THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM
Ellicott City, Maryland 21042

REPORT OF SUSPECTED CHILD ABUSE/ CHILD NEGLECT/MENTAL INJURY

INSTRUCTIONS: Respond to each item even if reply is "unknown" or "none". For suspected child abuse/neglect/mental injury, an oral report must be made to the Howard County Department of Social Services (DSS) (Child Protective Services **410-872-4203** or Adult Protective Services **410-872-8823**, as appropriate) or to the Department of Police **410-313-2200**, 24 hours/7days a week. This report must be filed within 48 hours after making an oral report. Type or print firmly on a hard surface. (See reverse side for definitions and additional instructions.)

Name of Person Making Report _____ Signature: _____

Position:_____ School Name:_____

School Phone:_____

Check type(s) of referral (check all that apply): ☐ Physical Abuse ☐ Sexual Abuse ☐ Neglect ☐ Mental Injury ☐ Vulnerable Adult

Name of Child:_____ Sex: ☐ F ☐ M Birth date:____/____/_____

Address (where child may be seen):_____

Age:_____ Grade:_____ Race:_____

Name of Person(s) Responsible for Child's Care (Parent/Guardian)

Father:_____ Phone:_____

Mother:_____ Phone:_____

Guardian:_____ Phone:_____

Relationship of Guardian, if any:_____

Address:_____ Zip Code:_____

Name of Suspected Abuser:_____ Phone:_____

Address:_____

Relationship (of Suspected Abuser) to Child:_____

State the nature and extent of the current injury to the child or the circumstances leading to the suspicion that the child is a victim of abuse/neglect/mental injury:

Give information concerning previous injury or conditions of neglect to this child or other children in this family situation, including previous action taken, if any:

State any other information available to you which would be of aid in establishing the cause of the injuries and/or neglect.

Oral Report Information:

_____ Date Mailed: ____/____/_____
Date and Hour of Oral Report

_____ Agency Contacted: ☐ DSS ☐ Police Department
Name of Agency Representative to whom oral report was made

Copies: (White) Department of Social Services (Canary) State's Attorney (Pink) Director, Student Services (Goldenrod) Principal's Folder

Revised 5/08