

[Attachment A]

## Staff and Volunteer Sexual Misconduct Questionnaire Pooleville Memorial United Methodist Church

*To be completed and signed by all persons who are to work with children and youth within the ministry of this congregation.  
Please check the appropriate box. If more space is needed, please use an additional piece of paper*

<b>Name:</b>	
<b>Date :</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>1. Have you ever filled out this questionnaire for this church or agency?</b> <ul style="list-style-type: none"><li>• If NO (or unsure) please answer questions 3 - 9 below. Then sign and return this form.</li><li>• If YES, please give the date: _____ and answer question #2</li></ul>
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	<b>2. If you answered "YES" to Question #1, have any answers changed since you filled out that copy?</b> <ul style="list-style-type: none"><li>• If NO, please sign and return this form.</li><li>• If YES OR NOT SURE, please answer questions 3 - 9 below</li></ul>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>3. Have you ever been accused, in a written and signed statement of sexual misconduct with a child or a youth?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>4. Have you ever been accused in a written and signed statement of sexual misconduct with an adult?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>5. Have you ever been dismissed from any position, volunteer or salaried, because of accusations of sexual misconduct on your part?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>6. Have you ever resigned from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part, or to avoid being dismissed because of an accusation of sexual misconduct on your part?</b>
	<b>If your response to any of the foregoing questions (2 through 5) is "yes", please provide all details regarding each accusation of sexual misconduct that has been made with respect to you, including a description of the alleged conduct, the name of the person who made the accusation, the date of the alleged misconduct, and the name of your employer at the time of the alleged misconduct. Please attach explanation.</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>7.a Have accusations of sexual misconduct on your part ever resulted in civil or criminal court proceedings at any level (e.g. indictment, arrest, trial, etc.)? If yes, please provide the complete details of those proceedings (including dates, circumstances, the jurisdiction where the proceedings occurred, the nature of the accusations, and the result of the proceedings).</b> Provide explanation below or attach additional document.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>7.b Have accusations of sexual misconduct against you resulted in civil or criminal court proceeding on more than one occasion? If so, please provide the same details with respect to each such proceeding.</b> Please attach explanation.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>8 Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people?</b> Please attach explanation.

<p><b>9 Please provide three adult references (names, addresses, phone numbers) of persons who are not related to you by blood, marriage or other family relationship and are not employed or supervised by you, who can to the best of their ability, provide statements in support of your good behavior and clean record in regard to sexual misconduct with children, youth and adults.</b></p>	
<b>Name 1 :</b>	
<b>Address :</b>	
<b>City, State Zip :</b>	
<b>Phone :</b>	
<b>Name 2 :</b>	
<b>Address :</b>	
<b>City, State Zip :</b>	
<b>Phone :</b>	
<b>Name 3 :</b>	
<b>Address :</b>	
<b>City, State Zip :</b>	
<b>Phone :</b>	
<p><b>I verify that the answers I have provided on this Questionnaire are true and accurate to the best of my ability.</b>  I understand false answers, as well as the failure to sign this Response Form, will result in my being denied the position for which I am being considered.</p>	
<b>Signature:</b>	
<b>Printed Name:</b>	
<b>Date :</b>	

**FOR STAFF PARISH USE ONLY**

REFERENCE RESPONSES/COMMENTS:

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_

\_\_\_\_\_ Date

## Poolesville Memorial United Methodist Church **PARTICIPATION COVENANT STATEMENT**

The congregation of Memorial United Methodist Church is committed to providing a safe and secure environment for all children and youth, as well as all paid staff and volunteers who participate in children and youth ministries and activities sponsored by the church. The following policy statements reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

