

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] ☐ 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]

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] ☐ 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]

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:

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Date:

