

CHILD PROTECTIVE SERVICE INVESTIGATION REPORT
(Title 23 Pa. C.S.A. Chapter 63)

Check this block if a report for student abuse

Check this block for child abuse

INSTRUCTIONS: Send one copy of this completed form to ChildLine & Abuse Registry, Department of Public Welfare, Lanco Lodge, 3rd Flr., P.O. Box 2675 Harrisburg, PA 17105 within 30 days of the receipt of an oral report of suspected abuse. Please type or print. Use one form per incident.

I. IDENTIFYING INFORMATION

A. DATE OF INCIDENT	DATE OF ORAL REPORT	REGISTER NUMBER
B. NAME OF CHILD/STUDENT (Last, First, Middle Initial)		
BIRTHDATE		SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (Include Street, City, State, Zip Code)	COUNTY	SOCIAL SECURITY NO.
C. BIOLOGICAL/ADOPTIVE MOTHER (Last, First, Middle Initial)		
SOCIAL SECURITY NO.		BIRTHDATE MM DD YY
ADDRESS (Include Street, City, State, Zip Code)	COUNTY	
D. BIOLOGICAL/ADOPTIVE FATHER (Last, First, Middle Initial)		
SOCIAL SECURITY NO.		BIRTHDATE MM DD YY
ADDRESS (Include Street, City, State, Zip Code)	COUNTY	
E. AGENCY OR LEGAL GUARDIAN RESPONSIBLE FOR CHILD (Other than Public C & Y Agency)		
RELATIONSHIP TO CHILD		SOCIAL SECURITY NO.
ADDRESS (Include Street, City, State, Zip Code)	COUNTY	BIRTHDATE MM DD YY
F. PERPETRATOR/SCHOOL EMPLOYEE (Last, First, Middle Initial)		
SEX <input type="checkbox"/> M <input type="checkbox"/> F	RELATIONSHIP TO CHILD	SOCIAL SECURITY NO.
ADDRESS (Include Street, City, State, Zip Code)	COUNTY	BIRTHDATE MM DD YY

G. FAMILY HOUSEHOLD COMPOSITION (DO NOT COMPLETE FOR STUDENT ABUSE)			
NAME (Last, First, Initial)	RELATIONSHIP TO VICTIM	NAME (Last, First, Initial)	RELATIONSHIP TO VICTIM

H. INDICATE THE INITIAL REFERRAL SOURCE (Check One Block Only)							
01	Anonymous	07	Friend/Neighbor	13	Public Health Dept.	19	Residential Facility
02	Child - Self Referral	08	Babysitter	14	Hospital	20	Coroner
03	Perpetrator	09	Landlord	15	Law Enforcement Agy.	21	Courts
04	Parent/Guardian	10	Private Doctor/Nurse	16	School	22	Public MH/MR Agency
05	Sibling	11	Dentist	17	Day Care Staff	23	Other Pub./Pri. Soc.Ser. Agy.
06	Relative	12	Private Psychiatrist/Psychologist	18	Clergy	24	Other _____

II. NATURE OF ABUSE/NEGLECT

A. TYPE OF ABUSE/NEGLECT			
1. Physical Injuries			
01	Burns/Scalding	06	Welts/Echymosis
02	Fractures	07	Lacerations/Abrasions
03	Skull Fractures	08	Punctures/Bites
04	Subdural Hematoma	09	Brain Damage
05	Bruises	10	Poisoning
11	Asphyxiation/Suffocation	16	Drowning
12	Internal Injuries/Hemorrhage	17	Other _____
13	Dismemberment		
14	Sprains/Dislocations		
15	Drugs/Alcohol		
18 2. Mental Injuries (DO NOT COMPLETE FOR STUDENT ABUSE)			
3. Sexual Abuse or Exploitation			
19	Rape	21	Incest
20	Statutory Rape	22	Deviate Sexual Intercourse
23	Sexual Assault	25	Pornography
24	Promoting Prostitution		
4. Physical Neglect (DO NOT COMPLETE FOR STUDENT ABUSE)			
26	Malnutrition	28	Lack of Supervision (resulting in a physical condition)
27	Failure to Thrive	29	Medical Neglect (resulting in a physical condition)
30	Other		
5. Imminent Risk (DO NOT COMPLETE FOR STUDENT ABUSE)			
31	Physical Injury	32	Sexual Abuse or Exploitation

B. DESCRIBE THE INJURIES/CONDITIONS CHECKED ABOVE _____

