Child Abuse and Neglect Report Form (4002B)

All reports of suspected abuse, neglect, abandonment or a child in need of supervision and care must be made to the Department of Children and Families (DCF) at the statewide toll-free hotline: 1-800-96 ABUSE (22873).

PURPOSE:

This form provides the school system with internal statistical information, and the ability to track and intervene when there are multiple maltreatment incidents. Child Abuse Services also may assist schools/departments through consultation regarding complex situations and the need for specific follow-up and supportive strategies. Child Abuse Services may be reached directly at (754) 321-1551.

DISTRIBUTION: PONY ONLY

This form is a confidential document. Place the completed report form in a sealed envelope marked CONFIDENTIAL. The envelope should then be placed in a pony envelope and sent immediately to the Child Abuse Services Program Manager at Lauderdale Manors Early Learning and Family Resource Center, Room 715. The form will be transmitted by the Student Services Department to the Child Protective Investigation Section of the Broward Sheriff’s Office (BSO). A copy will be retained by Child Protective Services in a locked file for five years, but will not be supplied or shared with anyone other than the reporter.

COMPLETION OF THE FORM:

I. IDENTIFYING INFORMATION:

Enter all information requested in the spaces provided.

II. CASE INFORMATION:

Circle the type(s) of suspected abuse/neglect.

Refer to attached list of child abuse/neglect indicators and list observed indicators. Make any additional comments you may have.

Check in the space provided to indicate whether the report was accepted for investigation. If the report was not accepted, give the reason for denial.

If you have contacted law enforcement, please enter the name of the jurisdiction.

If you have any other information about the child or the situation, which might be helpful in the investigation process, please include your comments on the line designated for other pertinent information.

III. REPORTER INFORMATION:

By law you may not make an anonymous report as a professional reporter. You must give your name and contact information, which will be held confidential by DCF, the investigating agency and Child Abuse Services.
<table>
<thead>
<tr>
<th>Type of Child Abuse/Neglect</th>
<th>Physical Indicators</th>
<th>Behavioral Indicators</th>
</tr>
</thead>
</table>
| **PHYSICAL ABUSE**          | Unexplained bruises with welts:  
  - on face, lips, mouth  
  - on torso, back, buttocks, thighs  
  - in various stages of healing  
  - clustered, forming regular patterns  
  - reflecting shape of article used to inflict (electric cord, belt buckle)  
  - on several different surface areas  
  - regularly appear after absence, weekend or vacation  
  - human bite marks  
  - bald spots  
  Unexplained burns:  
  - cigar, cigarette burns, especially on soles, palms, back or buttocks  
  - immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitals)  
  - patterned like electric burner, iron, etc.  
  - rope burns on arms, legs neck or torso  
  Unexplained fractures:  
  - to skull, nose, facial structure  
  - in various stages of healing  
  - multiple or spiral fractures  
  Unexplained lacerations or abrasions:  
  - to mouth, lips, gums, eyes  
  - to external genitals | Wary of adult contacts  
  Apprehensive when other children cry  
  Behavioral extremes:  
  - aggressiveness, or  
  - withdrawal  
  - overly compliant  
  Afraid to go home  
  Reports injury by parents  
  Exhibits anxiety about normal activities, e.g. napping  
  Complaints of soreness and moves awkwardly  
  Destructive to self and others  
  Early to school and stays late as if afraid to go home  
  Accident prone  
  Wears clothing that covers the body when not appropriate  
  Chronic runaway (especially adolescents)  
  Cannot tolerate physical contact or touch |
| **PHYSICAL NEGLECT**        | Consistent hunger, poor hygiene, inappropriate dress  
  Consistent lack of supervision, especially in dangerous activities or long periods  
  Unattended physical problems or medical needs  
  Abandonment  
  Lice  
  Distended stomach, emaciated | Begging, Stealing food  
  Constant fatigue, listlessness or falling asleep  
  States there is no caretaker at home  
  Frequent school absences or tardiness  
  Destructive, pugnacious  
  School dropout (adolescents)  
  Early emancipation from family (adolescents) |
| **SEXUAL ABUSE**            | Difficulty in walking or sitting  
  Torn, stained or bloody underclothing  
  Pain or itching in genital area  
  Bruises or bleeding in external genitals, vaginal or anal area  
  Venereal disease  
  Frequent urinary or yeast infections  
  Frequent unexplained sore throats | Unwilling to participate in certain physical activities  
  Sudden drop in school performance  
  Withdrawal, fantasy or unusually infantile behavior  
  Crying with no provocation  
  Bizarre, sophisticated or unusual sexual behavior or knowledge  
  Anorexia (especially in adolescents)  
  Sexually provocative  
  Poor peer relationships  
  Reports sexual assault by caretaker  
  Fear of or seductiveness towards males  
  Suicide attempts (especially adolescents)  
  Chronic runaway  
  Early pregnancies |
| **EMOTIONAL MALTREATMENT**  | Speech disorders  
  Lags in physical development  
  Failure to thrive (especially in infants)  
  Asthma, severe allergies  
  Substance abuse | Habit disorders (sucking, biting, rocking, etc.)  
  Conduct disorders (antisocial, destructive, etc.)  
  Neurotic traits (sleep disorders, inhibition of play)  
  Behavioral extremes:  
  - compliant, passive  
  - aggressive, demanding  
  Overly adaptive behavior:  
  - inappropriately adult  
  - inappropriately infantile  
  Developmental lags (mental, emotional)  
  Delinquent behavior (especially adolescents) |

IDENTIFYING INFORMATION

SCHOOL ______________________________ PHONE __________________ AGE __________

CHILD ______________________________ PHONE __________________ AGE __________

CHILD’S ADDRESS ____________________________________________________________

CITY ___________________________ STATE ________ ZIP ______________ SEX ________

DOB ________ CITY ___________________________ STATE ________ ZIP ______________ (Florida Student Identification Number)

PARENT(S)/GUARDIAN(S)) __________________________________________

ADDRESS __________________________________________

CITY ___________________________ STATE ________ ZIP ______________

HOME PHONE ______________________ WORK PHONE __________________

SEX ________

GRADE __________

RACE ________

SIBLINGS NAMES ______________________ __________________

CASE INFORMATION

Circle the type(s) of suspected maltreatment:

Child –on – Child Sexual Abuse   Neglect

Domestic Violence   Threatened Harm   Need of Supervision and Care   Abandonment

Physical Abuse   Psychological Maltreatment   Sexual Abuse   Family in need of Services

Refer to the attached chart of some child abuse/neglect indicators. List observed indicators (physical and/or behavioral) of possible maltreatments using the chart, or based on other information received from the student or others with knowledge of the student’s situation:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Employee Allegation ___ Yes ___ No

AdditionalComments

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Date and time reported to Hotline (1-800-96-ABUSE): ____________________________

Hotline Counselor’s Name __________________ ID#: ____________________________

Was the report accepted for investigation? ___ Yes ___ No If No, enter the reason for refusal ______

Is law enforcement involved? If so, name of Police Department: ____________________________

Other pertinent information (e.g., relevant health information; knowledge of family situation; student services involvement; prior abuse; drop in grades)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

REPORTER INFORMATION

Print Name: __________________________________ Date: ______________

Title: ______________________________________ Phone: ______________

Send the completed form to Program Coordinator, Student Services Department, Lauderdale Manors Early Learning & Family Resource Center, Room 1715

4002B

Approved June 1986