1. No paid staff person or volunteer who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) may work with children or youth.
2. All paid staff and volunteers involved with children or youth of our church must abide by the Safe Sanctuary policies and procedures.
3. All paid staff and volunteers involved with children or youth must attend regular training and educational events provided by the church related to their job or volunteer assignment, including those providing information about church policies and state laws regarding child abuse.
4. All paid staff and volunteers shall immediately report to their supervisor or the pastor any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. **Please answer the following question only if you are a survivor of child abuse.** As a paid staff person or volunteer in this congregation, do you agree to discuss with the appointed pastor of this congregation your experience as a survivor of child abuse? \_\_\_Yes \_\_\_No  
*(Answering yes to this question does not automatically disqualify you from volunteering with children or youth.)*
2. As a paid staff person or volunteer in this congregation, do you agree to inform the appointed pastor of this congregation if you are convicted of child abuse? \_\_\_Yes \_\_\_No
3. As a paid staff person or volunteer, do you agree to observe and abide by the Safe Sanctuary Policies and Procedures? \_\_\_Yes \_\_\_No
4. As a paid staff person or volunteer, do you agree to participate in regular training and educational events provided by the church related to your job or volunteer assignment, including those providing information about church policies and state laws regarding child abuse? \_\_\_ Yes \_\_\_ No
5. As a paid staff person or volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor or the pastor?  
\_\_\_Yes \_\_\_No

\*Form continued on the back of this page.

I have read this Participation Covenant Statement, and I agree to observe and abide by the policies set forth above.

\_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(if under 18)

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

[Attachment C]

## EMPLOYMENT APPLICATION

### Poolesville Memorial United Methodist Church

Name: \_\_\_\_\_

Last, First Middle

Are you over the age of 18? \_\_\_ Yes \_\_\_ No

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Date you are available to start: \_\_\_\_\_

**Qualifications:**

Academic achievements (schools attended, degrees earned, dates of completion):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continuing education completed (courses taken, dates of completion):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional organizations (list any in which you have membership):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First aid training? \_\_\_ Yes \_\_\_ No Date completed \_\_\_\_\_

CPR training? \_\_\_ Yes \_\_\_ No Date completed \_\_\_\_\_

**Previous Work Experience:**

Please list your previous employers from the past ten years. Include the job title, a description of position duties and responsibilities, the name of the company/employer, the address of company/employer, the name of your immediate supervisor, and the dates you were employed in each position.

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\_\_\_\_\_  
\_\_\_\_\_

**Previous Volunteer Experience:**

Please list any relevant volunteer positions you have held and list the duties you performed in each position, the name of your supervisor, the address and phone number of the volunteer organization, and the dates of your volunteer service.

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Are there any other circumstances or matters that might lead someone to question the appropriateness of your employment by Memorial UMC?

Yes  No If yes, please explain:

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**References:**

Please list three individuals (who have known you for at least five years who are not related to you by blood or marriage) that have personal knowledge of your character and competency in the area of employment.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Length of time you have known reference: \_\_\_\_\_  
Relationship to reference: \_\_\_\_\_

**Waiver and Consent:**

I, \_\_\_\_\_ hereby certify that the information I have provided on this Employment Application is true and correct. I authorize Poolesville Memorial United Methodist Church to verify the information I have provided on this Employment Application by contacting the references and employers I have listed, by conducting a criminal records check, or by any other means, including contacting others whom I have not listed.

I authorize the references and employers listed in this Employment Application to provide you whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality or to pursue damages against Poolesville Memorial United Methodist Church caused by the reference's response.

In the event that this Employment Application is accepted and I become employed by Memorial United Methodist Church, I agree to abide by and be bound by the policies and procedures of Poolesville Memorial United Methodist Church, and to refrain from inappropriate conduct in the performance of my duties on behalf of Poolesville Memorial United Methodist Church.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign Employment Application freely and under no duress or coercion.

