

# GRANT COUNTY SOCIAL SERVICES

## REPORT OF SUSPECTED CHILD MALTREATMENT

Fax to **218-685-4978** Attn: Intake or email to [intake@co.grant.mn.us](mailto:intake@co.grant.mn.us)

**Mandated reporters must submit written report within 72 hours of verbal report**

Pursuant to Minnesota Statute 626.556, Subd. 3, Subd. 7, this is a written report regarding maltreatment of the child (ren) listed in this report. Pursuant to Minnesota Statute 626.556, Subd. 4, I understand that I am immune from civil or criminal liability if I am acting in good faith when reporting maltreatment as a mandated reporter. I also understand that copies of this report are considered confidential pursuant to Minnesota Statute 13.

**1. Reporter Information:**

**Name and Title:** \_\_\_\_\_ **Agency/School:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**2. Type of suspected Child Maltreatment (Check all that apply):**

Physical     Sexual     Neglect     Emotional     Threatened Injury     Prenatal Exposure

**3. Alleged Victim(s):**

a. **Name of child:** \_\_\_\_\_ **Age/DOB:** \_\_\_\_\_  M  F    **School: Grade:** \_\_\_\_\_

**Special Needs:** \_\_\_\_\_ **Ethnicity/Tribal Affiliation:** \_\_\_\_\_

b. **Name of child:** \_\_\_\_\_ **Age/DOB:** \_\_\_\_\_  M  F    **School: Grade:** \_\_\_\_\_

**Special Needs:** \_\_\_\_\_ **Ethnicity/Tribal Affiliation:** \_\_\_\_\_

c. **Name of child:** \_\_\_\_\_ **Age/DOB:** \_\_\_\_\_  M  F    **School: Grade:** \_\_\_\_\_

**Special Needs:** \_\_\_\_\_ **Ethnicity/Tribal Affiliation:** \_\_\_\_\_

d. **Names/ages of other children in household:** \_\_\_\_\_

**4. Caregiver Information:**

a. **Custodial (parent/guardian):** \_\_\_\_\_ **DOB/Age:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_ **Address with County/Reservation of Residence:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

b. **Noncustodial (parent/guardian):** \_\_\_\_\_ **DOB/Age:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

**Phone(s):** \_\_\_\_\_ **Address with County/Reservation of Residence:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

c. **Names/DOB/Relationship of Others in Household/ Other Caregivers:** \_\_\_\_\_

5. **Alleged Perpetrator(s)**  Immediate Family/Household Member     In Caretaking Role (licensed or unlicensed childcare, unlicensed PCA, foster care, other licensed facility or provider)     Not Immediate Family or Household Member & Not in Caretaking Role

a. **Alleged Perpetrator:** \_\_\_\_\_ **DOB/Age:** \_\_\_\_\_ **Relationship to Victim:** \_\_\_\_\_

**Phone Number/Address/Other information (if not listed above):** \_\_\_\_\_

**Physical Description:** \_\_\_\_\_

b. **Alleged Perpetrator:** \_\_\_\_\_ **DOB/Age:** \_\_\_\_\_ **Relationship to Victim:** \_\_\_\_\_

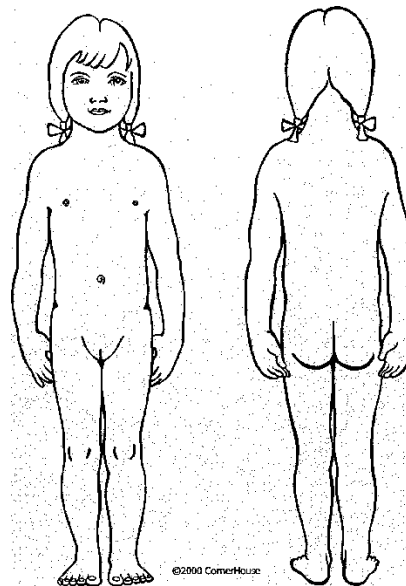
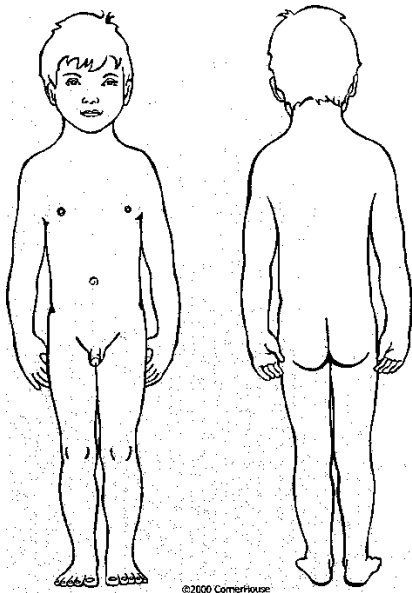
**Phone Number/Address/Other information (if not listed above):** \_\_\_\_\_

**Physical Description:** \_\_\_\_\_

c. **Additional Alleged Perpetrators:** \_\_\_\_\_

6. **Description of incident:** Please be as specific as possible, including dates, times of incidents, size and location of any current or previous injury and as many facts as possible about the: who, when, where, what and how of the situation. Please use additional paper as needed (extra room on last page also).

**Draw in the location of the maltreatment if applicable:**



7. **Please provide any other information available to you that would assist in establishing the facts including the names, role and phone numbers of others with first-hand information about the suspected abuse or neglect:**
8. **Has anyone had an opportunity to discuss these or other concerns with the parents? The outcome of discussion:**
9. **What are the strengths/resources available to this child/family (e.g. supportive extended family, medical insurance, talents, transportation, attitude, employment, housing, services family currently receives)?**
10. **What are the stressors possibly impacting this situation (e.g. work, financial, medical, marital issues, domestic violence, substance abuse, poverty, cognitive or mental health problems)?**
11. **What would you/your agency like to see happen?**
12. **Are parents aware that a child maltreatment report has been made?**       Yes     No
13. **Signature or Electronic Signature /s/ of Reporter:      Date:**  
Are you a Mandated Reporter?     \*YES      \*If yes, written & Verbal report required     NO
14. **Oral report made to** \_\_\_\_\_ **at Social Services or Law Enforcement at** \_\_\_\_\_  AM     PM
15. **Known or potential safety risks to assessment worker (dogs, guns):**

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Your concern for the safety and welfare of children is appreciated.

Additional area for report: