

CASE FINDINGS CHILD ABUSE AND NEGLECT REPORT

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

Section I

A. Alleged Victim's Name. Enter only the alleged victim(s) from PPS-1000				B. Alleged Victim Finding(s)	C. Finding Type(s)	D. Injury (type)	E. Degree of Injury	F. Relationship Perp to Child	
Last	First	MI						#	Rel.
A.									
B.									
C.									
D.									

- B. Findings: Unsubstantiated [US] Affirmed [AF] Substantiated [SB] Unable to locate [UC]
- C. Finding Type: Physical Abuse [PA] Mental/Emotional Abuse [EA] Physical Neglect [PN]
 Lack of Supervision [LS] Medical Neglect [MN] Abandoned [AB]
 Sexual Abuse [SA] Sexual Abuse Sex Trafficking [HS] Sexual Abuse Labor Trafficking [HL]
 Substance Affected Infant [SI] Educational Neglect [EN]
- D. Injury: Abrasions/Lacerations [AB] Bruises/Welts [BR] Burns [BU] Sprains/Dislocations [SP] Internal Injuries [II]
 Skull Fracture [SF] Brain Damage [BD] Poisoning [PO] Failure to Thrive [FT] No Injury Apparent [NO]
 Malnutrition [ML] Exposure/Freezing [EX] Dismemberment [DM] Bone Fracture (not head) [BF] Wounds, Cuts, Punctures [WO]
 Unknown [UK] Sexually Transmitted Disease [ST] Subdural Hematoma/Hemorrhage [SH] Other [OT]
- E. Degree of Injury: No Injury [NO] Minor Injury [MI] Moderate Injury [MO] Major Injury [MJ] Permanent Injury [PI] Dead [DD]
- F. Perpetrator Relationship to Child: Father [FA] Mother [MO] Stepparent [ST] Adoptive Parent [AM] Sibling [SI]
 Step Sibling [SS] Adoptive Sibling [AS] Aunt [AU] Uncle [UN] Cousin [CO]
 Nephew/Niece [NN] Friend [FR] Foster Parent [FP] Paternal Grandparent [GP] Not Related [NR]
 Maternal Grandparent [GM] Unknown [UK]

Section II

A. Alleged Perpetrator(s) Name. Enter only the name of the alleged perpetrator(s) from PPS-1000				B. Alleged Perp's Finding	C. Finding Type	D. Facility Type	E. Relationship to Facility
Last	First	MI					
1.							
2.							
3.							

- B. Findings: Unsubstantiated [US] Affirmed [AF] Substantiated [SB] Unable to locate [UC]
- C. Finding Type: Physical Abuse [PA] Mental/Emotional Abuse [EA] Physical Neglect [PN]
 Lack of Supervision [LS] Medical Neglect [MN] Abandoned [AB]
 Sexual Abuse [SA] Sexual Abuse Sex Trafficking [HS] Sexual Abuse Labor Trafficking [HL]
 Substance Affected Infant [SI] Educational Neglect [EN]
- D. Facility Type: Approved Relative Foster Home [RH] Child Care Center [CC] Child Placing Agency [CP] Day Care Referral Agency [DA]
 Detention [DT] Emergency Shelter [ES] Group Boarding Home [GH] Licensed Day Care Home [LH]
 Licensed Foster Home [FH] Other [OT] Reg Day Care Home [DH] Residential Center [RC]
 SI - MH [IH] SI - MR [IR] SI - JCF [CF] DCF Approved Relative Day Care [AD]
 Unregistered/Unlicensed Home [UH]
- E. Facility Relationship: Administrator, Licensee [AD] Adult residing in Household [AM] Employee-Clinical, consultant [EC] Employee Direct Care [ED]
 Employee-Other [EO] Visitor [VI] Youth over 10 in Household [YH] Volunteer [VO]
 Not Determined [ND] Other [OT] Youth over 10 in care [YC]

Section III

Report to County or District Attorney?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, mark one
<input type="checkbox"/> No Recommendation [NR]	<input type="checkbox"/> Recommend No CINC [NP]	<input type="checkbox"/> Recommend CINC [RF]	/ /

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Section IV

BASIS FOR FINDING Address each allegation in the narrative

Date of Finding:	
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Section V: Required Signatures

CPS Specialist: _____

Date: _____

Supervisor: _____

Date: _____

