

**CHILD ABUSE HOTLINE
1-888-SOS-CHILD
CHILD FATALITY REVIEW TEAM
CHILD MALTREATMENT REFERRAL FORM**

Child Fatality Review Team County _____

Date of Referral _____

Child's Name _____
Last First Middle

Any other first or last names used for child _____

Date of Birth _____ Date of Death _____ Gender _____ Race/Ethnicity _____

Address _____
Street City Zip

Mother's Name _____
Last First Middle

Any other first or last names used for mother _____

Mother's Date of Birth _____

Father's Name _____
Last First Middle

Any other first or last names used for father _____

Nature of Maltreatment _____ Physical Abuse _____ Sexual Abuse _____ Neglect

Name of perpetrator _____

Relationship of perpetrator to child _____

Description of Maltreatment Incident (include reason team believes maltreatment occurred, if there are other children in the home, and any other information)

Name of Person Making Report _____

Telephone _____

Email Address of Local Team Coordinator _____

CHILD MALTREATMENT REFERRAL FORM INSTRUCTIONS

1. **PURPOSE:** Members of Arizona Child Fatality Review Teams are considered mandatory reporters of child maltreatment. Per ARS 13-3620, mandatory reporters shall immediately inform Child Protective Services (CPS) that possible abuse or neglect of a child has occurred. This form will be used to either initiate a referral for investigation of safety concerns for a sibling of the deceased child or to provide information to the hotline that will be available in the event of a new hotline report on the family.
2. **WHEN TO COMPLETE FORM:** For every child death, the team shall answer the question, "Was this death the result of child maltreatment?" Whenever the team answers yes to this question, a Child Maltreatment Referral Form shall be completed.
A "yes" answer indicates that the following conditions are met:
 - a) The U. S. Department of Health and Human Services definition of maltreatment applies- "An act or failure to act by a parent, caregiver, or other person as defined under State law which results in physical abuse, neglect, medical neglect, sexual abuse, emotional abuse, or an act or failure to act which presents an imminent risk of serious harm to a child" applies to the circumstances surrounding the death.
 - b) The relationship of the individual accused of committing the maltreatment to the child must be the child's parent, guardian or caretaker.
 - c) A team member, who is a mandated reporter, would feel obligated to report a similar incident to CPS.

Local Teams shall provide this referral to the CPS Child Abuse Hotline even if the team believes that CPS was already involved with this child/family. Local Teams shall provide this referral to the CPS Child Abuse Hotline even if there are no other children in the home.

3. **HOW TO COMPLETE FORM:** This form should be completed to the best of the team's ability, based upon the information available for review. If the identity of the perpetrator is unknown, include any available information. The address and names of parents can be located on the death certificate. If the child was in the care of a relative or other caretaker at the time of the incident, include the names and addresses of these individuals or organization (in cases of fatalities within a residential facility or correctional institution) in the "Description of Maltreatment Incident."
4. **ROUTING:** The form should be immediately called in to the CPS Child Abuse Hotline at 1-888-SOS-CHILD. Be certain to include a name and telephone number where a team member can be reached. Please send the completed maltreatment form to ADHS along with the completed case review data reporting form.