



Prince George's County Public Schools
Child Abuse and Neglect Reporting Form



Report of Suspected (check one)

Date _____

- A. Child Abuse _____
- B. Child Neglect _____

To: Department of Social Services
805 Brightseat Road
Landover, MD 20785

From: _____
(Name of Person Making Report) (School)

Please respond to each item even if reply is "unknown" or "none."

Name of Child _____ Age of Date of Birth _____

Address where child may be seen _____

Name of Parent, Legal Guardian or Custodian _____

Address _____

Relationship to child _____

A. Name of suspected abuser _____

Address _____

Relationship to Child _____

- Describe current injury or sexual abuse:
- Describe any previous injury or sexual abuse.
- Describe previous action taken, if any:

B. Indicators of neglect:

- Describe any previous neglect:
- Describe previous action taken, if any:

Names and ages of other children in home:

(Signature of Person Making Report)

(Date)

Distribution: Complete four copies

- White copy** – Department of Social Services
- Yellow copy** – State's Attorney's Office, Upper Marlboro, Maryland 20772
- Pink copy** – School Abuse/Neglect Folder
- Goldenrod** – Supervisor of Psychological Services
Oxon Hill Staff Development Center

PS-60 (Revised 1/01)
Pgjn 7540-3077

<p>DEPARTMENT OF SOCIAL SERVICES</p> <p>Hours to Call</p> <p>Monday – Friday 8:30 a.m. – 4:30 p.m. (301-909-2450)</p> <p>Weekends, Holidays, and before 8:30 a.m.</p> <p>Or after 4:30 p.m. (301-864-7130)</p>
--