedural Information, Consult Board of Education of Frederick County Procedure #400-47***

**REQUIRED REPORTERS:** Every health practitioner, educator, social worker, or law-enforcement officer, who contacts, examines, attends or treats a child who believes or has reason to believe that the child has been abused/neglected is required to make an oral and written report to either Social Services or the Police.

**TIMELINES:** An oral report of suspected abuse and neglect must be made immediately. A written report must also be submitted by mandated reporters within 48 hours after the contact, examination, attention, or treatment that caused the individual to believe that the child has been subjected to abuse or neglect. It is not necessary to observe outward signs of injury to the child. Neither is it necessary for the reporter to establish proof that abuse/neglect occurred. Protection of the child is paramount. If abuse/neglect is suspected, a report must be submitted.

### DEFINITIONS OF CHILD ABUSE AND CHILD NEGLECT

**“Child abuse” means: (COMAR 07.02.07.02)**

Physical injury, not necessarily visible, or mental injury or a child by a parent, other individual who has permanent or temporary care of custody or responsibility for supervision of a child, or by a household or family member under circumstances that indicate that the child’s health or welfare is harmed or at substantial risk of being harmed;

Any sexual abuse, meaning an act or acts involving sexual molestation or exploitation, whether physical injuries are sustained or not by a parent, other individual who has permanent or temporary care or custody or responsibility for supervision of a child, or by a household or family member, or

Mental injury, meaning the observable, identifiable and substantial impairment of a child’s mental or psychological ability to function, that is caused by the act of a parent or other individual who has permanent or temporary care, or custody or responsibility for supervision of the child, or by a household or family member.

**“Child Neglect” means: (COMAR 07.02.07.02)**

“Child Neglect” means the failure to give proper care and attention to a child, including the leaving of a child unattended by the child’s parent, or other individual who has permanent or temporary care or custody, or responsibility for supervision of the child, under circumstances that indicate that the child’s health or welfare is harmed or placed at substantial risk of harm; or

Mental injury to a child, meaning the observable, identifiable and substantial impairment of a child’s mental or psychological ability to function, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child by the child’s parents, or other individual who has permanent or temporary care or custody, or responsibility for supervision of a child.

**COMPLETING THIS FORM: Respond to each item even if the reply is “unknown” or “none”. Use additional paper if necessary to complete any given section.**

- For suspected child abuse/neglect, an oral report must be made to the Department of Social Services. This written report must be filed within 48 hours after making an oral report.
- **Person Making Report (Name):** This should always be the person who witnessed or has first hand knowledge of the incident. Any person including a health practitioner, educator, social worker, or law-enforcement officer, participating in the making of a good faith report, or participating in an investigation or in a resulting judicial proceeding, therefore shall in so doing be immune from any civil liability or criminal penalty that might otherwise be incurred or imposed as a result.
- **Type of Referral:** Please check only one box per report.
- **Name of child:** Identify only one child per report.
- **Report taken:** There are some types of referrals that are inappropriate for child abuse/neglect investigation. The Local Department is available for consultation when there is uncertainty regarding a situation. If your concerns do not meet the criteria for investigation, you will be referred to alternate resources, when possible. When contacting the DSS, record the name of the person you spoke with and the outcome of the conversation in your records. If the oral report of abuse/neglect is not taken by DSS, still send in the written report and keep a copy for your records.