

RICHMOND COUNTY BOARD OF EDUCATION

GEORGIA CHILD PROTECTIVE SERVICES MANDATED REPORTER FORM

The reporter is the RCBOE mandated reporter. Mandated reporters are individuals who work or volunteer in agencies or organizations that serve children and families. Georgia Code O.C.G.A. § 19-7-5 requires mandated reporters to contact the Division of Family and Children Services (DFCS) if they have reasonable cause to believe that a child known to them is suspected of being abused or neglected. Calls should be made to 1-855-422-4453. Completing this form and routing it to appropriate parties is required but is not acceptable as the first report to Georgia Child Protective Services.

REFERRAL DOCUMENTATION	
Reported to: 1-855-422-4453	
Time: _____	
Date: _____	
Name of Call Manager receiving report: _____	
Signature of Reporter: _____	

Georgia Child Protective Services Mandated Reporter Form

A report can be made by calling **1-855-422-4453**, 24 hours a day, 7 days a week, 365 days per year. A phone agent will respond to your call quickly and gather necessary information that an intake specialist will need to assess the child's safety.

Mandated Reporters also have the choice of three options for submitting this completed form electronically.

Option One: E-mail to cpsintake@dhr.state.ga.us. You will receive an auto-reply stating that the CPS report has been received. You will receive an automatic reply indicating your report has been received. You will also receive a return phone call within 2 hours to acknowledge your report and collect any additional information needed. This return phone call satisfies the legal requirement to speak with a DHS employee. Please include on the report a number where you can be reached.

Option Two: Fax to **229-317-9663**. You will receive an automatic reply indicating your report has been received. You will also receive a return phone call within 2 hours to acknowledge your report and collect any additional information needed. This return phone call satisfies the legal requirement to speak with a DHS employee. Please include on the report a number where you can be reached.

Please note that you may be called for additional information regarding this report.

Specific Concern What are your specific concerns about the child(ren)? _____
Provide a detailed description of your specific concern. _____

Has something happened to the child? _____ Yes _____ No

If so, what happened? _____

When and where did it occur and who was involved? _____

Was an object used and if so, what type of object? _____

How serious is the harm to the child? _____

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Date: _____ Time: _____ County where child resides: _____

Location of child at time of report: _____

Reporter's Name, Title, Telephone, & email address: _____

Reporter's Organization and Organization address: _____

Primary Caretaker of Child: _____

Address of Primary Caretaker: _____

Reporter's relationship to Child: _____

Additional person (and contact information) who can be contacted if you, the reporter, are not available and additional information is needed: _____

If you are the designated reporter for your agency (i.e. school counselor, law enforcement dispatch...), please indicate the primary staff-person in your organization who has firsthand knowledge of the suspected child maltreatment and/or knows the child and family. DFCS's ability to speak directly with those having firsthand knowledge of the suspected child maltreatment and/or knows the child and family is critical for assessment of short and long term safety and well-being of the alleged victim child.

Name, Contact Information and Best Time to Reach Staff-person with firsthand knowledge of child/family: _____

Family Name/Who has custody of child(ren): _____

Mother's Name: _____ RACE: _____ DOB: _____ SSN: _____

Mother's Residence: _____

Mother's Employment: _____

Mother's Telephone Number: _____ Marital Status: _____

Father's Name: _____ RACE: _____ DOB: _____ SSN: _____

Father's Residence: _____

Father's Employment: _____

Father's Telephone Number: _____ Marital Status: _____

Language: _____ ALT Contact Info: _____

If a school reporter, please indicate all Emergency Contact Information on file with the school and date this information was obtained from family: _____

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CHILDREN:

Child's Name	Victim	Sex	Race	DOB	SSN	Grade Level

OTHER HOUSEHOLD MEMBERS:

Name	RELATIONSHIP To Primary Caretaker	LANGUAGE	MARITAL STATUS	Race	DOB	SSN

OTHER ADULTS OF SIGNIFICANCE NOT RESIDING IN HOME:

Name	RELATIONSHIP To Primary Caretaker	LANGUAGE	MARITAL STATUS	Race	DOB	SSN

*Would you like to be notified if an investigation is completed and whether abuse is substantiated or unsubstantiated?
Please indicate Yes _____ or No _____*

Reporter: _____ Date: _____ School: _____

THE REPORTER MUST GIVE A PHOTO COPY OF THIS COMPLETE PACKET (PAGES 1-3) TO THE PRINCIPAL.

**PRINCIPALS, PLEASE SEND A PHOTO COPY OF THIS COMPLETED REFERRAL TO THE SUPERINTENDENT AND TO
L. O. FLETCHER, 3529 WALTON WAY EXT., AUGUSTA, GEORGIA 30909 (BY MAIL OR INTEROFFICE/PONY MAIL ONLY).**