

WEST VALLEY SCHOOL DISTRICT NO. 208

REPORT OF CHILD ABUSE AND/OR NEGLECT

A. PARENT(S) identification							<p style="text-align: center;">CPS Report:</p> <p style="text-align: center;">Weekdays from 8 AM - 5 PM call: 1-509-225-6556</p> <p style="text-align: center;">At all other times call: 1-800-562-5624</p> <p>Fill out form as completely as possible. Give as much accurate information as you have. Do not guess or make assumptions. It will make your call easier to have this form completed <u>before</u> you call. Observing Person must call CPS WITHIN 48 HOURS, then:</p> <ul style="list-style-type: none"> - Inform Principal - Complete form if not already done - Copy this report and mail to: Child Protective Services, PO Box 12500, Mail Stop, B39-12 Yakima, WA 98909 - Make sure this original is put into the Principal's/District Confidential File <p>Date of Report : _____ Caseworker : _____</p>
MOTHER'S LAST NAME	FIRST	M.I.	BIRTHDATE				
FATHER'S LAST NAME	FIRST	M.I.	BIRTHDATE				
ADDRESS	CITY	ZIP	PHONE NO.				
CROSS REF/AKA/PREVIOUS NAMES							
C. NAMES OF CHILDREN (Circle children identified as victims)							
LAST	FIRST	MI	BIRTHDATE	AGE	SEX	SCHOOL ATTENDED	
1.							
2.							
3.							
4.							
5.							
6.							
OTHERS IN HOUSEHOLD			RELATIONSHIP				
HEALTH CARE PROVIDER		PRIMARY LANGUAGE	ETHNIC BACKGROUND				
OTHER SIGNIFICANT PERSONS			RELATIONSHIP				
E. REFERRANT IDENTIFICATION							
NAME OF REFERRANT			RELATIONSHIP				
ADDRESS			TELEPHONE NUMBER				
REQUESTS CALL BACK		REQUESTS CONFIDENTIALITY					
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO					
G. SPECIFIC ALLEGATIONS: (Describe specific behaviors and conditions. Include where and when incident(s) occurred. If you have further background information which might place this child at risk for abuse/neglect, please indicate it. You may also use the back of this report.							
H. Previous school district(s) and city(ies):							
I. ALLEGED PERPETRATOR IDENTIFICATION				J. RELATIONSHIP TO ALLEGED VICTIM			
NAME				<input type="checkbox"/> PARENT <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> SCHOOL STAFF			
ADDRESS CITY ZIP				<input type="checkbox"/> PARENT'S PARAMOUR <input type="checkbox"/> DAY CARE <input type="checkbox"/> THIRD PARTY			
TELEPHONE NUMBER		ACCESS TO CHILD		<input type="checkbox"/> RELATIVE <input type="checkbox"/> GROUP HOME <input type="checkbox"/> OTHER			
		<input type="checkbox"/> YES <input type="checkbox"/> NO					
Building Principal's Signature:				Date:		Revised: 10/03	