

**INSTRUCTIONS ODH FORM 333F
SUSPECTED CHILD ABUSE/NEGLECT REPORT FORM**

Purpose: To comply with OSDH Policy and Procedure regarding mandated reported of suspected child abuse and/or neglect (child maltreatment).

NOT ALL INFORMATION MAY BE KNOWN. PLEASE INCLUDE AS MUCH INFORMATION AS POSSIBLE.

REFERRAL INFORMATION:

Date: Enter the date the oral report was made in (mm/dd/yyyy) format

Time: Enter the time the call was made to the DHS office.

To: Enter the name of the person at DHS who accepted the report.

Referral Number: Ask for a referral number for this report and enter the number in the space provided (this is a critical piece of information for follow-up).

Imminent Danger: Indicate by checking yes or no if the child is in imminent danger based on your assessment.

Anonymous Report: Indicate by checking yes or no if the reporter made this report to OKDHS anonymously (did not give his/her name). If the report was made anonymously, the reporter will not be able to obtain the follow-up information.

REPORTER INFORMATION:

Reporter's Name: Enter the name of the person making the report.

Position/Title: Enter the name of title of the person making the report.

Phone/Fax Number: Enter the phone number and fax number of the person making the report.

County: Enter the name of the County in which the person making the report resides.

E-mail address: Enter the e-mail address of the person making the report if applicable.

County Health Department: Enter the name of the County Health Department or contract agency where the person who made the report is employed and the name of the city in which he/she works.

Program: Indicate which clinic the person making the report was working at the time of the incident.

CHILD VICTIM INFORMATION:

Name: Enter the name of the child to whom the suspected maltreatment occurred

DOB/Age: Enter the DOB of the child if known, or if the DOB is not known, enter the age (or approximate age if not known) of the child. If approximating, please write an "A" after the age.

Race/Ethnicity: Enter the race of the child if known

Gender: Enter the gender of the child

Developmental Disability: Check the box to indicate if the child is disabled. If the child has a disability, specify the type of disability if known or describe the disability.

FAMILY/CARETAKER INFORMATION:

Parent/Caretaker: Enter the name of the parent or caretaker for this child and their relationship to the child. Enter the age, race and gender for each caretaker. If the caretaker is disabled in any way, explain the disability in the space provided.

Sibling; Enter the name (this includes step brother/s and step sister/s), age, race, and gender of each sibling. If the sibling is disabled in any way, explain the disability in the space provided.

Primary Language: Indicate the primary language spoken in the home, if the primary language is not English or Spanish, check other and enter the primary language in the space provided.

Home Address: Enter the mailing address where the child resides.

Telephone: Enter the phone number including area code where the caretaker can be reached.

Finding Directions: Enter the specific finding directions to the caretaker's residence. Be specific.

Alternative Phone Number: Enter another phone number where the caretaker can be reached.

OUT OF HOME CARE

Out of Home Care Type: Indicate the type of "out of home care" by checking the appropriate box. If the type of care is not listed, check other and specify the type of care in the space provided.

Home Address: Enter the "out of home care" facility mailing address.

Telephone: Enter the "out of home care" facility phone number including area code.

Finding Directions: Enter the "out of home care" facility finding directions.

Alternative Phone Number: Enter an alternate number for the "out of home care" facility if available.

Name of school or childcare/daycare center: Enter the name of the daycare center or childcare center the child/ren attend.

INCIDENT INFORMATION

NOTE: If Additional space is needed, document on plain paper or on a progress note and attach to 333F.

Types of maltreatment: Indicate the type of maltreatment by checking the appropriate box for each type of maltreatment that applies.

Domestic or Intimate Partner Violence: If domestic violence or intimate partner violence is occurring in the home check yes and specify the type of violence (ex. throwing items, threatened with weapon, use of weapon in domestic dispute)

Alcohol or controlled substance: If alcohol or controlled substances were present regarding this incident, check yes. In the space provided specify any significant information regarding the use of these items.

Danger to a worker: If there are circumstances that may put a caseworker at risk for harm when providing a home visit check yes. In the space provided specify the type of potential danger (i.e. dogs, weapons, potential meth lab)

Describe the nature of incident: In the space provided give detailed information to explain what you saw, heard, and smelled, etc. and indicate on the body map any injuries noted.

Alleged types of abuse: Check the appropriate box/es to indicate the type/s of suspected maltreatment. If there are any types of maltreatment not listed check other and specify in the space provided the specific type of maltreatment.

Explanation by any child or adult: In the space provided, document the child or adult's explanation of the incident and specify who gave the information. If the child has any injuries now, explain this also.

Incident time: In the space provided document the time (use military time or be sure to indicate am or pm), if the specific time is not known indicate if the incident occurred in the am or pm. Document the date (mm/dd/yyyy) the incident occurred if known.

Document the location in which the incident took place (ex. child's home, Park, maternal grandmother's home).

Other Information: Document any other pertinent information not yet specified.

ONE-WEEK FOLLOW-UP

DHS Caseworker: Enter the name of the caseworker assigned to this case:

Phone Number: Enter the phone number where the caseworker can be reached.

County: Enter the name of the county where the caseworker is headquartered.

Report: Indicate the status of the report as accepted, screened out, or don't know

Assigned: If the report was accepted, indicate what occurred by checking the appropriate box.

Priority: Check the appropriate box to indicate if a priority was assigned to this report.

Notes: document any significant information obtained in the space provided.

Difficulties with OKDHS: Check yes if there were any problems interfacing with DHS regarding this case. In the space provided specify the type of problem.

Reporter's Signature: Sign your name and title in the space provided.

Today's date: Enter the date (mm/dd/yyyy) the report was made to OKDHS.