

Suspected Abuse/Neglect Report

Child Protection Intake – Wright County Health & Human Services

Address: 1004 Commercial Drive, Buffalo MN 55313

Phone: 763-682-7449 or 763-684-8436 Fax: 763-682-7701 Email: hscpintake@co.wright.mn.us

After Hours/Weekend/Holidays: 763-682-7600 (WCSD Dispatch)

IMPORTANT INFORMATION: Per MN State Statute reports concerning suspected child maltreatment need to be verbally reported to the Child Protection Agency within 24 hours of incident and FOLLOWED by a written report within 72 hours. All mandated reporters must report even other such persons have also made a report, such as Law Enforcement, Doctors, Nurses, Therapists, etc.

Date of Report:			Time of Report:			
Type of Maltreatment:	Physical: <input type="checkbox"/>	Neglect: <input type="checkbox"/>	Sexual: <input type="checkbox"/>	Emotional: <input type="checkbox"/>	Other: <input type="checkbox"/>	

Reporter Name:		
Relationship to Alleged Victim:		
Agency Name:		
Agency Address:		
City:	State:	Zip Code:
Agency Phone:	Agency Email:	
Agency Fax:	Alternate Contact Number:	

Alleged Victim/Child Name:		
Date of Birth:	Gender:	Primary Language:
Current Address:		
City:	State:	Zip Code:
School and Grade:		
Is the Alleged Victim Native American	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Race:		

Alleged Victim/Child Name:		
Date of Birth:	Gender:	Primary Language:
Current Address:		
City:	State:	Zip Code:
School and Grade:		
Is the Alleged Victim Native American	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Race:		

Alleged Victim/Child Name:		
Date of Birth:	Gender:	Primary Language:
Current Address:		
City:	State:	Zip Code:
School and Grade:		
Is the Alleged Victim Native American	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Race:		

Other Children residing in the home?		
Name:	Age:	Gender:
Name:	Age:	Gender:
Name:	Age:	Gender:

Alleged Offender Name:		
Relationship to Victim:		
Date of Birth/Age:	Gender:	Primary Language:
Current Address:		
City:	State:	Zip Code:
School and Grade (if applicable):		
Race:		

Parent of Alleged Victim/Child Name:		
Current Address:		
City:	State:	Zip Code:
Primary Contact Phone Number:		
Alternate Contact Phone Number:		

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NOTICE: Pursuant to Minnesota Statue 626.556, School Officials shall not disclose to the Parents, Legal Custodian, Guardian, or Offender that a request to interview the child has been made until after the abuse investigation has been concluded.

Subd. 4 – Immunity for Liability: Any person participating in good faith and exercising due care in making a report pursuant to this section shall have immunity from any liability, civil or criminal, that otherwise might result in reason of his action.

Confidentiality: Any information regarding reporter is held private and confidential and is protected by Minnesota State Law and shall not be shared unless requested through court proceedings.

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Narrative: Please describe type of suspected maltreatment. Please ask questions which clarify but do not lead the child.

1. When and where? Who was present? How often does this happen? What led up to this incident? What happened before and after the incident?
2. Has this or other similar incidents occurred in the past? Frequency of occurrence?
3. Is the child afraid to return home or afraid of a caregiver? What does the child fear will happen?
4. Supervision Concerns: How long was the child left alone? Were there other adults or older children present? Is there an emergency action plan, what does the plan consist of?
5. Are there other known family stressors? Is there a history of domestic violence?
6. Who else knows about this or similar incidents with the alleged victim and family? How can CPS contact these individuals?

Injuries: Please describe any injuries that have occurred (describe bruises, fracture, abrasions or other injuries. Give size, number, color and location of injuries).

Attach any photos you might have of current injuries for review.

****Please fill out the form in entirety with all information requested. If any of the information requested is unknown by reporter please fill out the portions of the suspected abuse/neglect report that are known to the reporter. All information is valuable information. Attach additional sheets if necessary.***

School Information:

Emergency Contact:		Contact Number:	
School Start Time:		School Day End Time:	
Classroom Teacher:		Known Support Staff:	
Special Ed:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Other School Services:			
Bus Schedule	AM Pick Up Time:	PM Drop Off Time:	Bus #/Route:
Other Transport:			
AM Drop Off By:		Time:	
PM Pick Up By:		Time:	
Any Historic Concerns Regarding the School Setting:			
How Do Care Givers Respond to School Recommendations:			

Medical Information:

Primary Physician:		Contact Number:	
Clinic Name:			
Address:		City:	State:
Pertinent Medical History beneficial for CP S to be aware of:			
Disabilities/Vulnerabilities known for Child:			
Disabilities known for Care Giver(s):			
Services currently used by the family:			

Child Care:

Child Care Provider:		Contact Number:	
Address:		City:	State:
AM Drop Off By:			
Drop Off Time:		Contact Number:	
PM Pick Up By:			
Pick Up Time:		Contact Number:	