

State of Maryland-Child Protective Services
REPORT OF SUSPECTED CHILD ABUSE/NEGLECT
(see instructions on reverse side)

1. NAME OF LOCAL DEPARTMENT BEING NOTIFIED		ADDRESS		ZIP	
2. PERSON MAKING REPORT (Name)			3. POSITION/TITLE		
4. NAME OF DEPARTMENT/ORGANIZATION		ADDRESS	ZIP	5. TELEPHONE	
6. TYPE OF REFERRAL <input type="checkbox"/> PHYSICAL ABUSE <input type="checkbox"/> SEXUAL ABUSE <input type="checkbox"/> NEGLECT <input type="checkbox"/> MENTAL INJURY-ABUSE <input type="checkbox"/> MENTAL INJURY-NEGLECT					
7. NAME OF CHILD		8. SEX	9. BIRTH DATE	10. RACE	
11. ADDRESS (Where Child Can Be Seen)			CITY	STATE ZIP	
12. GRADE		13. SCHOOL			
14. NAME OF PERSON RESPONSIBLE FOR CHILDS CARE		14A. AGE/D.O.B.	14B. ADDRESS		14C. TELEPHONE
PARENTS/GUARDIAN		AGE/D.O.B	ADDRESS		TELEPHONE
MOTHER:					
FATHER:					
GUARDIAN (Specify Relation):					
15. NAME OF SUSPECTED ABUSER/NEGLECTOR		16. RELATION	17. AGE/D.O.B.	18. ADDRESS	19. TELEPHONE
20. STATE NATURE EXTENT OF THE CURRENT ABUSE/NEGLECT TO THE CHILD IN QUESTION: EXPLAIN THE CIRCUMSTANCES LEADING TO THE SUSPICION THE CHILD IS AN ABUSE/NEGLECT VICTIM. DESCRIBE ANY INJURY OR RISK. DESCRIBE HOW REPORTER KNOWS INFORMATION.					
21. LIST INFORMATION CONCERNING PREVIOUS ABUSE/NEGLECT TO THE CHILDREN/OTHER CHILDREN IN THE FAMILY, INCLUDING PREVIOUS ACTION TAKEN. HOW DOES THE REPORTER KNOW THIS INFORMATION?					
22. DESCRIBE INFORMATION KNOWN ABOUT FAMILY FUNCTIONING, RELATIONSHIP BETWEEN PARENT, CARETAKER, OTHER ADULTS IN HOME AND CHILDREN AND LIKELY RESPONSE BY FAMILY TO DISCLOSURE. HOW DOES THE REPORTER KNOW THIS INFORMATION?					
23. STATE ANY OTHER AVAILABLE INFORMATION THAT WOULD AID IN ESTABLISHING THE CAUSE OF THE ALLEGED ABUSE/NEGLECT.					
24. ARE WEAPONS IN THE HOME OR KNOWN TO BE CARRIED BY THE FAMILY OR ACCUSED ABUSER? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		25. IS THERE A HISTORY OF VIOLENCE, DRUGS, MENTAL ILLNESS OR RETALIATION IN THE FAMILY? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		26. IF YES TO EITHER, DESCRIBE IN DETAIL ON SEPARATE SHEET OF PAPER	
27. SIGNATURE OF PERSON REPORTING			DATE	28. DATE / HOUR ORAL CONTACT IN LDSS	
29. REPORT TAKEN <input type="checkbox"/> Yes <input type="checkbox"/> No		30. NAME OF LDSS STAFF PERSON TO WHOM ORAL REPORT WAS MADE			

INSTRUCTIONS

REQUIRED REPORTERS:

Every health practitioner, educator, social worker, or law-enforcement officer, who contacts, examines, attends or treats a child and who believes or has reason to believe that the child has been abused/neglected is required to make an oral and written report to either Social Services or the Police.

TIMELINES:

An oral report of suspected child abuse and neglect must be made immediately. A written report must also be submitted by mandated reporters within 48 hours after the contact, examination, attention, or treatment that caused the individual to believe that the child had been subjected to abuse or neglect. It is not necessary to observe outward signs of injury to the child. Neither is it necessary for the reporter to establish proof that abuse/neglect occurred. Protection of the child is paramount. If abuse/neglect is suspected, a report must be submitted.

DEFINITIONS OF CHILD ABUSE AND CHILD NEGLECT:

"Child abuse" means: (COMAR 07.02.07.02)

Physical injury, not necessarily visible, or mental injury of a child by a parent, other individual who has permanent or temporary care or custody or responsibility for supervision of a child, or by a household or family member under circumstances that indicate that the child's health or welfare is harmed or at substantial risk of being harmed;

Any sexual abuse, meaning an act or acts involving sexual molestation or exploitation, whether physical injuries are sustained or not by a parent, other individual who has permanent or temporary care or custody or responsibility for supervision of a child, or by a household or family member; or

Mental injury, meaning the observable, identifiable and substantial impairment of a child's mental or psychological ability to function, that is caused by the act of a parent or other individual who has permanent or temporary care, or custody or responsibility for supervision of the child, or by a household or family member.

"Child Neglect" means: (COMAR 07.02.07.02)

"Child Neglect" means the failure to give proper care and attention to a child, including the leaving of a child unattended by the child's parent, or other individual who has permanent or temporary care or custody, or responsibility for supervision of the child, under circumstances that indicate that the child's health or welfare is harmed or placed at substantial risk of harm; or

Mental injury to a child, meaning the observable, identifiable and substantial impairment of a child's mental or psychological ability to function, or a substantial risk of mental injury that is caused by the failure to give proper care and attention to a child by the child's parents, or other individual who has permanent or temporary care or custody, or responsibility for supervision of the child.

