

OKLAHOMA STATE DEPARTMENT OF HEALTH SUSPECTED CHILD ABUSE/NEGLECT REPORT FORM

I understand that the Oklahoma State Department of Health policy requires me, as a mandated reporter, to promptly contact the Oklahoma Department of Human Services or call the statewide 24-hour hotline number (1-800-522-3511) to make a report of suspected child abuse and/or neglect in good faith and in accordance with the law of the state of Oklahoma. I understand that this form (333F) does not replace a call to OKDHS, but is to be used to document adherence to policy, to be sent to OKDHS for hardcopy documentation, and to provide quality assurance.

This written report documents an oral report made to OKDHS on (Date) ____/____/____, (Time) ____:____ ☐ am ☐ pm
to (Person accepting the report) _____ Referral # _____.

DID THIS SITUATION IMPOSE IMMINENT DANGER TO THE CHILD? ☐ Yes ☐ No
IF THE CHILD WAS IN IMMINENT DANGER, WAS LAW ENFORCEMENT CALLED? ☐ Yes ☐ No
WAS THIS REPORT MADE ANONYMOUSLY? ☐ Yes ☐ No

Reporter Information

Reporter's Name: _____ Position/Title: _____
Phone number: _____ - _____ - _____ E-mail address: _____ County: _____

At which health department or contract agency do you work (also specify city)? _____

At the time of this incident, for which program or clinic were you working?

- ☐ Children First ☐ Early Intervention ☐ Immunization clinic ☐ PAT ☐ Well-child clinic
☐ Child Guidance ☐ Family Planning ☐ Maternity Clinic ☐ STD clinic ☐ WIC
☐ Administrative staff, multiple programs/clinics ☐ Other: _____

Child Information

Name: _____ DOB/Age: _____ Race/Ethnicity: _____ Gender: _____

Is this child physically or developmentally disabled? ☐ Yes ☐ No IF YES → Please describe: _____

Address or location of child at the time of the report? _____

Family/Caretaker Information

List each person's name and relationship to child (if known):	Age	Race/Ethnicity	Gender	Disabled?	Explain:
1. Parent/Caretaker: _____	_____	_____	_____	_____	_____
2. Parent/Caretaker: _____	_____	_____	_____	_____	_____
3. Sibling/Other: _____	_____	_____	_____	_____	_____
4. Sibling/Other: _____	_____	_____	_____	_____	_____
5. Sibling/Other: _____	_____	_____	_____	_____	_____

What is the primary language spoken in the home? ☐ English ☐ Spanish ☐ Other (specify): _____

Home Address: _____ Telephone: _____ - _____ - _____

Alternative phone: _____ - _____ - _____

Out of Home Care

Is the child in out-of-home care? Check type:

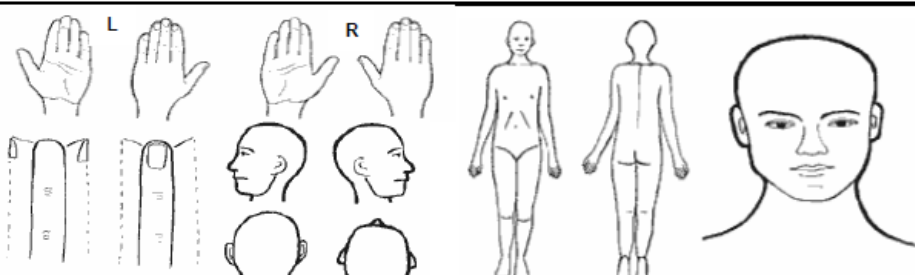
- ☐ Unknown/Not Applicable ☐ OKDHS custody ☐ Foster family home ☐ Relative's home
☐ Childcare center or school ☐ Family friend ☐ Group home or institution ☐ Other: _____

Address: _____ Telephone: _____ - _____ - _____

Alternative phone: _____ - _____ - _____

Who are the person(s) responsible for the child at this location? _____

Name of school or childcare/daycare center: _____

<i>Incident Information</i>			
Please classify the type(s) of suspected maltreatment you are reporting (check all that apply):			
<input type="checkbox"/> Physical abuse	<input type="checkbox"/> Sexual abuse	<input type="checkbox"/> Emotional or psychological abuse	<input type="checkbox"/> Neglect
Is domestic or intimate partner violence in the home?		<input type="checkbox"/> Yes: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Is alcohol or a controlled dangerous substance involved?		<input type="checkbox"/> Yes: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Are there dangers in the home (i.e. dogs, weapons, meth lab, etc.)?		<input type="checkbox"/> Yes: _____	<input type="checkbox"/> No <input type="checkbox"/> Unknown
<i>Incident Information, continued</i>			
Please describe the nature and extent of the child's injuries, neglect or endangered condition (indicate sites on body map):			
			
Alleged types and/or indicators of suspected maltreatment; check all that apply. (Note: This is not an exhaustive list)			
<input type="checkbox"/> Abrasions/laceration <input type="checkbox"/> Age-inappropriate sexual behavior <input type="checkbox"/> Bite marks <input type="checkbox"/> Bone fracture (not skull) <input type="checkbox"/> Bruises/welts <input type="checkbox"/> Burns/scalds <input type="checkbox"/> Exposure to adult sexuality	<input type="checkbox"/> Exposure to domestic violence <input type="checkbox"/> Failure to obtain medical attention <input type="checkbox"/> Failure to protect <input type="checkbox"/> Failure to provide adequate nutrition <input type="checkbox"/> Failure to thrive <input type="checkbox"/> Fondling <input type="checkbox"/> Head trauma	<input type="checkbox"/> Inadequate clothing <input type="checkbox"/> Inadequate or dangerous shelter <input type="checkbox"/> Inadequate physical care <input type="checkbox"/> Lack of supervision <input type="checkbox"/> Mental trauma <input type="checkbox"/> Pornography <input type="checkbox"/> Skull fracture	<input type="checkbox"/> Substance abuse by caretaker <input type="checkbox"/> Threat of harm <input type="checkbox"/> Vaginal penetration/intercourse <input type="checkbox"/> Wounds/cuts/punctures <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
Identify any child or adult who gave an explanation of the child's injury/condition and the date; What did the child or adult say happened?			
How do you know this child? How long have you known him/her? When did you last see the child, and what was his/her condition? Does the child have any injuries now?			
When did the incident occur (time, date, location)? Did you witness the incident?			
Other pertinent information, including the name and address of others who may be willing to provide information about this case:			
<i>One Week Follow-Up</i>			
DHS Caseworker: _____		Phone number: _____ - _____ - _____ County: _____	
Was this report: <input type="checkbox"/> Accepted <input type="checkbox"/> Screened out <input type="checkbox"/> Don't know			
Was this report assigned for: <input type="checkbox"/> Investigation <input type="checkbox"/> Assessment <input type="checkbox"/> No <input type="checkbox"/> Don't know			
What priority was assigned by DHS (if known)? <input type="checkbox"/> Priority 1 (urgent) <input type="checkbox"/> Priority 2			
Notes: _____			
Have you had any problems or concerns interfacing with the local OKDHS / child welfare agency in making this report?			
<input type="checkbox"/> Yes <input type="checkbox"/> No → If YES please describe: _____			
Reporter's Signature: _____ Today's date: ____/____/____			