


[Reset Form](#)

Child Abuse and Neglect Reporting Form

(See Instructions on Reverse Side)

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

From: _____
(Name of Person Making Report)

Position: _____
(Position or Title)

Location: _____
(Office/School)

Phone Number: _____

Department of Social Services

Hours to Call

Monday – Friday 8:30 a.m. – 4:30 p.m. (301-909-2450)

Weekends, Holidays, and before 8:30 a.m. or after 4:30 p.m. (301-699-8605)

Fax: 301-909-2460

Report of Suspected (check ALL that apply)

Child Sexual Abuse

Child Physical Abuse

Child Neglect

Child Mental Injury

How to Complete The Child Abuse and Neglect Form

1. **Call CPS to make a report**
2. **Complete, save, and print form**
3. **Fax form to CPS**
4. **Pony mail form to:**
 - Security Services, Largo Offices
 - Employee and Labor Relations, Sasser Building, Room 210 (If employee is involved)
5. **Mail form to:**

Office of State's Attorney
Courthouse, Room 340
14735 Main Street
Upper Marlboro, MD 20772

{NOTE: An employee who has submitted a report to CPS should retain a copy in a confidential location for his/her own records.}

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

Name of Child: _____ Date of Birth: _____ Grade: _____

Home Address: _____

Name of Parent, Legal Guardian or Custodian: _____

Address and Phone Number: _____

Current Location of Alleged Victim: _____

Name of suspected abuser: _____

Address/Phone Number: _____

Location of incident: _____

Names and ages of other children in home: _____

Indicators of Physical Abuse, Sexual Abuse, Neglect or Mental Injury

Describe how you became aware of the situation which led to the suspicion that the child or vulnerable adult may be a victim of abuse or neglect. Include information regarding the nature and extent of the current injuries and perceived motive or intent of the alleged perpetrator to cause harm.

Provide information concerning previous injuries or conditions of abuse or neglect to this child or vulnerable adult, including previous involvement with CPS.

If applicable, also provide information on prior knowledge or history of similar acts in nature the alleged perpetrator has committed against this child or vulnerable adult or any others.

Signature: _____

(Signature of Person Making Report)

Date: _____

INSTRUCTIONS

(The PS-60 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 (PS-60 form):

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

- 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.
- 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.
- Type of Referral:** Please check all that apply.
- Name of Child:** Identify only one child per report.
- 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.
- WAIVER OF CONFIDENTIALITY:** Without written permission, the local department will not share the identity of the reporter unless ordered 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.
- 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.
- 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.