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|  | **Report of Child(ren) Alleged to be Suffering from**  **Abuse or Neglect** |

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|  | Massachusetts law requires mandated reporters to immediately make a report to the Department of Children and Families (DCF) when they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect by: |
|  | **STEP 1: Immediately reporting by oral communication to the local DCF Area Office (see contact information at end of form); and**  **STEP 2: Completing and sending this written report to the local DCF Area Office within 48 hours of making the oral report.**  For more information about requirements for mandated reporters and filing a report of alleged abuse and/or neglect please see **A Guide for Mandated Reporters** available on the DCF website at **www.mass.gov/dcf.** |
| Please complete all sections of this form. If some data is uncertain or unknown, please signify by placing a question mark (“?”) after the entry. | |

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| **CHILDREN REPORTED** | | | | | | |
| Name | Current Location/Address | Language Spoken | Birth Sex | | Age or  Date of Birth | ICWA/Tribal Affiliation |
| Male | Female |
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| **EMERGENCY CONTACT(S) FOR CHILDREN REPORTED**: Please list the emergency contact information for all of the reported children, including contact name, relationship, and contact number information. | | | | | | |
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| **OTHER CHILDREN**: Please include information about other children in the home/family, including name and age/date or birth (if known). | | | | | | |
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| **PARENT, GUARDIAN OR CAREGIVER 1** | | | | | | | |
| Name: |  | | |  | |  | |
| First | | | | Last | | Middle |  |
| Address: | |  | |  | |  | |
| Street & Number | | | | City / Town | | State | Zip Code |
| Phone #: | |  | | Age/Date of Birth: |  | | |
| Language Spoken: | | |  | Relationship to Child(ren): |  | | |

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| **PARENT, GUARDIAN OR CARGIVER 2** | | | | | | | |
| Name: |  | | |  | |  | |
| First | | | | Last | | Middle |  |
| Address: | |  | |  | |  | |
| Street & Number | | | | City / Town | | State | Zip Code |
| Phone #: | |  | | Age/Date of Birth: |  | | |
| Language Spoken: | | |  | Relationship to Child(ren): |  | | |

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| **REPORTER / REPORT** | | | | | | | | | | | | | | | |
| Report Date: | |  | | | | | Mandatory Report | | | | Non Mandatory Report | | | |  |
| Reporter’s Name: | |  | | | | |  | | | |  | | | | |
| First | | | | | | | Last | | | | Middle | | | |  |
| (If the reporter represents an institution, school or facility, please indicate) | | | | | | | | | | | | | | | |
| Reporter’s Address: | | |  | | | |  | | | |  | | |  | |
| Street & Number | | | | | | | City / Town | | | | State | | Zip Code | | |
| Phone #: |  | | | | | | | | | | | | | | |
| Has reporter informed caregiver of report ? | | | | | | | Yes | No | | | | | | | |
| What is the reporter’s relationship to the child(ren)? | | | | | | |  | | | | | | | | |
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| What is the nature and extent of injury, abuse, maltreatment or neglect? Please list any prior evidence of same and/or other worries regarding danger to the child(ren). (Please cite the source of this information if not observed firsthand.) | | | | | | | | | | | | | | | |
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| **RELATED CONCERNS:** Please check all that apply. | | | | | | | | | | | | | | | |
| Substance Use/Misuse | | | | | | Acute/Chronic Medical Condition | | | | Runaway | | | | | |
| Substance Exposed Newborn | | | | | | Housing Instability/Homelessness | | | | Gang Involvement | | | | | |
| Neonatal Abstinence Syndrome | | | | | | Human Trafficking | | | | None Applies | | | | | |
| Domestic Violence | | | | | | Sexual Exploitation | | | | Unknown | | | | | |
| Mental/Behavioral Health Challenges | | | | | | Teen Parenting | | | | Other | | | | | |
| **DESCRIPTION OF RELATED CONCERNS**: Please include additional information that will help DCF further understand the concerns checked above. This includes any specific concerns about alcohol/drug use by the parent/guardian/caregiver. If there are concerns related to domestic violence, please also list any information that will help DCF make safe contact with the family (e.g., work schedule, place of employment, daily routines for the adult victim, etc.). | | | | | | | | | | | | | | | |
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| If known, please provide the name(s) and address, phone #, DOB/age, relationship to child, and language spoken of the person(s) responsible for the injury, abuse, maltreatment or neglect and/or any other information that you think might be helpful in establishing the cause of the injury, abuse, maltreatment or neglect. | | | | | | | | | | | | | | | |
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| What are the circumstances under which the reporter became aware of the injury, abuse, maltreatment or neglect? Please include information on dates and timeframes for when the injury, abuse, maltreatment or neglect occurred. | | | | | | | | | | | | | | | | |
| Pedikit# (if applicable): | | | |  | | | | | Incident Date (if known): | | |  | | | | |
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| What action has been taken thus far to treat, shelter or otherwise assist the child(ren) to deal with the situation? | | | | | | | | | | | | | | | | |
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| Are there any concerns for social worker safety? | | | | | | | | | | | | | | | | |
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| Please provide any information about the family’s strengths and capacities that you think will be helpful to DCF in ensuring the child’s safety and supporting the family to address the abuse and/or neglect concerns. | | | | | | | | | | | | | | | | |
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| Signature of Reporter: | | | |  | | | | | | | | | | | | |
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| **To report child abuse and/or neglect:** | | | | | Weekdays from 9:00 am to 5:00 pm call the local DCF Area Office.  Weekdays after 5:00 pm and 24 hours on weekends and holidays call the  **Child-At-Risk-Hotline 1-800-792-5200** | | | | | | | | | | | |

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| **DCF AREA OFFICES** | |  | |  | |
| **Boston Region** | | **Central Region** | | **Northern Region** | |
| Dimock Street, Roxbury  Harbor, Chelsea  Hyde Park  Park Street, Dorchester | 617-989-2800  617-660-3400  617-363-5000  617-822-4700 | North Central, Leominster  South Central, Whitinsville  Worcester East  Worcester West | 978-353-3600  508-929-1000  508-793-8000  508-929-2000 | Cambridge/Somerville  Cape Ann, Salem  Framingham  Haverhill  Lawrence  Lowell  Lynn  Malden | 617-520-8700  978-825-3800  508-424-0100  978-469-8800  978-557-2500  978-275-6800  781-477-1600  781-388-7100 |
| **Southern Region** | | **Western Region** | |  |  |
| Arlington  Brockton  Cape Cod & Islands  Coastal, Braintree  Fall River  Plymouth  New Bedford  Taunton/Attleboro | 781-641-8500  508-894-3700  508-760-0200  781-794-4400  508-235-9800  508-732-6200  508-910-1000  508-821-7000 | Greenfield  Holyoke  Pittsfield  Robert Van Wart Center,  East Springfield  Springfield | 413-775-5000  413-493-2600  413-236-1800  413-205-0500  413-452-3200 |  |  |