

# SUSPECTED CHILD ABUSE REPORT

TO BE COMPLETED BY MANDATED CHILD ABUSE REPORTERS  
PURSUANT TO NEVADA REVISED STATUTE 432B.220

CASE NAME: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

PLEASE PRINT OR TYPE

<b>A. REPORTING PARTY</b>	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY					
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS Name _____ Street _____ City _____ Zip _____					DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	REPORTER'S TELEPHONE (DAYTIME) ( )		SIGNATURE _____			TODAY'S DATE _____				
<b>B. REPORT NOTIFICATION</b>	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION <input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)			AGENCY _____						
	ADDRESS _____ Street _____ City _____ Zip _____			DATE/TIME OF PHONE CALL _____						
	OFFICIAL CONTACTED - TITLE _____			TELEPHONE ( ) _____						
<b>C. VICTIM</b>  One report per victim	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY			
	ADDRESS _____ Street _____ City _____ Zip _____			TELEPHONE ( ) _____						
	PRESENT LOCATION OF VICTIM _____			SCHOOL _____		CLASS	GRADE			
	PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER DISABILITY (SPECIFY) _____			PRIMARY LANGUAGE SPOKEN IN HOME _____				
	IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME				TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY) _____				
	RELATIONSHIP TO SUSPECT _____			PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
<b>D. INVOLVED PARTIES</b>	<b>VICTIMS SIBLINGS</b>									
	NAME		BIRTHDATE	SEX	ETHNICITY	NAME		BIRTHDATE	SEX	ETHNICITY
	1. _____				2. _____					
	3. _____				4. _____					
	<b>VICTIMS PARENTS/GUARDIANS</b>									
	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY			
	ADDRESS _____ Street _____ City _____ Zip _____			HOME PHONE ( ) _____		BUSINESS PHONE ( ) _____				
	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY			
	ADDRESS _____ Street _____ City _____ Zip _____			HOME PHONE ( ) _____		BUSINESS PHONE ( ) _____				
	<b>SUSPECT</b>									
SUSPECT'S NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY				
ADDRESS _____ Street _____ City _____ Zip _____			TELEPHONE ( ) _____							
OTHER RELEVANT INFORMATION _____										
<b>E. INCIDENT INFORMATION</b>	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____									
	DATE / TIME OF INCIDENT _____					PLACE OF INCIDENT _____				
	NARRATIVE DESCRIPTION (What victim(s) said/ what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)									

**DEFINITIONS AND INSTRUCTIONS ATTACHED**

# DEFINITIONS AND GENERAL INSTRUCTION FOR COMPLETION OF NVDCFS FORM 432

All Nevada Revised Statute (NRS) references are located in the Child Protection Statutes, Chapter 432B. The provisions of NRS 432B may be viewed at: <http://leg.state.nv.us/nrs-432B.htm> . A mandated reporter must complete and submit the form CPS432B even if some of the requested information is unknown.

## **I. MANDATED CHILD ABUSE REPORTERS**

Mandated child abuse reporters include all those individuals and entities listed in NRS432B.220. (*see attached*).

## **II. TO WHOM REPORTS ARE TO BE MADE (“DESIGNATED AGENCIES”)**

Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff’s department or a local child welfare agency (NRS432B). (*See attached*). This report should be faxed or mailed to:

Nevada Division of Child and Family Services  
4126 E. Technology Way, 3<sup>rd</sup> Floor  
Carson City, NV 89760  
Telephone number: (775) 684-4400  
Fax number: (775) 684-4455

If you are calling to report child abuse or neglect, see the attached list of child welfare agencies.

## **III. REPORTING RESPONSIBILITIES**

Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and prepare to send a written report thereof **within 24 hours** of receiving the information concerning the incident. (NRS432B.220 (1) (b))

No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by NRS 432B. Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by NRS432B unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (NRS432B.240)

## **IV. INSTRUCTIONS**

**SECTION A – REPORTING PARTY:** Enter the mandated reporter’s name, title, category (NRS432B.230), business/agency name and address, daytime telephone number, and today’s date. Check yes – no whether the mandated reporter witnessed the incident. The signature area is for the mandated reporter.