\_\_\_\_\_  
Signature of Applicant

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**FORM FOR REFERENCE CHECK  
For Individuals Seeking Employment  
Poolesville Memorial United Methodist Church**

Applicant name: \_\_\_\_\_  
Reference name: \_\_\_\_\_  
Reference address: \_\_\_\_\_  
Reference phone: \_\_\_\_\_

1. What is your relationship to the applicant?
2. How long have you known the applicant?
3. How well do you know the applicant?
4. How would you describe the applicant?
5. How would you describe the applicant's ability to relate to children and/or youth?
6. How would you describe the applicant's ability to relate to adults?
7. How would you describe the applicant's leadership abilities?
8. How would you feel about having the applicant as a worker with your child and/or youth?
9. Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.
10. Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.

Please list any other comments you would like to make:

Reference inquiry completed by:

\_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **BASIC PROCEDURES REGARDING SAFETY OF CHILDREN AND YOUTH Poolesville Memorial United Methodist Church**

The following Basic Procedures Regarding Safety of Children and Youth demonstrate the commitment of our church to creating and maintaining a safe and holy place for our children and youth, as well as the people who work with them. Each church group that sponsors activities for children or youth should incorporate these into its own procedures and practices.

When "Church Group" is used, it means any group within our church that involves children or youth. When "Supervising Worker" is used, it means a paid or volunteer adult who works with children or youth in a supervisory capacity on a part-time or fulltime basis, such as the Church School teachers. When "Occasional Worker" is used, it means a paid or volunteer adult who works with children or youth on only an occasional basis in a non-supervisory capacity, such as the parent volunteers who occasionally help in the Church School. When "Worker" is used, it means a Supervising Worker or an Occasional Worker.

### **Supervising Workers**

A person may be designated a Supervising Worker only if he or she (1) has signed the Questionnaire, and (2) either has been a professing member of Memorial UMC for 6 months or is known to the church community by their demonstrated full involvement, participation and attendance at Memorial United Methodist Church. At all Church Group activities, at least one (preferably two) qualified adult(s) should be designated as Supervising Workers.

### **Occasional Workers**

The church should use its best efforts to have all Occasional Workers complete and sign the Questionnaire.

### **Visitors**

An adult who is simply visiting a Church School activity as a guest speaker, observer, or one-time helper need not complete and sign a Questionnaire. However, one or more Supervising Workers must be present while the visitor is there.

### **Required Forms**

Each Church Group will require a parent or guardian of a child or youth to complete any forms needed for the participation of that child or youth in that Church Group's activities, such as a Church School registration form, a Vacation Bible School registration form, permission slips, consents and releases. Permission forms are mandated for any activity which takes place away from the church property, or which involves an overnight where the parent or guardian is not present.

If the person in charge of a particular Church Group activity has not received the required forms with respect to any child or youth, that child or youth will not be allowed to participate in that Church Group activity.

## **Dismissal**

Each Church Group will establish and publish dismissal procedures. Supervising Workers should dismiss any child in 4th grade or younger only to a person who is authorized in writing to pick up that child.

## **Advance Notice and Full Information**

Each Church Group will give written advance notice and full information to all parents with respect to any event in which children or youth are participating. In this way, a parent or guardian will have the option not to allow his or her child or youth to participate if the parent or guardian feels uncomfortable.

## **Age Appropriate and Safe Equipment and Materials**

Each Church Group will ensure all equipment used is age-appropriate and safe. The Church must request that its Workers immediately report to the Group Leader, and the Leader must then report the situation to the church office any unsafe equipment or conditions.

## **Orientations**

On at least on an annual basis, the church will conduct orientations for all persons working with children or youth, including Supervising Workers, Occasional Workers, youth aides, and the parents and guardians of children or youth participating in church-sponsored activities. As a minimum, the orientations will educate attendees on:

1. Appropriate interactions with children;
2. Permissible methods of discipline;
3. Realities of child abuse and neglect;
4. Possible indicators of child abuse and neglect;
5. Basic Procedures Regarding Safety of Children and Youth;
6. All other applicable procedures.

## **Reporting Child Abuse or Neglect**

When a Worker becomes aware of an allegation of child abuse in the context of church or home, or begins to suspect child neglect, that worker should report the allegation or suspicion immediately to the Supervising Worker, the Sunday School Superintendent, the Youth Director or the appointed pastor.

