

## SUSPECTED ABUSE/NEGLECT CONFIDENTIAL MONITORING SHEET

<b>Child's Name:</b>		<b>Program:</b>
<b>Staff Member:</b>		
<b>Date</b>	<p style="text-align: center;"><b>What is concerning to you?</b></p> <p style="font-size: small;">Consider: Child's appearance, behavior, unusual marks, parent-child interaction, comments the child has made</p> <p style="font-size: small;">Note: Any unusual marks on a child must be documented in the medical log</p>	<p style="text-align: center;"><b>What are you doing to address your concerns?</b></p> <p style="font-size: small;">Consider: What conversation have you had with the parent/guardian, do other staff members need to be involved, are there other service providers involved with the family that may have helpful information</p>

Child Monitoring Logs should be reviewed every two weeks to determine if the issue has resolved, further monitoring should occur, or a report should be made to the appropriate county Department of Human Services

**Date of Review:** \_\_\_\_\_

**Determination Made:** ☐ Issue Resolved    ☐ Further Monitoring Needed    ☐ Report Made to Human Services (Suspected Abuse//Neglect Report Form must be completed)

Submit to Director of Mental Health and Wellness after review

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