



STARK COUNTYJOB & FAMILY SERVICES
 Children Services Division
 221 - 3rd Street SE • Canton, Ohio 44702
REPORT FORM
ABUSED/NEGLECTED CHILD REPORT

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| <p align="center">TO MAKE A REPORT TELEPHONE: 455-KIDS or 1-800-233-KIDS Anytime, day or night</p> |
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(INTENDED USE: Follow-up report within 24 hours of initial report made in person or by telephone. ORC 2151.421*)
 *Ohio Revised Code with Regard to Reports on Child Abuse: Section 2151.421

FOR USE BY PROFESSIONALS: Attorney, Physician, including a Hospital Intern or Resident, Dentist, Podiatrist, practitioner of a limited branch of Medicine or Surgery as defined in Sec. 4731.15 ORC, registered or licensed Practical Nurse, Visiting Nurse, or other Health Care Professional, licensed Psychologist, Speech Pathologist, or Audiologist, Coroner, Administrator or employee of a Day Care Center, or Administrator or employee of a Certified Child Care Agency or other public or private Children's Services Agency, School Teacher or School Authority, Social Worker, or person rendering spiritual treatment through prayer in accordance with the tenets of a well recognized religion.

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|-----------------|--------------------------------|
| Date Reported: | Time: |
| Report made by: | Telephone Number: |
| Address: | Contact Person (if different): |

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|-------------------------|-------------------------|
| Parent/Guardian's Name: | |
| Address: | Telephone Number: |
| Child's Name: | Address (if different): |

| | | | |
|--------------------------------|------|------------------|-------|
| <i>Other Children in Home:</i> | | | |
| Name: | DOB: | Sex: Male Female | Race: |
| Name: | DOB: | Sex: Male Female | Race: |
| Name: | DOB: | Sex: Male Female | Race: |

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| Name of Alleged Perpetrator (if known): |
| Address: |

Please explain:

Suspicions of child abuse/neglect (i.e. injuries, maltreatment, etc.):

Other pertinent information (observations, impressions, medical information):

Signature of reporter: _____ Title: _____ Date: _____

Present location of child: _____

Telephone call made to CPS (Date) : _____ Time: _____

Social Worker report given to: _____

Prepared in Duplicate: Original – SCJFS; Copy – Please retain for your files

"Anyone participating in the making of such reports, and anyone participating in a judicial proceeding resulting from such reports shall be immune from any civil or criminal liability that might be otherwise incurred or imposed as a result of such action."