## **Adult Involvement in Church Group Activities**

Each Church Group should have at least two unrelated adult Workers present during any child or youth activity (the "two-adult goal"). The 2-adult goal is mandatory for any activities with child/youth participation held away from the church facility. An adult worker should be at least five years older than the oldest child or youth participating in the activity. Youth aides (ages 12 to 17) need not meet

the five-years-older rule, but should not be used to meet the two-adult goal. In addition, a Worker who is under 21 and working with high school youth should not be considered an adult Worker for purposes of the two-adult goal.

### **Youth Aides**

Youth between the ages of 12 and 17 may occasionally serve as aides for certain designated activities and in specific circumstances where an adult Supervising Worker will oversee the activity. Youth aides need not comply with the three-years-older rule, but should not be used to meet the two-adult goal. Any church group desiring the help of youth aides should consider requiring them to sign a participation covenant in which the youth aides agree to abide by the Basic Procedures Regarding Safety of Children and Youth, and any other procedures applicable to that church group. Youth aides should attend orientations to understand Memorial UMC's Safe Sanctuary policy and to be educated on appropriate interactions with children.

### **Overnight Activities**

Notwithstanding the two-adult goal, at least three adult Workers must be present for overnight activities (regardless of whether the overnight activity is held at or away from the church facility). At least one adult worker of each gender will be present for the entire duration of the activity. Wherever possible and safe, adult workers should sleep in a space that is separate and apart from the space where the youth sleep. Although overnight activities may be in one room at the church facility, each youth participant should have his or her own sleeping bag and the adult workers should sleep in a space that is as far apart from where the youth are sleeping as is possible and safe.

### **Discipline**

Each church group will review its method of discipline. It should be clear and understandable, and it will include adequate warnings to the child or youth, good communication with the parent or guardian, and if necessary, the involvement of the Supervising Worker, Sunday School Superintendent, Youth Director or pastor. Each church group will educate its workers annually on its method of discipline.

### **Window/Open Door Policy**

Every room used for children or youth activities should have at least one window. Pastoral or other counseling of children or youth will not occur behind an entirely closed door.

### **Diaper Changing Policy and Child/Youth Departures from Rooms**

Any Worker changing a child's diaper will ensure that there is at least one other adult present. If for any reason, including going to the restroom, a child or youth leaves the room where a church group activity is being held, the Supervising Worker should monitor that child or youth to the maximum extent possible. The Supervising Worker will use his or her best judgment in deciding how closely that child should be monitored.

## **Substitutes**

Each church group will create a list of approved substitutes for its activities. When a Supervising Worker is unable to participate in a scheduled activity, he or she should arrange for someone on the approved list to substitute. If unable to find a substitute, he or she should call the Director of Education to make other arrangements.

## **Attendance**

Each Supervising Worker should take attendance for each activity and keep written records as to which workers or other adults were present, as well as the names of the children and youth.

## **Emergencies**

Each church group will annually review its emergency procedures to make sure they are adequate. Each Church Group should familiarize its Workers with the evacuation plan and the specific route applicable to their activity. In addition, each church group should instruct its workers that in the event of an evacuation, the worker should take his or her attendance sheet and take attendance once outside and safely away from all hazards.

## **First Aid/CPR Training**

Each church group will designate at least one person to take Red Cross First Aid and CPR training on an annual basis. Memorial UMC will offer to pay for this training.

