

Child Abuse or Neglect Reporting Guidelines

There is a moral and legal obligation to report any case in which you have reason to believe a minor might be abused to Child Protective Services (CPS). There should be no delay in the process of reporting. However, completing this form before calling CPS to report your suspicions will greatly facilitate the process. This report is made in compliance with IC 31-33-1-1 and 31-33-5-1 through 31-33-5-4, which provides for the protection of abused or neglected children/youth. By reporting the case, you are acting in good faith on behalf of the protection of the child listed below.

Directors of religious education/directors of youth ministry/supervisors may assist others in this reporting process. It is most helpful if both parties (person reporting and the supervisor) can make the phone call together.

If the suspected perpetrator is known and is employed by the school, parish, or diocese, inform the Vicar General at 765-742-0275 or the Victims Assistance Ministry at 800-533-7018.

DO NOT INTERVIEW THE CHILD to gather this information. Doing so at this time may place the child or siblings in greater danger and may interfere with the investigation.

DO NOT CALL THE PARENTS!

Please provide as much of the following information as possible.

SECTION I – INFORMATION ON THE PERSON(S) SUSPECTING AND MAKING REPORT

1. Date and time of complaint: _____
2. Date and time of report to Child Protective Service: _____

3. Full name of person completing this form: _____

4. Full name of person reporting concern: _____
5. School or Parish name: _____

SECTION II –INFORMATION REGARDING VICTIM:

1. Child’s Name: _____

Race: _____ Sex: _____ Age: _____ DOB: ____/____/____

School: _____ Hours in School: _____

2. Mother’s/Guardian’s Name (including previous surnames if known): _____

Address: _____

Home Phone: _____ Work Phone: _____

3. Father’s/Guardian’s Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

SECTION III –OTHER INFORMATION ON THE PERSON(S) SUSPECTING AND MAKING REPORT

1. How did the person making the report learn of the incident and/or concern? _____

2. Does the reporter have other pertinent information regarding the family/child? (i.e., spousal abuse, developmental concerns, chronic illness, etc.?) _____

SECTION IV- INFORMATION ABOUT CHILDREN IN HOUSEHOLD

Please provide as much of the following information as possible.

Names of other children in household:

1. _____ Race: _____ Sex: _____ Age: _____

DOB: ____/____/____ School: _____

Grade: _____ Hours in School: _____

Contact person at school: _____

2. _____ Race: _____ Sex: _____ Age: _____

DOB: ____/____/____ School: _____

Grade: _____ Hours in School: _____

Contact person at school: _____

3. _____ Race: _____ Sex: _____ Age: _____

DOB: ____/____/____ School: _____

Grade: _____ Hours in School: _____

Contact person at school: _____

4. _____ Race: _____ Sex: _____ Age: _____

DOB: ____/____/____ School: _____

Grade: _____ Hours in School: _____

Contact person at school: _____

5. _____ Race: _____ Sex: _____ Age: _____

DOB: ____/____/____ School: _____

Grade: _____ Hours in School: _____

Contact person at school: _____

SECTION V – SUBSTITUTE CARETAKER: (This person may be responsible for supervision of child(ren), other than parents, after school. This information may not be necessary if there are no substitute caretakers. This information is being provided in case Child Protective Service/law enforcement needs to reach the child(ren):

Full Name: _____

Complete Address: _____

Home Phone: _____ Work: _____ Hours at work: _____

When responsible for child(ren): _____

SECTION VI- DESCRIPTION OF INCIDENTS: (Be sure to include nature and extent of present incidents, as well as any evidence of previous incidents. Any other readily available pertinent information which could be helpful in establishing cause of injury, abuse or neglect should be included.

1. Type of suspected abuse: _____

Describe the incident: _____

2. When did the abuse last happen? _____

3. If previous incidents were known, please list: _____

4. Where did this current incident happen? _____

Describe the alleged injuries, whether visible or not: _____

5. Has the victim(s) been treated? _____ Yes _____ No

Where (if known) _____

SECTION VII- INFORMATION ON ALLEGED PERPRETRATOR(S):

Please provide as much of the following information as possible.

1. Alleged perpetrator(s) name: _____

Age: _____

Address: _____

Home Phone: _____ Work: _____

Hours at Work: _____

2. Does the alleged perpetrator have access to the victim? _____ Yes _____ No

If yes, when is the next time? _____

Is this an isolated incident? _____ Yes _____ No

Is this a recurring situation? _____ Yes _____ No

Please send a copy of this completed form to:

**Pastoral Office for Catechesis
2300 South 9th Street
Lafayette, IN 47909
Or fax to: 765-269-4651**

Please do not send by email.

Protective Custody Receipt

If CPS decides to take the child into custody, this form must be completed and signed by officer taking the child. -Be sure to check the identification of the officer.

To the parents of _____
(child's name) (date)

It has been reported to the Child Protective Service that

_____ may be a victim of child abuse or neglect.
(child's name)

Indiana Law **REQUIRES** that every report of suspected abuse or neglect be thoroughly and promptly investigated.

As part of this investigation, an interview with _____
(child's name)

was conducted today at _____ by _____
(CPS worker/agency)

and _____.
(law enforcement rep/agency)

It was determined at the close of the interview that protection of the child required the immediate taking of the child into protective custody.

Therefore, at _____,
(date & time) (child's name)

was taken into protective custody by _____.
(law enforcement rep/agency)

Please contact: _____ Phone: _____

Signed: _____
(Officer taking child into custody)

(A copy of this form can be provided by the school to the parent/guardian upon request).