

UFCC FORM

CAS/CCAS REPORTING

Please use this form to document any suspected child maltreatment. Page 1 of 3.

**Umbrella Family
and Child Centres
of Hamilton**

Date and time of this report	Other agencies involved with child/family, contact names, phone numbers
Child's Name	
Address	
Date of Birth	
Gender	
Parent Name	Parent Name
Address	Address
Date of Birth	Date of Birth
Sibling Name	Sibling Name
Date of Birth	Date of Birth
Gender	Gender
Describe the incident being reported including: where it occurred, name of person suspected of inflicting abuse, description of action taken, etc. Include direct quotes by the child or others regarding the incident, any unusual behaviour, or other information that may be relevant. (Please use back of page/separate page if more space is needed.)	
Name of Agency Contacted	Date Contacted
Contact Name	Time Contacted
Phone Number	Person to receive written record
Verbal report made by (include full name, address, phone, position)	
Form entered into child's file by (include full name, address, phone, position)	
Signature of person who completed the information on this form	

Last Revision Approved:	March 11, 2022
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Date of Next Review: March, 2023

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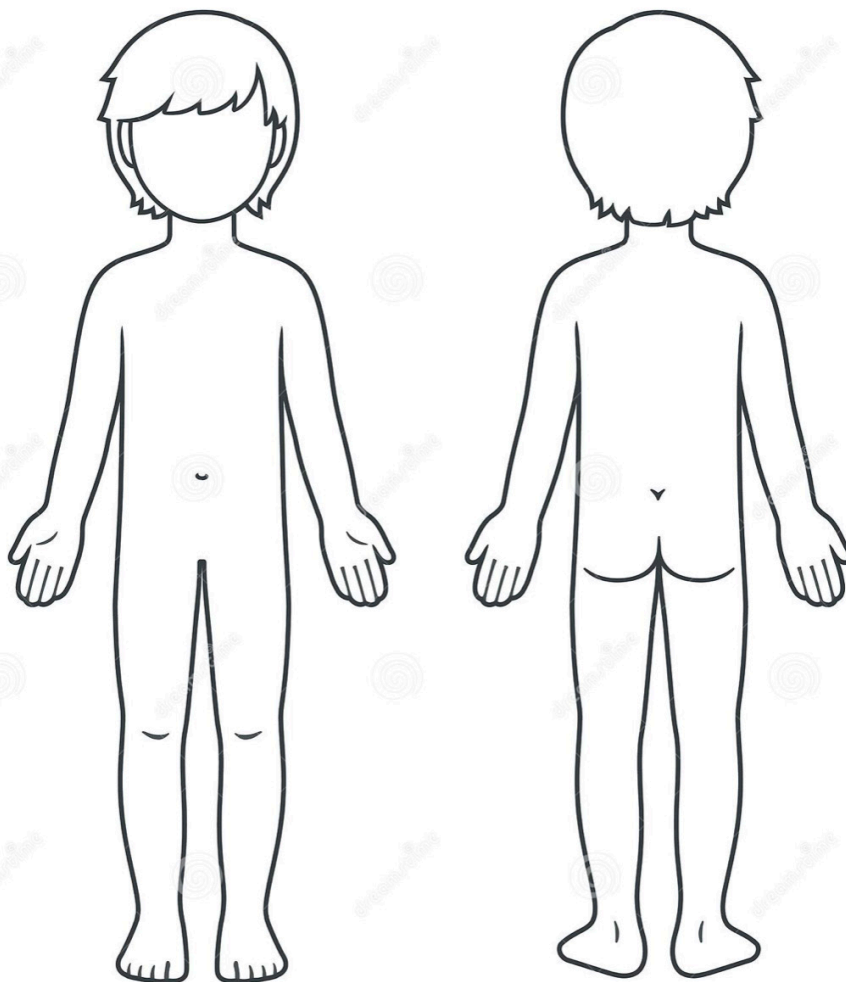
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Describe any visible marks:

Hand or finger mark		Scratch	
Burn		Swelling	
Bruise		Laceration	
Abrasion		Evidence of malnutrition	
Evidence of poor hygiene		Inadequate clothing	

Circle any areas on the child's body where you observed injury, indicating shape, colour and size:



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Consider gathering the information below prior to calling CAS/CCAS in order to be prepared for any question they may ask. You may not have access to all of the information listed here before making the call. It is more important to make the phone call than it is to search for the below information. Details can be shared after the fact, if necessary.

	Name and address of child
	Name of primary caregiver
	Child's religion
	Current whereabouts of the child/family
	Present physical and/or emotional condition of the child
	Any special vulnerabilities, medical conditions, or communication issues
	Name of the centre
	What was it that led to the report being made?
	What are the sources of the information for the report?
	What are the details of the concerns, or the incident which led to making the report?
	Any other relevant incidents or any other information?
	What actions, if any, have been taken prior to reporting the matter to the Children's Aid Society?
	Name of parents of child, DOB, address, telephone numbers, places of work.
	Alleged offender: Name, DOB. If not the parent, the alleged offender's relationship to the child, address, phone number and place of work.
	Current whereabouts of the alleged offender.
	Does the alleged offender have access to the child, siblings and/or other children?
	What is the parents' awareness of/admission/reaction to the suspected abuse and the child's disclosure?
	What is the language spoken by the parents and/or the alleged offender?
	Are there any cultural considerations?
	Name of the child's/family's physician?
	Any concerns for family members with respect to mental health, physical illness, substance abuse, weapons and/or violence?
	Names and addresses of extended family and others who could support the child and family.
	Who else has direct knowledge of the incident being reported?
	Who else may have observed the child, or other incidents?
	Who else knows this family well?
	What other professionals or agencies may be involved with the child and family?

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