

## **APPENDIX D**

### **Reporting Forms**

This Appendix D provides reporting forms to assist in fulfilling the legal requirement, as well as Archdiocesan policy requirement, to report all allegations of suspected abuse or neglect of a child to the appropriate authorities. The Archdiocese utilizes an internal fillable form, Report of Suspected Abuse, to document reports of suspected abuse. The State of Maryland has published a fillable form, Maryland DHR/SSA Form 180, Report of Suspected Child Abuse/Neglect, that is intended for use by health practitioners, educators, police officers, and human service workers who make a report while acting in a professional capacity. The Archdiocesan Office of the General Counsel is available if you need any assistance related to making a report. The Office of the General Counsel can be reached a [legaladmin@adw.org](mailto:legaladmin@adw.org) or 301-853-4495.

- Maryland DHR/SSA Form 180 (Report of Suspected Child Abuse/Neglect)
- Archdiocese of Washington Report of Suspected Abuse Form

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 CODE		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
2. PERSON MAKING REPORT (Name)	3. POSITION/TITLE			
<input type="text"/>	<input type="text"/>			
4. NAME OF DEPARTMENT/ORGANIZATION	ADDRESS	ZIP CODE	5. TELEPHONE NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. ADDRESS (Where Child Can Be Seen)	ZIP CODE	12. GRADE	13. SCHOOL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
14. NAME OF PERSON RESPONSIBLE FOR CHILD'S CARE	14A. AGE/DOB	14B. ADDRESS	14C. TELEPHONE NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>PARENTS/GUARDIAN</b>				
	AGE/DOB	ADDRESS	TELEPHONE NUMBER	
MOTHER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
FATHER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
GUARDIAN (Specify Relation):	<input type="text"/>	<input type="text"/>	<input type="text"/>	
15. NAME OF ALLEGED ABUSER/NEGLECTOR	16. RELATION	17. AGE/DOB	18. ADDRESS	19. TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 THE REPORTER KNOWS INFORMATION.

21. LIST INFORMATION CONCERNING PREVIOUS ABUSE/NEGLECT TO THE CHILD/OTHER CHILDREN IN THE FAMILY, INCLUDING PREVIOUS ACTION TAKEN. DESCRIBE HOW THE REPORTER KNOWS 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. DESCRIBE HOW THE REPORTER KNOWS 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 ALLEGED MALTREATOR?	25. IS THERE A HISTORY OF VIOLENCE, DRUGS, MENTAL ILLNESS OR RETALIATION IN THE FAMILY?	26. IF YES TO EITHER, DESCRIBE IN DETAIL ON SEPARATE SHEET OF PAPE
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

27. SIGNATURE OF PERSON REPORTING	DATE	28. DATE/HOUR OF ORAL CONTACT WITH THE LOCAL DEPARTMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>

29. WAIVER OF CONFIDENTIALITY: I agree to waive my right to confidentiality as a mandated reporter.  Yes  No

30. REPORT ASSIGNED	31. NAME OF LDSS STAFF PERSON TO WHOM ORAL REPORT WAS MADE
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="text"/>

## INSTRUCTIONS

*(The 180 form can either be hand-written or filled out on line. If filling out the form on line, please save the form to your computer prior to filling out the form.)*

### MANDATED REPORTING:

Every health practitioner, educator, human services worker, or law enforcement officer who, in a professional capacity, has reason to believe that a child has been abused or neglected is required to make an oral *AND* written report to either a local department of social services or to the police.

A reporter does not need to have observed outward signs of injury. It is also not necessary for the reporter to have proof that abuse or neglect occurred. Protection of the child is paramount. If a reporter suspects abuse or neglect, a report must be submitted.

Please note that, effective October 1, 2016, if a local department has reason to believe that a mandated reporter knowingly failed to make a report of suspected child abuse or neglect, the local department must file a complaint with the appropriate licensing board or employer of the mandated reporter.

### TIMELINES:

A mandated reporter must make an oral report of suspected child abuse or neglect immediately and submit a written report within 48 hours after the contact, examination, attention, or treatment that caused the individual to believe that the child had been abused or neglected.

