

<u>State of Delaware</u> The Department of Services For Children, Youth and Their Families

Division of Family Services CHILD ABUSE/NEGLECT MANDATORY REPORTING FORM (Title 16, Delaware Code, Chapter 9, Subsections 901-914) Toll Free 24-Hour Report Line 1-800-292-9582

INSTRUCTIONS: As required by, **16 Del. C, § 903 and 904** "Any person, agency, organization or entity who knows or in good faith suspects child abuse or neglect shall make a report in accordance with § 904 of this title. For purposes of this section, 'person' shall include, but shall not be limited to, any physician, any other person in the healing arts including any person licensed to render services in medicine, osteopathy or dentistry, any intern, resident, nurse, school employee, social worker, psychologist, medical examiner, hospital, health care institution, the Medical Society of Delaware or law enforcement agency. In addition to and not in lieu of reporting to the Division of Family Services, any such person may also give oral or written notification of said knowledge or suspicion to any police officer who is in the presence of such person for the purpose of rendering assistance to the child in question or investigating the cause of the child's injuries or condition. Any report of child abuse or neglect required to be made under this chapter shall be made to the Department of Services for Children, Youth and Their Families. An immediate oral report shall be made by telephone or otherwise. Reports and the contents thereof including a written report, if requested, shall be made in accordance with the rules and regulations of the Division, or in accordance with the rules and regulations adopted by the Division.

Within 72 hours after the **oral report**, mail or fax (302-577-5515) a completed Child Abuse/Neglect Mandatory Reporting Form to the address below. Please type or print the information and sign the form on the back.

DIVISION OF FAMILY SERVICES - STATE OF DELAWARE 3601 North Dupont Highway

New Castle, DE 19720-6315

IDENTIFYING INFORMATION						
Child's Name	Date of Birth/		_	Victim		
(Last, First, Initial) 1.	Age	Sex	Race	(Yes / No)		
Current Address:						
2.						
Current Address:						
3.						
Current Address:						
4.						
Current Address:						
5.						
Current Address:						
Parents'/Custodians'/Caretakers' Names (Last, First, Initial)	Date of Birth/ Age	Sex	Race	Perpetrator (Yes / No)		
Mother						
6.						
Current Address:						
Father						
7. Current Address:						
Custodian/Caretaker (Relationship)						
8. Current Address:						
Please specify for numbers 1-8 above:						
Foreign language spoken: #'s	Specify type:					
Disabilities: #'s	Specify type:					
Document No.: 37-06-10-09-10-15 Revised 9-16-10						

DESCRIPTION

1. Describe the child's current conditions/injuries and the reason you suspect abuse/neglect. Include evidence, if known, of prior abuse and/or neglect to this child or sibling. Add pages or attach further written documentation as needed.

2. If applicable, note the exact location of any injury by placing a number on the model below. Use the space to the right of the models to describe the corresponding injury that each number represents. Check the category of injuries:

Physical Abuse	Sexual Abuse	Physical Neglect			
3. Actions: Taken (T) or Pen Medical Examina X-Rays Photographs	tion Notification Notification	of Medical Examiner			
REPORTING SOURCE (Confidential)					
Signature	Title or I	Relationship to Child	Date of Report		
Facility/Organization	Address		Telephone Number		
REPORT LINE USE ONLY					
Date of Oral Report: Date Written Report Receive Prior DFS Case Activity Rep			ted Screened Out		