

Mandated Reporter Follow-up Report

Minnesota Statutes Section 626.556, Subdivision 3-9:

A person who knows or has reason to believe a child is being neglected or physically or sexually abused shall make an oral (verbal) report immediately in person or by phone. In Winona County call 507-457-6500.

****A written report must be sent within 72 hours of the verbal report.*

Mail Form To: Winona County Community Services
Attn: Intake
202 West 3rd Street
Winona, MN 55987

Or Fax Form To: 507-454-9381
Attn: WCCS Intake

Reporter's Information:

| | |
|-----------------------------------------------------------------------------------------|------------------------|
| Reporter's Name: | Reported To: |
| Organization: | Date of Incident: |
| Address: | Date of Verbal Report: |
| City/State/Zip: | |
| Phone: Choose an item. Choose an item. Choose an item. | |
| Email (if applicable): | |
| Relationship to Victim: | |

Parents Information:

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Mother's Name: | Father's Name: |
| Address: | Address: |
| City/State/Zip: | City/State/Zip: |
| Phone: Choose an item. Choose an item. Choose an item. | Phone: Choose an item. Choose an item. Choose an item. |
| Date of Birth: | Date of Birth: |
| Employer: | Employer: |

Child(ren) Information: *(List the victim's name first; then, list all of the other children in the household.)*

| Name: | Date of Birth: | School/Grade: | Child's Primary Residence: |
|-------|----------------|---------------|----------------------------|
| | | | Choose an item. |
| | | | Choose an item. |
| | | | Choose an item. |
| | | | Choose an item. |
| | | | Choose an item. |
| | | | Choose an item. |
| | | | Choose an item. |

***If child's residence is "Other," list it here and note whose residence it is (e.g. Grandparent, Foster Parent, Sibling, etc.):**

Alleged Perpetrator:

| | |
|---------------------|-----------------------------------|
| Perpetrator's Name: | Phone: Choose an item. |
| Address: | Date of Birth: |

| | |
|-----------------|-----------|
| City/State/Zip: | Employer: |
|-----------------|-----------|

Date Incident Occurred:

Type of Suspected Abused: Physical Sexual Neglect Other

Written Narrative:

Describe, *in detail*, what happened to the child.

*Include **when, where, how, why**, and a **description of any injuries**. List names and contact information of any other witnesses.

Where is(are) the child(ren) now?

Additional Information:

If an interpreter is needed to interview any of those involved, what language do they speak?

List any information about the family's strengths and capacities that you think might help ensure the child's safety and support the family to address the abuse or neglect concerns.

List any known immediate family member, relative, or community resource that would offer protection or support, include contact information if you have it.

Is there any other relevant information about the child, family, or caregivers that may be helpful to know such as physical, cognitive, medical, or emotional issues?

How does the child function – behavior, personality, special needs, etc.?

Do the parents or caretakers know about this report?

How will the parents or caregivers react to this report?

Who else did you contact?