[Attachment F]

**PROPOSED CHANGES TO POOLESVILLE MEMORIAL CHURCH &  
EDUCATIONAL FACILITY**

(In order of priority)

To be completed by Trustees by January 2013

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_
- 5.) \_\_\_\_\_
- 6.) \_\_\_\_\_
- 7.) \_\_\_\_\_

[Attachment G]

## **POINTS TO BE MADE AT POOLESVILLE MEMORIAL UNITED METHODIST CHURCH ORIENTATIONS**

Attached is a section of the *Safe Sanctuaries* guidebook that relates to educating the church concerning the provision of a safe environment for all children and youth. Individuals conducting the orientation must read this section carefully. The following is a summary of key points to make:

1. The Safe Sanctuaries policy is not a response to any particular incident at the church;
2. The Safe Sanctuaries policy is geared toward the general safety of children, not just protection against child abuse;
3. The Safe Sanctuaries policy is intended to ensure that our church remain a volunteer-friendly place;
4. Changes made under the Safe Sanctuaries policy were designed to protect not only the children and youth of our church, but the people who work with them. Although there are many, many cases of child abuse each year, there also are many false allegations. Many of the new rules will minimize the possibility of a false allegation by providing, among other things, that there is another adult present whenever there is interaction between an adult and a child or youth.
5. Review the Basic Procedures Regarding Safety of Children and Youth.

### **SUMMARY OF ORIENTATIONS TO BE CONDUCTED AT MEMORIAL UNITED METHODIST CHURCH**

Memorial United Methodist Church will conduct orientations to educate our congregation concerning the safety of our children and youth:

- Orientation for Sunday School teachers and youth group leaders
- Orientation for parents of Sunday School students and youth group members
- Orientation of youth aides working with children
- Short orientation of congregation when the Policy Regarding Safety of Children and Youth is introduced
- At new member orientation, should mention the Safe Sanctuary Policy and procedures, as well as the requirement that any volunteer working with children or youth must sign a Questionnaire.

## LOCAL PROCEDURE FOLLOWING ALLEGATION OF CHILD ABUSE

The procedure to be followed in the event of an allegation of child abuse at any church-sponsored activity is set out in paragraph 2820 of the *BWC Manual on Policies and Procedures*, a copy of which is located in the copier room of the church office. The following local procedure supplements the Baltimore Washington Annual Conference's procedure by including requirements specific to our church, as well as local reporting requirements. It should be modified to the extent required by the facts and circumstances of the specific incident. All those involved with an allegation of child abuse should be sure to comply with both sets of procedures.

1. The person first hearing the allegation should immediately contact the appointed pastor and give her/him a full description of the allegation.

Done \_\_\_ Date/Time: \_\_\_\_\_

2. The pastor should notify the parents of the child or youth. If applicable, the pastor should assure the parents that their child or youth will be kept safe until they arrive.

Done \_\_\_ Date/Time: \_\_\_\_\_

3. The pastor should immediately remove the alleged abuser from contact with other children.

Done \_\_\_ Date/Time: \_\_\_\_\_

4. The pastor should promptly call the District Superintendent or the Bishop.

Done \_\_\_ Date/Time: \_\_\_\_\_

5. The pastor should contact by phone the Child Abuse and Sexual Assault Unit of the Montgomery County Department of Health and Human Services to give them a verbal report of the allegation.

Phone number (24 hours) is: 240-777-3000

Done \_\_\_ Date/Time: \_\_\_\_\_

6. The pastor should contact the Maryland State Police Department and give them a verbal report of the allegation. Phone number is: 410-848-3300.

Done \_\_\_ Date/Time: \_\_\_\_\_

7. The pastor should notify the church's insurance provider and give a verbal report of the allegation. Phone number is: (THE PHONE NUMBER INSERTED HERE). The agency will submit a claim with our insurance company. The insurance provider will assign an adjuster and their legal department will contact the church about what should be done next. Done \_\_\_ Date/Time: \_\_\_\_\_

8. The pastor should call a meeting with the Chairs of Staff Parish and Church Council as soon as possible. This group will designate a spokesperson and agree on any statement to the congregation or media with respect to the allegation only if necessary. The statement should not mention the names of any parties involved. Done \_\_\_ Date/Time: \_\_\_\_\_

9. The pastor should contact an attorney designated by the Church Council.

Done \_\_\_ Date/Time: \_\_\_\_\_

10. Within 48 hours of the alleged incident, the pastor should fax and mail a written report (see attached report form) to:

The Montgomery County Abused Persons Program.

