

CENTRAL KITSAP SCHOOL DISTRICT

Report of Suspected Child Abuse, Neglect and Exploitation

3421F

NAMES OF CHILDREN (Circle names of suspected victims.)					CPS Phone: 1-888-713-6115						
LAST NAME	FIRST	MI	BIRTHDATE	AGE	SEX	SCHOOL	Fill in as completely as possible. Give as much information as you have that is accurate. Don't guess or make assumptions. Immediately before an oral report to CPS: <input type="checkbox"/> If there is <u>imminent risk for serious harm</u> , call 911.				
1.							At first opportunity but within 48 hours, the reporting person shall:				
2.							<input type="checkbox"/> Make an oral report to CPS <u>or</u> law enforcement. <input type="checkbox"/> Inform principal or designee <input type="checkbox"/> Supply readily available information on form.				
3.							After calling CPS <u>or</u> law enforcement:				
4.							<input type="checkbox"/> Place a single sheet of RED paper with "See Report in Confidential File in PRINCIPALS OFFICE, principal name and school name" in student cumulative file. <input type="checkbox"/> Make sure this original is put into the principal's confidential file.				
PARENT(S) WITH WHOM CHILD(REN) RESIDE(S)							Date of report: _____ CPS intake by: _____				
LAST NAME			FIRST NAME		MI		RELATIONSHIP				
LAST NAME			FIRST NAME		MI		RELATIONSHIP				
ADDRESS			CITY		ZIP		TELEPHONE				
OTHERS IN HOUSEHOLD					RELATIONSHIP						
NON-RESIDENTIAL PARENT(S)							CPS USE ONLY				
LAST NAME			FIRST NAME		MI		<input type="checkbox"/> PHYSICAL ABUSE <input type="checkbox"/> NEGLECT <input type="checkbox"/> SEXUAL ABUSE (Call 911) <input type="checkbox"/> MEDICAL NEGLECT <input type="checkbox"/> EMOTIONAL NEGLECT/ABUSE <input type="checkbox"/> SEXUAL EXPLOITATION (Call 911) <input type="checkbox"/> OTHER _____				
ADDRESS			CITY		ZIP						
LAST NAME			FIRST NAME		MI						
ADDRESS			CITY		ZIP						
SPECIFIC INFORMATION (Describe specific behaviors, conditions, and communications. Include where and when incident(s) occurred. If you have further background information which might place this child at-risk for abuse/neglect, please indicate it. You may attach an additional sheet or use the back of this report.)											
REFERRANT INFORMATION											
YOUR NAME			JOB TITLE		SITE		WORK TELEPHONE		HOME TELEPHONE		
<input type="checkbox"/> PLEASE CALL BACK.							CENTRAL KITSAP SCHOOL DISTRICT				
<input type="checkbox"/> PLEASE KEEP MY NAME CONFIDENTIAL AS FAR AS POSSIBLE.							PO BOX 8				
							SILVERDALE, WA 98383				
PREVIOUS SCHOOL DISTRICT(S) AND CITY(IES), IF KNOWN											
WHEREABOUTS OF CHILD(REN) ALLEGED TO BE VICTIMS, IF NOT AT HOME											
SUSPECTED PERPETRATOR IDENTIFICATION											
NAME			ADDRESS				CITY		ZIP		
TELEPHONE			ACCESS TO CHILD								