

REFERRAL OF SUSPECTED CHILD ABUSE OR NEGLECT

Washington County Community Services

FAMILY INFORMATION

CHILD PROTECTION INFORMATION

Child(ren)'s Name(s):	Last Known Incident of Suspected Abuse/neglect and Date:
Child(ren)'s Date of Birth and Age:	Oral Report to Social Service Intake and Date:
School or Day Care Child(ren) Attend(s):	Is Child Aware of Report?
Parent(s)/Guardian Name(s):	Is Parent Aware of Report?
Street Apt #	Alleged Perpetrator of Abuse and Relationship to Child:
City State ZIP	Street Apt #
Home Telephone Work Telephone	City State/Zip Telephone

Describe Concerns/Reasons for Referral (Use back of first page if needed):

Reporter's Signature: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Reporter's Name Date
Mail or fax to: Washington County Community Services 14949 - 62nd Street North, P.O. Box 30 Stillwater, Minnesota 55082-0030 FAX: 651-430-8340	Organization
To make oral reports or to request forms, call: Social Service Intake, (651) 430-6457	Street
	City State ZIP
	Telephone Number
	Is Reporter Requesting a Summary Report?

Child Protection Reports

“MS 626.556, Subd. 3.” - PERSONS MANDATED TO REPORT

- (1) A professional or his delegate who is engaged in the practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education, or law enforcement who knows or has reason to believe a child is being neglected or physically or sexually abused shall immediately report the information to the local welfare agency, police department, or the county sheriff...
- (2) Any person may voluntarily report to the local welfare agency, police department, or the county sheriff if he knows or has reason to believe or suspects a child is being neglected or subjected to physical or sexual abuse...
- (3) A person mandated to report physical or sexual child abuse or neglect occurring within a licensed facility shall report the information to the agency responsible for licensing the facility...
- (4) Any person mandated to report shall, upon request to the local welfare agency, receive a summary of the disposition of any report made by that reporter unless release would be detrimental to the best interests of the child. Any person who is not mandated to report shall, upon request to the local welfare agency, receive a concise summary of the disposition of any report made by that reporter unless release would be detrimental to the best interests of the child...
- (5) For purposes of this subdivision, “immediately” means as soon as possible but in no event longer than “24 hours” a written report must be filed within 72 hours of the oral report, excluding weekends and holidays.

Referral Form Instructions

1. Please complete as much of the information requested as possible to help assure the child receives protection or services if needed.
2. Describe concern/reason for referral. Please be as specific as possible including conditions, dates, description of injury, statements made by the child, etc.
3. If you desire a summary of the assessment, indicate with a “YES” in the lower right corner.
4. Reporter’s identification information in the lower right corner will not be released to the family/subject of report. As the family may receive the remaining portions of this reporting form, caution should be taken not to identify yourself in the narrative.
5. Mail or fax the first two pages to Washington County Community Services.

Summary of Child Protection Assessment

1. An assessment summary will be completed by social worker at the completion of the assessment and mailed to the reporter.
2. If the disposition indicates no maltreatment determined and no child protection services are needed, reporters should destroy records of their child protection report, school notification to interview child, and other information directly related to this assessment.