Phone: 240-777-4673

Montgomery County State's Attorney's Office

Phone: 240-777-7300

Done \_\_\_\_ Date/Time: \_\_\_\_\_

11. Keep a written record of the steps the church has taken in response to the allegation.

12. In performing all of the above, all persons involved should keep in mind that the confidentiality of the parties involved is of utmost importance.

[Attachment I]

**PROCEDURE FOLLOWING SUSPICION OF CHILD NEGLECT  
Documentation Form  
Poolesville Memorial United Methodist Church**

The following is the procedure to be followed in the event of a suspicion of child neglect. It should be modified to the extent required by the facts and circumstances of the specific incident.

1. The person first having a suspicion of child neglect should immediately contact the appointed pastor and give her/him a full description of the suspicion. Done \_\_\_ Date/Time: \_\_\_\_\_
- 2.) The pastor should contact by phone the Child Abuse and Sexual Assault Unit of the Montgomery County State's Attorney's Office to give them a verbal report of the allegation. Phone number (24 hours) is: 240-777-7300 Done \_\_\_ Date/Time: \_\_\_\_\_
3. Within 48 hours of the alleged incident, the pastor should fax and mail a written report (see attached report form) to the Rockville Barrack of the Maryland State Police Department. Phone number is: 301-424-2101. The mailed copy should go to:

Maryland State Police Department  
Rockville Barrack  
7915 Montrose Road  
Rockville, MD 20854

Done \_\_\_ Date/Time: \_\_\_\_\_

4. Keep a written record of the steps the church has taken in response to the suspicion.
5. In performing all of the above, all persons involved should keep in mind that the confidentiality of the parties involved is of utmost importance.

[Attachment J]

**REPORT OF SUSPECTED INCIDENT OF CHILD ABUSE OR NEGLECT  
Documentation Form  
Pooleville Memorial united Methodist Church**

1. Name of worker (paid or volunteer) who observed, or received a report of, alleged child abuse or neglect: \_\_\_\_\_
2. Date/time/place of worker's observation or receipt of report \_\_\_\_\_
3. Name of worker (paid or volunteer) who had initial conversation with the child concerning alleged child abuse or neglect: \_\_\_\_\_
4. Date/time/place of initial conversation with child: \_\_\_\_\_
5. Child's name: \_\_\_\_\_
6. Child's age/date of birth: \_\_\_\_\_
7. Child's address: \_\_\_\_\_
8. Mother's Name: \_\_\_\_\_
9. Mother's Address (if different from child's): \_\_\_\_\_  
\_\_\_\_\_
10. Father's Name: \_\_\_\_\_
11. Father's Address (if different from child's): \_\_\_\_\_  
\_\_\_\_\_
12. Name and address of any other individual responsible for the care of the child:  
\_\_\_\_\_  
\_\_\_\_\_
13. Present location of the child: \_\_\_\_\_
14. Names and ages of other children in the home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Name of person accused of abuse: \_\_\_\_\_
16. Relationship of accused to child (paid staff, volunteer, family member, other):  
\_\_\_\_\_

17. Specific nature and extent of injury, abuse or failure to provide proper care of and attention to the child, and any information concerning possible previous abuse or neglect:

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18. Any other information that might aid in establishing the cause of injury, assist in identifying the individual(s) responsible for the abuse or neglect, or relate to the identification of risk:

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19. If suspected child abuse or neglect involves a mental injury, a description of the substantial impairment of the child's mental or psychological ability to function that was observed and identified:

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20. If suspected child abuse or neglect involves a mental injury, an explanation of why the reporter believes the mental injury is attributable to maltreatment or failure to provide proper care and attention:

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Signature of Person Filling Out Report

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Print Name: \_\_\_\_\_

Date: \_\_\_\_\_