

CENTRAL KITSAP SCHOOL DISTRICT
Report of Suspected Child Abuse, Neglect and Exploitation

3421F

STUDENT INFORMATION (Circle names of suspected victims.)						CPS Phone: 1-888-713-6115 Fill in as completely as possible. Give as much information as you have that is accurate. Don't guess or make assumptions.			
LAST NAME	FIRST	BIRTHDATE	GENDER	NATIVE	IEP/504	SCHOOL	Immediately before an oral report to CPS: <input type="checkbox"/> If there is <u>imminent risk for serious harm</u> , call 911.		
							At <u>first opportunity</u> but <u>within 48 hours</u> , the reporting person shall:		
							<input type="checkbox"/> Make an oral report to CPS <small>(if CPS cannot immediately respond contact law enforcement)</small> <input type="checkbox"/> Inform principal or designee <input type="checkbox"/> Supply readily available information on form.		
HOUSEHOLD 1 PARENTS/GUARDIANS (Main household where child resides)						After calling CPS or law enforcement: <input type="checkbox"/> Place a single sheet of RED paper with "See Report in Confidential File in PRINCIPALS OFFICE, principal name and school name" in student cumulative file. <input type="checkbox"/> Make sure this original is put into the principal's confidential file.			
LAST NAME	FIRST NAME	RELATIONSHIP		PHONE		Date of report: _____ Time of Report _____ Intake by: _____ Intake/Case # _____			
LAST NAME	FIRST NAME	RELATIONSHIP		PHONE					
ADDRESS		CITY		ZIP					
OTHER ADULTS IN THE HOME (SPECIFY RELATIONSHIP)									
<table style="width:100%; border: none;"> <tr> <td style="width:50%;">HOUSEHOLD 2 PARENTS/GUARDIAN (if applicable)</td> <td style="width:25%;">Student also lives here</td> <td style="width:25%;">This is a Non-Residential Parent</td> </tr> </table>							HOUSEHOLD 2 PARENTS/GUARDIAN (if applicable)	Student also lives here	This is a Non-Residential Parent
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LAST NAME	FIRST NAME	RELATIONSHIP		PHONE					
ADDRESS		CITY		ZIP					
SPECIFIC INFORMATION (Describe specific behaviors, conditions, and communications. Include where and when incident(s) occurred. If you have further background information which might place this child at-risk for abuse/neglect, please indicate it. You may attach an additional sheet or use the back of this report.)									
REFERRANT INFORMATION									
YOUR NAME		JOB TITLE		SITE		PHONE			
SUSPECTED PERPETRATOR IDENTIFICATION									
NAME		ADDRESS (IF NOT ABOVE)		CITY		ZIP			
ACCESS TO CHILD?						PHONE (IF NOT ABOVE)			