Child Abuse and Neglect Report Form (4002B)

(DO NOT KEEP A COPY OF THE COMPLTETED FORM AT THE SCHOOL, DO NOT FAX AND DO NOT SEND VIA E-MAIL)

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:

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.

CLUES TO LOOK FOR IN DETECTION* PHYSICAL AND BEHAVIORAL INDICATORS OF CHILD ABUSE AND NEGLECT

Type of Child Abuse/Neglect	Physical Indicators	Behavioral Indicators
PHYSICAL	Unexplained bruises with welts:	Wary of adult contacts
ABUSE	– on face, lips, mouth	Apprehensive when other children cry
	 – on torso, back, buttocks, thighs 	Behavioral extremes:
	 in various stages of healing 	– aggressiveness, or
	 clustered, forming regular patterns 	- withdrawal
	- reflecting shape of article used to inflict	– overly compliant
	(electric cord, belt buckle)	Afraid to go home
	 – on several different surface areas 	Reports injury by parents
	- regularly appear after absence,	Exhibits anxiety about normal activities, e.g. napping
	weekend or vacation	Complaints of soreness and moves awkwardly
	– human bite marks	Destructive to self and others
	- bald spots	Early to school and stays late as if afraid to go home
	Unexplained burns:	Accident prone
	- cigar, cigarette burns, especially on soles,	Wears clothing that covers the body when no
	palms, back or buttocks	appropriate
	- immersion burns (sock-like, glove-like,	Chronic runaway (especially adolescents)
	doughnut shaped on buttocks or genitals) – patterned like electric burner, iron, etc.	Cannot tolerate physical contact or touch
	- 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	
PHYSICAL NEGLECT	- to external genitals	Pagging Stagling food
	Consistent hunger, poor hygiene, inappropriate dress	Begging, Stealing food Constant fatigue, listlessness or falling asleep
	Consistent lack of supervision, especially in	States there is no caretaker at home
	dangerous activities or long periods	Frequent school absences or tardiness
	Unattended physical problems or medical	Destructive, pugnacious
	needs	School dropout (adolescents)
	Abandonment	Early emancipation from family (adolescents)
	Lice	
	Distended stomach, emaciated	
SEXUAL ABUSE	Difficulty in walking or sitting	Unwilling to participate in certain physical activities
	Torn, stained or bloody underclothing	Sudden drop in school performance
	Pain or itching in genital area	Withdrawal, fantasy or unusually infantile behavior
	Bruises or bleeding in external genitals,	Crying with no provocation
	vaginal or anal area	Bizarre, sophisticated or unusual sexual behavior o
	Venereal disease	knowledge
	Frequent urinary or yeast infections	Anorexia (especially in adolescents)
	Frequent unexplained sore throats	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	Speech disorders	Habit disorders (sucking, biting, rocking, etc.)
MALTREATMENT	Lags in physical development	Conduct disorders (antisocial, destructive, etc.)
	Failure to thrive (especially in infants)	Neurotic traits (sleep disorders, inhibition of play)
	Asthma, severe allergies	Behavioral extremes:
	Substance abuse	– compliant, passive
		– aggressive, demanding
		Overly adaptive behavior:
		– inappropriately adult
		 inappropriately infantile
		Developmental lags (mental, emotional)
		Delinquent behavior (especially adolescents)
		eglect: A Teacher's Handbook for Detection, Reporting, and
		84 by The National Association of the United States, Reprinted

OFFICIAL DOCUMENT -DO NOT REPRODUCE THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA CHILD ABUSE AND NEGLECT FORM (CONFIDENTIAL)

CHILD ABUS		LECT FORM (CC 5. 39.202)	NFIDENTIAL)	
IDENTIFYING INFORMATION	(1.0	5. 57.2027		
SCHOOL	PHONE		AGE	
CHILD				
CHILD'S ADDRESS				
CITY				
PARENT(S)/GUARDIAN(S))				
ADDRESS			FSI	
CITYSTATE				
HOME PHONE				
	ltroatmont.	Child on Child	Sovuel Abuso	Noglast
Circle the type(s) of suspected mc Domestic Violence Threatened Har			ion and Care	Neglect
		-		
Physical Abuse Psychological Malt	reatment	Sexual Abuse	Family	in need of Services
Refer to the attached chart of some of and/or behavioral) of possible maltree the student or others with knowledge	atments using	the chart, or base		
Employee Allegation Yes Additional Comments				
Date and time reported to Hotline (1- Hotline Counselor's Name Was the report accepted for investigo	ID#:			
Is law enforcement involved? If so, Other pertinent information (e.g., r student services involvement; prior	elevant hec abuse; drop	Ilth information; k o in grades)	nowledge of fam	nily situation;
		Date:		-