



**STATE OF GEORGIA**  
**Division of Family and Children Services**

**Nathan Deal**  
Governor

**Bobby D. Cagle**  
Interim Director

**Georgia Child Protective Services Mandated Reporter Form**

A report can be made by calling **1-855-422-4453**, 24 hours a day, 7 days a week, 365 days per year. A phone agent will respond to your call quickly and gather necessary information that an intake specialist will need to assess the child's safety.

**Mandated Reporters also have the choice of three options for submitting this completed form electronically.**

**Option One:** E-mail to [cpsintake@dhs.ga.gov](mailto:cpsintake@dhs.ga.gov). You will receive an auto-reply stating that the CPS report has been received. You will also receive a return phone call within 2 hours to acknowledge your report and collect any additional information needed. This return phone call satisfies the legal requirement to speak with a DHS employee. Please include on the report a number where you can be reached. To request a PDF version of the form, please contact [customer\\_services\\_dfcs@dhs.ga.gov](mailto:customer_services_dfcs@dhs.ga.gov)

**Option Two:** Fax to **229-317-9663**. You will receive an automatic reply indicating your report has been received. You will also receive a return phone call within 2 hours to acknowledge your report and collect any additional information needed. This return phone call satisfies the legal requirement to speak with a DHS employee. Please include on the report a number where you can be reached. To request a PDF version of the form, please contact [customer\\_services\\_dfcs@dhs.ga.gov](mailto:customer_services_dfcs@dhs.ga.gov)

**Option Three:** Complete the digital form located at <http://dfcs.dhs.georgia.gov/child-abuse-neglect>. A private code is needed to access the digital form. This code will be given upon completion of mandated reporter training. The online mandated reporter training can be found at <https://www.prosolutionstraining.com/hostedcourses/hostcode.cfm?hostid=18>

*Please note that you may be called for additional information regarding this report.*



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**DATE:** Click here to enter text.

**Time:** Click here to enter text. **County where child resides:** Click here to enter text.

**Location of child at time of report:** Click here to enter text.

**Reporter's Name, Title, Telephone, & e-mail address:** Click here to enter text.

**Reporter's Organization and Organization address:** Click here to enter text.

**Primary Caretaker of Child:** Click here to enter text.

**Address of Primary Caretaker:** Click here to enter text.

**Reporter's relationship to Child:** Click here to enter text.

**Additional person (and contact information) who can be contacted if you, the reporter, are not available and additional information is needed:** Click here to enter text.

*If you are the designated reporter for your agency (i.e. school counselor, law enforcement dispatch...), please indicate the primary staff-person in your organization who has firsthand knowledge of the suspected child maltreatment and/or knows the child and family. DFCS's ability to speak directly with those having firsthand knowledge of the suspected child maltreatment and/or knows the child and family is critical for assessment of short and long term safety and well-being of the alleged victim child.*

**Name, Contact Information and Best Time to Reach Staff-person with firsthand knowledge of child/family:** Click here to enter text.

**Family Name/Who has custody of child(ren):** Click here to enter text.

**Mother's Name:** Click here to enter text. **RACE:** Click here to enter text. **DOB:** Click here to enter text.  
**SSN:** Click here to enter text.

**Mother's Residence:** Click here to enter text.

**Mother's Employment:** Click here to enter text.

**Mother's Telephone Number:** Click here to enter text. **Marital Status:** Click here to enter text.

**Father's Name:** Click here to enter text. **RACE:** Click here to enter text. **DOB:** Click here to enter text.  
**SSN:** Click here to enter text.

**Father's Residence:** Click here to enter text.



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**Father's Employment:** [Click here to enter text.](#)

**Father's Telephone Number:** [Click here to enter text.](#) **Marital Status:** [Click here to enter text.](#)

**Language** [Click here to enter text.](#) **ALT Contact Info:** [Click here to enter text.](#)

If a school reporter, please indicate all Emergency Contact information on file with the school and date this information was obtained from family: [Click here to enter text.](#)

**CHILDREN**

Child's Name	Victim	Sex	Race	DOB	SSN	Grade Level

**OTHER HOUSEHOLD MEMBERS:**

Name	RELATIONSHIP To Primary Caretaker	LANGUAGE	MARITAL STATUS	Race	DOB	SSN



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**Would you like to be notified if an investigation is completed and whether abuse is substantiated or unsubstantiated? Please indicate Yes \_\_\_\_\_ or No \_\_\_\_\_**

**The following information is critical to ensuring that we respond appropriately to this report of suspected child maltreatment. The importance of your supplying as much and as detailed information as possible for each of these areas cannot be stressed enough. (The sections will expand to accommodate as much information as you enter.)**

**Specific Concern** *(What are your specific concerns about the child(ren)? Has something happened to the child? If so, what happened? When and where did it occur and who was involved? Was an object used and if so, what type of object? How serious is the harm to the child?) Provide a detailed description of your specific concern. [Click here to enter text.](#)*

**Circumstances surrounding your concern:** *(What was going on with the family before, during and after the specific circumstance/event/alleged child maltreatment you are concerned about? Where were the children at the time and where are they now? What did the child say happened? What is the caregiver's explanation? How do you know about this circumstance/event/alleged maltreatment? Is your concern an ongoing concern with the children? Has this specific concern, or any other concerns about this child, come to your attention previously? If so, please provide an explanation of prior concerns you have. Who else knows about this? Were the police called? If so what is the officer's name? [Click here to enter text.](#)*

**Child Functioning** *(Describe each child's day to day functioning in relation to other children their age. What is the child's overall appearance, health and wellbeing? Does the child(ren) have any behavioral, mental, emotional, intellectual or physical disabilities? If so what and how does it affect their functioning? Is child(ren) receiving services from any agency? If so who and what for? Are they on any medications? Do they get meds regularly? If school age what grade? On grade level? Describe attendance/discipline issues/general performance. How do the child(ren) interact with their peers? Has child(ren) expressed concerns about going home? If so what concerns and why? [Click here to enter text.](#)*

**Parenting Discipline** *How do the parents manage the child's behaviors? What do the parents do when the child gets in trouble? How do they view the purpose of discipline? Do they have house rules for the children and if so, what are they? What kind of things does the child get in trouble for? Is the caregiver ever out of control when disciplining the child? If so, explain when and the circumstances. [Click here to enter text.](#)*

**General Parenting** *(What is the overall parenting style of the parents—structured, strict, laid-back....? How do the parents/child(ren) interact? Do parents seem to understand the child(ren's) needs? Are they able to meet these needs? Why or why not? Does the caregiver have realistic expectations of child(ren) given the child's age/functioning? Explain. Describe how caregiver accesses and uses available resources to provide basic needs for the children. Who usually cares for the child(ren)? Are the parents living in the same home? If not, is the non-residential parent involved with the child? Describe how caretakers react to bad behavior. Describe how they show love and nurturing. [Click here to enter text.](#)*



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**Adult Functioning** (What is the overall functioning of each parent on a personal level-- rather than as a parent?) How does the caretaker care for themselves? Are they employed? If so what shift? Stable employment? Who cares for child when they are at work? Do caregivers have a steady source of income? Stable housing? Are there any concerns relating to mental health, substance abuse, domestic violence? If yes, what frequency? How do the parents respond when you approach them with concerns? [Click here to enter text.](#)

**Additional Comments Section**-Anything else you feel we need to know about this family. [Click here to enter text.](#)

**SSB/07-1-014**