

Doña Ana County Head Start

Suspected Child Abuse and Neglect Reporting Form

INSTRUCTIONS: Per Section 32-1-15 NMSA 1978, as soon as reasonably possible, an oral report **must be made to Children, Youth and Families Department (CYFD) at 1-855-333-7233 or #SAFE (#7233)** from a cell phone, or to a **Law Enforcement Agency at 911**. **Reporter may remain anonymous for CYFD**. Please complete reporting form **and** call DACHS Director, Mental Health Specialist, and/or Officer-In-Charge. If unavailable, leave a voice message. Reporting form must be forwarded to Mental Health Specialist within 24 hours.

PLEASE RESPECT CONFIDENTIALITY OF CHILD/FAMILY

CHILD and FAMILY INFORMATION

Child's Name: _____ Date of Birth: ___/___/___ M F

Home Address: _____

Child Lives With (full name): _____ Relationship: _____

Phone: H ___-___-___ C ___-___-___ W ___-___-___

Siblings: _____
Name Age School/Child Center Name Age School/Child Care Center

Name Age School/Child Center Name Age School/Child Care Center

ABUSE / NEGLECT / INJURY INFORMATION

Center: _____ Date: ___/___/___ Time: _____ AM PM

Nature of Suspected Abuse: Neglect Physical Sexual Emotional Other: _____

State the nature and extent of the current injury to the child and circumstances leading to the suspicion that the child is a victim of maltreatment, discovery, or disclosure (**complete page 2 if needed**):

State any other information available to you which would aid in establishing the cause of the injuries and/or neglect, identity of the perpetrator(s), and time elapsed: _____

Please provide information regarding previous injury or condition of neglect to this child or other children in this family, including previous reports and action taken, if any: _____

Are you aware of weapons in the home? Y N If so, please inform CYFD or Law Enforcement Agency.

DACHS INFORMATION

_____/_____/_____
Report Date Time of Oral Report Name of Person to Whom Oral Report Was Made (**Please Print**)

DACHS Staff Reporting: _____ Signature: _____
Please Print

DACHS Director Contacted? Y N Mental Health Specialist: Y N OIC? Y N

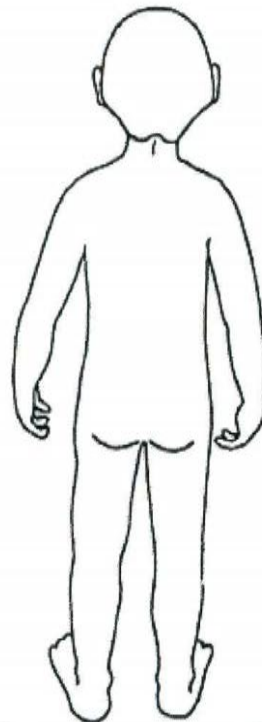
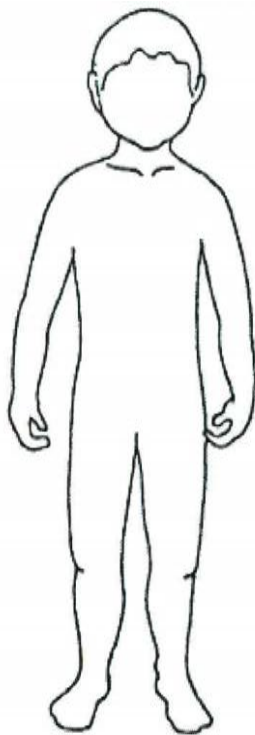
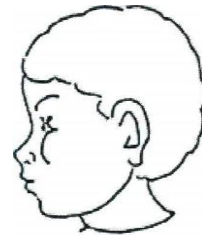
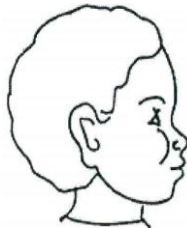
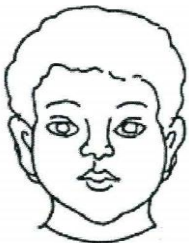
If none of the above were available, was a voice message left and e-mail sent advising of CA/N Report? Y N

Whom? _____ Time: _____ CA/N Reporting Form Sent to MHS Y N Date: ___/___/___

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INSTRUCTIONS: On diagram below, please indicate the location, extent, type, etc., of injury/abuse observed. This page is completed when obvious, unexplained, physical marks, bruises, bites, etc., are observed at time of suspected discovery during Daily Sensory Health Checks or disclosure by child.



To be completed by Mental Health Specialist Only:

Date received: ___/___/___

MH follow-up: ___/___/___

ENTERED INTO CHILDPLUS

By: _____

Date: _____