

Department for Child Protection Notifications Checklist

Complete this checklist with the best information available, noting not all information is mandatory to make a notification.

Notifier details	
<input type="checkbox"/>	Full name
<input type="checkbox"/>	If a mandated reporter, job title and agency, capacity in which you are working with the child, young person or family
<input type="checkbox"/>	Contact telephone number
<input type="checkbox"/>	Relationship to the child or young person
<input type="checkbox"/>	Type and frequency of contact with the child or young person, siblings and their family
Identification details for the child or young person, their siblings, parents/caregivers and alleged perpetrator	
<input type="checkbox"/>	Full name (incl. also known as and other surnames etc)
<input type="checkbox"/>	Date of birth / age / year level
<input type="checkbox"/>	Sex: Male, female, not stated/inadequately described
<input type="checkbox"/>	Current address / contact telephone number
<input type="checkbox"/>	Cultural identity: <input type="checkbox"/> Aboriginal and/or Torres Strait Islander (including Nation/Clan) <input type="checkbox"/> Culturally and linguistically diverse including ethnicity and language spoken/if an interpreter is required
<input type="checkbox"/>	Disability information
Concerns / allegations	
<input type="checkbox"/>	Details of concerns / allegations of harm or risk of harm as per the <i>Children and Young People (Safety) Act 2017</i> . For example, physical or psychological (whether caused by an act or omission) including sexual, physical, mental, emotional abuse/neglect etc.
<input type="checkbox"/>	Did the child or young person disclose harm? What did they say? What was their emotional presentation?
<input type="checkbox"/>	Who saw/heard what, and when?
<input type="checkbox"/>	Description of current and previous injuries (size, shape, colour, location etc)
<input type="checkbox"/>	Has the child or young person been seen by a doctor? If yes, details _____
<input type="checkbox"/>	What was the parent/caregiver's response to the child or young person?
<input type="checkbox"/>	Description of the child or young person's behaviours of concern (including frequency, severity and health factors)
<input type="checkbox"/>	Knowledge about the functioning of the family: details of relevant health factors (physical, mental health difficulties or disability) family and domestic violence, drug and/or alcohol mis-use, animal cruelty.
<input type="checkbox"/>	Have the concerns been reported to other relevant government agencies (including SA Police)?
<input type="checkbox"/>	Current location of the child or young person, parent/caregiver and the alleged perpetrator / when is the child or young person next to have contact with the alleged perpetrator?
Other information	
<input type="checkbox"/>	What are the care arrangements for the child or young person? Are parents/caregivers separated, are Family Court Orders in place, does a separated parent/caregiver have a new partner?
<input type="checkbox"/>	Known supports and/or services involved with the child or young person and their family. Details (including frequency of their involvement, are the family actively engaged and workers details)

Notification ID (provided by the Child Abuse Report Line at the end of the call): _____