**SECTION B – REPORT NOTIFICATION:** Complete the name and address of the designated agency notified, the date/time of the phone call, and the name, title, and telephone number of the official contacted.

**SECTION C – VICTIM: (One Report per Victim):** Enter the victim’s name, address, telephone number, birth date or approximate age, sex, ethnicity, present location, and where applicable, enter the school, class (indicate the teacher’s name or room number), and grade. List the primary language spoken in the victim’s home. Check the appropriate yes - no box to indicate whether the victim may have a developmental disability or physical disability and specify any other apparent disability. Check the appropriate yes – no box to indicate whether the victim is in

foster care, and check the appropriate box to indicate the type of care if the victim was in out-of-home care. Check the appropriate box to indicate the type of abuse. List the victim's relationship to suspect. Check the appropriate yes – no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in the victim's death.

**SECTION D – INVOLVED PARTIES:** Enter the requested information for: Victim's siblings, victim's parents/guardians, and Suspect. Attach extra sheet(s) if needed (provide the requested information for each individual on the attached sheet).

**SECTION E – INCIDENT INFORMATION:** If multiple victims indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

**V. DISTRIBUTION**

**Reporting Party:** After completing Form NVDCFS Form 432, retain a copy for your records and submit the original to the designated agency.

**ETHNICITY CODES**

C= Caucasian    AA= African American    A= Asian    NA = Native American  
NH/PI = Native Hawaiian Pacific Islander    H/L = Hispanic/Latino

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**CHILD WELFARE AGENCIES IN NEVADA**

**Department of Health And Human Services**

**Division of Child And Family Services**

4126 E. Technology Way – 3<sup>rd</sup> Floor

Carson City, Nevada 89706

(775) 684-4400

FAX: (775) 684-4455

**Clark County Department of Family Services**

Claude I. Howard Children's Center

701 K North Pecos

Las Vegas, NV 89101

(702) 455-5444

FAX: (702) 385-2999 CA/N Hotline 702- 399-0081

**Washoe County Department of Social Services**

350 Center Street

Reno, NV 89501

(775) 785-8600

FAX: (775) 785-8648

**Nevada Division of Child and Family Services - Rural District Offices (Jan. 1, 2007):**

**Carson City District Office**

1677 Old Hot Springs Road, Building B  
Carson City, NV 89706  
(775) 687-4943  
FAX (775) 687-4903

**Elko District Office**

3920 Idaho Street  
Elko, NV 89801-4611  
(775) 738-2534  
FAX (775) 778-6628

- Battle Mountain Field Office  
145 E. 2<sup>nd</sup> Street  
Battle Mountain, NV 89820-2031  
(775) 635-8172 & (775) 635-5237  
FAX: (775) 635-9067
- Ely Field Office  
742 Park Avenue  
Ely, NV 89301-2798  
(775) 289-1640  
FAX: (775) 289-1652
- Winnemucca Field Office  
475 W. Haskell, #7  
Winnemucca, NV 89445-3781  
(775) 623-6555  
FAX: (775) 623-6559

**Fallon District Office**

1735 Kaiser Street  
Fallon, NV 89406-3108  
(775) 423-8566  
FAX: (775) 423-4800

- Hawthorne Field Office  
1000 C Street  
P.O. Box 1508  
Hawthorne, NV 89415-1508  
(775) 945-3602  
FAX: (775) 945-5714
- Lovelock Field Office  
535 Western Avenue  
P.O. Box 776  
Lovelock, NV 89419-0776  
(775) 273-7157  
FAX: (775) 273-1726
- Silver Springs Field Office  
3959 Hwy. 50 SW  
P.O. Box 1026  
Silver Springs, NV 89429  
(775) 577-1200  
FAX: (775) 577-1212
- Yerington Field Office  
215 Bridge Street, Suite #4  
Yerington, NV 89447-3568  
(775) 463-3151  
FAX: (775) 463-3568

