

Case Name: _____ FACTS Case # _____ FACTS Event #: _____

CPS Specialist: _____ Date of Assignment: _____

Section I: Determination of Child Safety

A. Name of Alleged Victim: _____ B. Date/Time _____ Attempts to locate _____ C. Location _____ D. Who attempted/made contact _____

E. Results:

F. Date and time safety was determined: _____ G. Child Safe: Yes No

A. Name of Alleged Victim: _____ B. Date/Time _____ Attempts to locate _____ C. Location _____ D. Who attempted/made contact _____

E. Results:

F. Date and time safety was determined: _____ G. Child Safe: Yes No

A. Name of Alleged Victim: _____ B. Date/Time _____ Attempts to locate _____ C. Location _____ D. Who attempted/made contact _____

E. Results:

F. Date and time safety was determined: _____ G. Child Safe: Yes No

STATUS:

Identifying Information:

Case Name: _____ FACTS Case # _____ FACTS Event #: _____

CPS Specialist: _____ Date of Assignment: _____

Section II: Persons Responding

Check all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> DCF CPS Specialist | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Multidisciplinary Team |
| <input type="checkbox"/> Court Service Officer | <input type="checkbox"/> Others (Specify by agency) | |

Section III: Contacted/Interviewed

Document the verified incident date per PPM 2100. If an estimated date is entered, check the "Estimated Date" box.

Verified Incident Date: _____ Estimated Date

If any person listed was not contacted and/or interviewed, document why. Indicate date of the contact/interview, how interview was conducted (face-to-face, phone, observed, etc.), and the results of the contact/interview. Document the living arrangement of the alleged victim at the time of the alleged incident.

ALLEGED VICTIM(S) Name (Last, First) Date:

How interview was conducted:

Results:

Living arrangement when alleged incident occurred.

CAREGIVER(S) Name (Last, First) Date:

How interview was conducted:

Results:

ALLEGED PERPETRATOR(S) Name (Last, First) Date:

How interview was conducted:

Results:

SIBLINGS Name (Last, First) Date:

How interview was conducted:

Results:

**OTHER PERSONS IDENTIFIED BY
CPS SPECIALIST AS RELEVANT** Name (Last, First) Date:

How interview was conducted:

Results:

Section IV: Immediate Medical Concerns (Screen)

Was a medical examination or treatment related to abuse or neglect needed?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If Yes, describe the reasonable actions taken to provide the medical care.				

Section V Required Signatures

CPS Specialist Signature:	Date:
Supervisor\Designee Signature:	Date:

