

SUSPECTED ABUSE/NEGLECT CONFIDENTIAL MONITORING SHEET

Child's Name:	Program:
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Staff Member:

Date	What is concerning to you? <small>Consider: Child's appearance, behavior, unusual marks, parent-child interaction, comments the child has made Note: Any unusual marks on a child must be documented in the medical log</small>	What are you doing to address your concerns? <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</small>

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)