REPORT OF SUSPECTED CHILD ABUSE (CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA CSA CHAPTER 63)

PLEASE REFER TO INSTRUCTION	ONS ON R	EVERSE SIL	DE. E	XCEPT FOR	SIGNAT	URE. PLEAS	E PRIN	T OR TYPE	
1. NAME OF CHILD (Last, First, Initial)			s	SOC. SEC. NO. BIRTHDATE			SEX M F		
ADDRESS (Street, City, State & Zip Code)						•	COUNTY	, <u> </u>	
1A. PRESENT LOCATION IF DIFFERENT THAN ABOVE COUNTY						Y			
2. BIOLOGICAL/ADOPTIVE MOTHER (Last, First, Initial)			SOC. SEC. NO.		BIRTHDATE TELEPH		IONE NO.		
ADDRESS (Street, City, State & Zip Code)			<u> </u>			COUNTY			
3. BIOLOGICAL/ADOPTIVE FATHER (Last, First, Initial)			SOC. SEC. NO.		E	BIRTHDATE	HDATE TELEPHONE NO.		
ADDRESS (Street, City, State & Zip Code)							COUNTY	Υ	
4. OTHER PERSON RESPONSIBLE FOR CHILD		SOC. SEC. NO.		BIRTHDAT	BIRTHDATE		LATIONSHIP TO CHILD SEX		☐ F
ADDRESS (Street, City, State & Zip Code)	ADDRESS (Street, City, State & Zip Code)				COUNTY		TELEPHONE NO.		- -
5. ALLEGED PERPETRATOR (Last, First, Initial)		SOC. SEC. N	О.	BIRTHDATE RELATIONSHIP		нір то с	HILD SEX	☐ ☐ F	
ADDRESS (Street, City, State & Zip Code)	DDRESS (Street, City, State & Zip Code)				COUNTY		TELEPHONE NO.		
6. FAMILY HOUSEHOLD COMPOSITION (Excluding Above Names) NAME (Last, First, Initial)	RELATIONSHIP TO CHILD			NAME (Last, First		st, Initial)		RELATIONSHIP TO CHILD	•
Α.			D.						
B. C.			E. F.						
DESCRIBE INJURIES/CONDITION AND WHY YOU SINCLUDE EVIDENCE OF PRIOR ABUSE TO THE PERPETRATOR. (PLEASE NOTE EXACT LOCATION OF BELOW.	IS CHILD, SIDE FOR	SIBLING O	R L	OUNTY WHERE				E OF INCIDENT	
		Thomas of the same	Carl Carl	(S)			Palmer Dorsel	Lt Dorsel Rt Palmer	

7. ACTIONS TAKEN OR ABOUT TO BE TAKEN BY REPORTER, COUNTY	AGENCY, LAW ENFORC	EMENT, SCHOOL OFFIC	AL, OR OTHER	RS.	
NOTIFICA- TION OF X-RAYS PHOTO- GRAPHS IZATION	POLICE	MEDICAL EXAMIN- ATION	EMERGENCY CUSTODY TAKEN	OTHER (Specify)	
8. RISK FACTORS, CHILD:					
A. DESCRIBE ANY PHYSICAL, MENTAL OR BEHAVIORAL FACTORS TH	AT MAY PLACE THE CHI	LD AT RISK:	UNKNO	DWN	
B. DOES THE CHILD APPEAR TO NEED IMMEDIATE MEDICAL ATTENTION	DN?	UNKNOWN YES	IF YES, PLE	ASE EXPLAIN:	
C. LEVEL OF PAIN CHILD EXHIBITS MILD MODERAT		EASE DESCRIBE:			
D. DOES THE CHILD APPEAR TO BE FEARFUL, SUICIDAL OR WITHDRA'	WN? IF YES, PLEASE EX	(PLAIN:			
9. RISK FACTORS, FAMILY:					
A. DESCRIBE ANY CARETAKER/PERPETRATOR CHARACTERISTICS T	HAT PLACE THE CHILD	AT RISK:	UNKN	OWN	
B. DESCRIBE THE EXTENT OF PERPETRATOR(S) ACCESS TO CHILD:			UNKNO	NWC	
C. IS THERE ANY SUBSTANCE ABUSE IN THE HOUSEHOLD? NO UNKNOWN YES	IF YES, PLE	ASE EXPLAIN:			
D. DOES THE CARETAKER/PERPETRATOR HAVE A HISTORY OF VIOLE IF YES, PLEASE EXPLAIN:	ENCE OR SEVERE EMOT	IONAL PROBLEMS?	NO [UNKNOWN YES	
E. WHAT IS THE ENVIRONMENTAL (HEALTH AND SAFETY) CONDITION	I OF THE HOME?			UNKNOWN	
F. WILL CHILD BE AT RISK DUE TO COUNTY AGENCY INVOLVEMENT?	NO	UNKNOWN YES	IF YES, PLE	ASE EXPLAIN:	
G. ARE THERE WEAPONS IN THE HOME? IF YES, PLEASE EXPLA	AIN:				
INSTRUCTIONS TO MANDATED PERSONS: Any person profession come into contact with children shall report or reasonable cause to suspect, on the basis of their medicathem in their professional or official capacity is a victim of this report to the county children and youth agency.	or cause a report d al, professional or c	to be made to Chi other training and e	Idline (800-9 xperience, t	932-0313) when they have hat a child coming before	
NOTE: If the child has been taken into custody, you mus abuse occurred. Except for confidential communications between any professional person required to report and the abuse and shall not constitute grounds for failure to report suspe	made to an ordain e patient or client o	ed member of the	clergy, the	privileged communication	
REPORTING SOURCE					
SIGNATURE	TITLE OR RELATIONSHIP TO C	HILD	FACILITY OR ORGANIZATION		
ADDRESS	ı	TELEPHONE NUMBER	<u> </u>	DATE OF REPORT	

018148 CY-47 - 6/95