**Pahrump Field Office**

2280 East Calvada, Ste 302  
Pahrump, NV 89048  
(775) 727-8497  
FAX: (775) 727-7072

- Tonopah Field Office  
500 Frankie Street  
P.O. Box 1491  
Tonopah, NV 89049-1491  
(775) 482-6626  
FAX: (775) 482-3429

## MANDATED REPORTERS

**NRS 432B.220 Persons required to make report; when and to whom reports are required; any person may make report; report and written findings if reasonable cause to believe death of child caused by abuse or neglect.**

1. Any person who is described in subsection 4 and who, in his professional or occupational capacity, knows or has reasonable cause to believe that a child has been abused or neglected shall:

(a) Except as otherwise provided in subsection 2, report the abuse or neglect of the child to an agency which provides child welfare services or to a law enforcement agency; and

(b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused or neglected.

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse or neglect of the child involves an act or omission of:

(a) A person directly responsible or serving as a volunteer for or an employee of a public or private home, institution or facility where the child is receiving child care outside of his home for a portion of the day, the person shall make the report to a law enforcement agency.

(b) An agency which provides child welfare services or a law enforcement agency, the person shall make the report to an agency other than the one alleged to have committed the act or omission, and the investigation of the abuse or neglect of the child must be made by an agency other than the one alleged to have committed the act or omission.

3. Any person who is described in paragraph (a) of subsection 4 who delivers or provides medical services to a newborn infant and who, in his professional or occupational capacity, knows or has reasonable cause to believe that the newborn infant has been affected by prenatal illegal substance abuse or has withdrawal symptoms resulting from prenatal drug exposure shall, as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the newborn infant is so affected or has such symptoms, notify an agency which provides child welfare services of the condition of the infant and refer each person who is responsible for the welfare of the infant to an agency which provides child welfare services for appropriate counseling, training or other services. A notification and referral to an agency which provides child welfare services pursuant to this subsection shall not be construed to require prosecution for any illegal action.

4. A report must be made pursuant to subsection 1 by the following persons:

(a) A physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician assistant, psychiatrist, psychologist, marriage and family therapist, alcohol or drug abuse counselor, clinical social worker, athletic trainer, advanced emergency medical technician or other person providing medical services licensed or certified in this State.

(b) Any personnel of a hospital or similar institution engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a hospital or similar institution upon notification of suspected abuse or neglect of a child by a member of the staff of the hospital.

(c) A coroner.

(d) A clergyman, practitioner of Christian Science or religious healer, unless he has acquired the knowledge of the abuse or neglect from the offender during a confession.

(e) A social worker and an administrator, teacher, librarian or counselor of a school.

(f) Any person who maintains or is employed by a facility or establishment that provides care for children, children's camp or other public or private facility, institution or agency furnishing care to a child.

(g) Any person licensed to conduct a foster home.

(h) Any officer or employee of a law enforcement agency or an adult or juvenile probation officer.

(i) An attorney, unless he has acquired the knowledge of the abuse or neglect from a client who is or may be accused of the abuse or neglect.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding abuse or neglect of a child and refers them to persons and agencies where their requests and needs can be met.

(k) Any person who is employed by or serves as a volunteer for an approved youth shelter. As used in this paragraph, “approved youth shelter” has the meaning ascribed to it in [NRS 244.422](#).

(l) Any adult person who is employed by an entity that provides organized activities for children.

5. A report may be made by any other person.

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that a child has died as a result of abuse or neglect, the person shall, as soon as reasonably practicable, report this belief to the appropriate medical examiner or coroner, who shall investigate the report and submit to an agency which provides child welfare services his written findings. The written findings must include, if obtainable, the information required pursuant to the provisions of subsection 2 of [NRS 432B.230](#).

(Added to NRS by 1985, 1371; A 1987, 2132, 2220; 1989, 439; 1993, 2229; [1999, 3526](#); [2001, 780, 1150](#); [2001 Special Session, 37](#); [2003, 910, 1211](#); [2005, 2031](#))