### DEFINITIONS OF CHILD ABUSE AND CHILD NEGLECT:

#### “Child abuse” means: (Fam. Law § 5-701(b); 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 was harmed or placed at substantial risk of harm;

Any sexual abuse, meaning an act or acts involving sexual molestation or exploitation, to include sex trafficking, 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 to a child, 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 a child, or by a household or family member.

#### “Child Neglect means: (Fam. Law § 5-701(s); COMAR 07.02.07.02)

The failure to give proper care and attention to a child, including leaving 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 was 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 parent, or other individual who has permanent or temporary care or custody, or responsibility for supervision of the child.

### COMPLETING THE REPORT OF SUSPECTED CHILD ABUSE/NEGLECT (180 form):

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

1. **Name of Local Department Being Notified:** Oral and written reports of suspected child abuse or neglect must be made to the local Child Protective Services unit in the jurisdiction where the incident allegedly took place.
2. **Person Making Report (Name):** Regardless of who is completing the form, the reporter should be the person who witnessed or has first-hand knowledge of the incident. Any person, including a health practitioner, educator, human services worker, or law enforcement officer, involved in making a good faith report, or participating in an investigation or resulting judicial or administrative proceeding is immune from any civil liability or criminal penalty that might otherwise be incurred or imposed as a result.
6. **Type of Referral:** Please check all that apply.
7. **Name of Child:** Identify only one child per report.
11. **Address (Where Child Can Be Seen):** Please provide the location where the child can be located *both* during the day *and* after normal school or working hours.
29. **WAIVER OF CONFIDENTIALITY:** Without written permission, the local department will not share the identity of the reporter unless ordered to by the court. However, the reporter may be contacted by a local department during an investigation and may be called to participate in an administrative hearing.
30. **Report Assigned:** The person taking your report may not be able to tell you whether the report will be accepted either for an investigation or an alternative response. Some types of referrals are not appropriate or are “legally insufficient” for a CPS response. If your concerns do not meet the criteria for a CPS response, you will be referred, when possible, to alternative resources. Even if you know that the oral report of abuse or neglect is not being accepted for a CPS response, you are still required to submit the written report. Please keep a copy for your records.
31. **NAME OF LDSS STAFF PERSON TO WHOM ORAL REPORT WAS MADE:** Please record the name of the person at the local department to whom you made the report.



# The Roman Catholic Archdiocese of Washington

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Mailing Address: Post Office Box 29260, Washington, DC 20017-0260

(301) 853-4500 | adw.org

## **Report of Suspected Child Abuse and/or Neglect**

*Please submit report via email to: [ChildProtection@adw.org](mailto:ChildProtection@adw.org) or contact our office at: 301-853-5328.  
(Please print or type using black ink.)*

**Report date:** \_\_\_\_\_ **Incident date:** \_\_\_\_\_

### **CONTACT INFORMATION:**

#### **1. Person submitting this report:**

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

Parish/School/Facility Name: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### **2. Person(s) suspected of misconduct:**

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

Parish/School/Facility Name: \_\_\_\_\_

Date of Birth (m/d/y): \_\_\_\_\_ Age: \_\_\_\_\_ Sex (check one): Male \_\_\_ Female \_\_\_

Currently deceased? (check one) Yes \_\_\_ No \_\_\_ Unknown \_\_\_

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

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

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### **3. Suspected victim(s) of misconduct:**

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

Age Now: \_\_\_\_\_ Age at Time of Incident: \_\_\_\_\_ Sex (check one): Male \_\_\_ Female \_\_\_

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

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

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### **4. Report to civil authorities:**

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

County/City: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Individual Receiving Report: \_\_\_\_\_

### **INCIDENT INFORMATION** *(please provide on a separate sheet of paper, preferably typed)*

- Describe the incident of suspected child abuse and/or neglect, including date, time and location.
- Identify eyewitnesses to the incident, including names, addresses and telephone numbers, when available.
- Provide other information that may be helpful to an investigation.