COMPLETING THE FORM 180:

Respond to each item even if reply is "unknown" or "none". Use additional paper if necessary to complete any given section.

1. **Name of Local Department Being Notified:** For suspected child abuse/neglect an oral report must be made to the Local Child Protective Services unit in the jurisdiction where the incident allegedly took place. This written report must be filed within 48 hours after making an oral report.
2. **Person Making Report (Name):** This should always be the person who witnessed or has first hand knowledge of the incident. Any person including a health practitioner educator, social worker, or law-enforcement officer, participating in the making of a good faith report, or participating in an investigation or in a judicial proceeding resulting therefore shall in so doing be immune from any civil liability or criminal penalty that might otherwise be incurred or imposed as a result.
6. **Type of Referral:** Please check only one box per report being submitted.
7. **Name of Child:** Identify only one child per report.
11. **Address where child can be seen** should include both daytime and after normal working hours.
29. **Report Taken:** There are some types of referrals that are inappropriate for child abuse/neglect investigation. The Local Department is available for consultation when there is uncertainty regarding a situation. If your concerns do not meet the criteria for investigation, you will be referred to alternate resources, when possible. When contacting the local department record the name of the person you spoke with and the outcome of the conversation in your records. If the oral report of abuse/neglect is not taken by the local department still send in the written report and keep a copy for your records.

**Local Departments of Social Services Child Protective Services for the State of Maryland
(Office Hours 8:30 A.M. - 5:00 P.M.)**

Allegany County

(301) 784-7122
(After hours 301-759-8079)
FAX (301) 784-7244
P.O. Box 1420
1 Frederick Street
Cumberland, Maryland 21501-1420

Anne Arundel County

(410) 421-8400
FAX (410) 974-8566
80 West Street
Annapolis, Maryland 21401-1787

Baltimore City

(410) 361-2235 (24 hours)
FAX (410) 361-3150
1900 N. Howard Street
Baltimore, Maryland 21218

Baltimore County

(410) 853-3000 (24 hours)
FAX (410) 853-3955
Drumcastle Government Center
6401 York Road
Baltimore, Maryland 21212

Calvert County

(410) 286-2108
(After hours (410) 535-7041)
FAX (410) 286-7429
1-800-787-9428
200 Duke Street
Prince Frederick, Maryland 20678

Caroline County

(410) 479-5900
(After hours 479-2515)
FAX (410) 479-5910
207 South Third Street
Denton, Maryland 21629

Carroll County

(410) 386-3300
(After hours (410) 386-3434)
(Baltimore Area: 410-876-2190)
FAX (410) 386-3429
10 Distillery Drive
Westminster, Maryland 21157

Cecil County

(410) 996-0100
(After hours (410) 398-3815)
FAX (410) 996-0228
170 East Main Street
Elkton, Maryland 21922-1160

Charles County

(301) 392-6724
(After hours (301) 934-2222
FAX (301) 870-3958
P.O. Box 1010
200 Kent Avenue
LaPlata, Maryland 20646

Dorchester County

(410) 901-4100
(After hours (410) 221-3246)
FAX (410) 901-1060
P.O. Box 217
627 Race Street
Cambridge, Maryland 21613

Frederick County

(301) 694-2464
(After hours (301) 694-2100)
FAX (301) 631-2639
100 East All Saints Street
Frederick, Maryland 21701

Garrett County

(301) 533-3005
(After hours (301) 334-1911)
FAX (301) 334-5413
12578 Garrett Highway
Oakland, Maryland 21550

Harford County

(410) 836-4713
(After hours (410) 838-6600)
FAX (410) 836-4945
2 South Bond Street
Bel Air, Maryland 21014

Howard County

(410) 872-4203
(After hours (410) 313-2929)
FAX (410) 872-4231
7121 Columbia Gateway Drive
Columbia, Maryland 21046

Kent County

(410) 810-7600
(After hours (410) 758-1101)
FAX (410) 778-1497
8 Kent Street
Chestertown, Maryland 21620

Montgomery County

(240) 777-4417 (24 hours)
FAX (240) 777-4161
The Dept. of Health & Human Services
1301 Piccard Drive
Rockville, Maryland 20850

Prince George's County

(301) 909-2450
(After hours (301) 699-8605)
FAX (301) 952-2646
805 Brightseat Road
Landover, Maryland 20785

Queen Anne's County

(410) 758-5100 (all hours)
or 410-758-0770 (P.M. hours)
FAX (410) 758-5155
120 Broadway
Centreville, Maryland 21617

St. Mary's County

(240) 895-7170
(After hours (301) 475-8016)

FAX (301) 475-4799
23110 Leonard Hall Drive
Leonardtown, Maryland 20650

Somerset County

(410) 677-4200
(After hours (410) 651-0630)
FAX (410) 677-4300
30397 Mt. Vernon Road
Princess Anne, Maryland 21853

Talbot County

(410) 822-1617
(After hours (410) 822-3101)
FAX (410) 820-7067
10 South Hanson Street
Easton, Maryland 21601

Washington County

(240) 420-2222 (24 hours)
FAX (240) 420-2111
122 North Potomac Street
Hagerstown, Maryland 21741-1419

Wicomico County

(410) 543-6900
(After hours (410) 543-7894)
FAX (410) 543-6682
201 Baptist Street
Salisbury, Maryland 21802-2298

Worcester County

(410) 677-6800
(After hours: 410-632-1313)
FAX (410) 677-6810
299 Commerce Street
Snow Hill, Maryland 21863

Department of Human Resources

1-800-332-6347

Social Services Administration

(410) 767-7112