

CHILD ABUSE INVESTIGATION PACKET

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CASE INFORMATION			
Date:		Time:	
Case #		Arrival Time:	
Scene Location:			
Crime Location:	<input type="radio"/> Same as above		
Date of Crime:		Time of Crime:	
Officer Securing Scene:			
REPORTING PARTY			
People present on arrival:			
Calling Party:		DOB:	
Phone:			
Home Address:			
Work Address:			
RP's Relationship to Victim:			
Knows the Family How?			
Observations:			
Child Disclosure / Mandatory Reporting:	Yes No	Photos / Evidence:	Yes No
Description of Abuse: (specific times and locations, length of time it lasts, recent escalation, changes in type or overall violence)			
Child's Routine: (does the child go to a babysitter or family member, attend school, or an afterschool program, etc. When do they go and how long)			

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Home Environment: <small>(circle all that apply)</small>	Domestic Violence Other Children Other Children are Victims -or- Witnesses Victim is Stepchild Alcohol / Drug Abuse Other Non-Family Adults Living There		
Is the Child Safe:	Danger Ongoing & Current Child Away and Safe		
VICTIM			
Name:			
Gender:		DOB:	
Relationship to Suspect:		Phone:	
Home Address:			
School / Address:			
Overall Demeanor:			
SUSPECT			
Name:			
Home Address:		DOB:	
Work Address:			
Relationship to Victim:			
Gender:		Phone:	
Hair Color:		Ethnicity:	
Eye Color:		Hair Length:	
Deformities:		Facial Hair:	
Tattoos:		Scars:	
Clothing Description:			
Miranda Date /Time:			
Known Affiliations: <small>(i.e. gangs)</small>		Other Features:	
Known Associates:			

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PHYSICAL SIGNS OF ABUSE / INJURIES

Are physical signs visible? <small>(if yes, describe them)</small>	Yes No		
Explanation Consistent with the Injury?	Yes No	Delay in seeking medical treatment?	Yes No
Pain in areas where no visible injury?	Yes No	How?	
Other injuries, bruises, or fractures, present / healed? <small>(document them all - use backside if necessary)</small>	Yes No	Where?	
Are there burns?	Yes No	Where?	
Attempts to cover or hide the injuries? <small>(long sleeves, makeup, etc.)</small>	Yes No	How?	
What is the explanation/accounts of the method, time of the “accident” or other factors regarding the incident(s)? 			
Is this contradictory to the injuries, or do they make sense? 			

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Are the child's age and level of development compatible with the account of the injury?
(Can they physically injure themselves that way)

Does the caretaker insist there were no witnesses, including the caretaker, to the injury incident?

Do those who were present seem to be angry or resentful toward the child or each other?

Detailed history of previous trauma. Injuries, and/or accidents to the child.

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History of medical care including doctor's names, hospitals, and locations of treatment/care.

Immunizations and standard treatment history and doctor.

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BURNS - SCALDING

Caretaker's location at time of accident?		How many people were home at the time?	
How tall is the child?		How far can they reach?	
Can the child walk?	Yes No	Coordination consistent w/ age?	Yes No
How much water in the pan?		How much does it weigh?	
Handle to floor height when in last location before fall:		Oven on at time of burn?	Yes No
Does child play in kitchen?	Yes No	Does child play near the stove?	Yes No
Child climbs on cabinets?	Yes No	Child climbs on the table?	Yes No
Scolded for playing in kitchen?	Yes No	Scolded for touching stove?	Yes No

BURNS - IMMERSION

Temperature of water:		Temperature of water heater:	
Ease of resetting temp?		Recent, prior water usage?	Yes No
Time of exposure:		Depth of the burn: (days may be required to pass to determine)	
Sparing areas:	Yes No	Where?	

BURNS - CONTACT

Area of burn injury:		Could child reach unassisted?	Yes No
Normal access to the item by the child?	Yes No	Weight of the item:	
Is the child strong enough to move the item?	Yes No	What is the item?	
How was the item heated?		How long did it take to get hot?	
Injury pattern matches obviously object?	Yes No	Child needed to be restrained to make the injury pattern?	Yes No
Shallow or irregular? (glancing blow)	Yes No	Multipole or healed burns:	Yes No
Has child played near the hot object before?	Yes No	Punished for doing so?	Yes No
Areas of sparing: what and where?			

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REENACTMENT			
Did parent consent to reenactment?	Yes No	Was it documented?	Yes No
BACKGROUND AND HISTORY			
Previous LE contacts?	Yes No	Previous CPS reports?	Yes No
Unsecured furniture?	Yes No	Weapons accessible?	Yes No
Plentiful food?	Yes No	Food expired or spoiled?	Yes No
Insect / rodent infestation?	Yes No	HVAC working?	Yes No
Sleeping conditions:			
General living conditions:			
Fire hazards:	Combustibles Near Open Flames / Heat Fireplaces w/out Screens Other		
Suffocation hazards:	Small Toys Small Items Push Pins / Tacks Other		
Electrical hazards:	Outlets / Switches w/out Covers Electrical Powered Machines Accessible Damaged Cords Overloaded Cords / Plugs Other		
Fall hazards:	Balcony / Porch w/out Stable Railing Steps w/out Proper Gate Accessible Windows Objects to Restrict Movement Other		
Poisoning agents accessible?	Beauty Products Medications Cleaning Products Paints / Solvents Pesticides / Herbicides Poisonous Plants Alcohol / Tobacco / Illicit Drugs Vehicle Fluids Other		

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Drowning hazards:	Standing Water in Tubs / Basins Toilet Seat Up Pool, Pond or Other Water		
Child's School:			
Teachers' names:			
Teachers contacted about attendance, appearance, daily needs, etc.?			
AREA CANVAS / NEIGHBOORS			
Names of neighbors contacted, length of time living there:			
Heard or seen anything?	Yes No	Seen kids outside often?	Yes No
Does subject family associate w/ anyone?	Yes No	Who?	
Noticed anything that did not appear right?			