| DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **Child’s Physical Description** | | | |
| --- | --- | --- | --- |
| **Child Information** | | | |
| CHILD’S NAME | | DATE OF BIRTH | CASE NUMBER |
| **Face to Face with Child** | | | |
| LOCATION OF CONTACT OR INTERVIEW WITH THE CHILD | | DATE OF CONTACT | TIME |
| **Caseworker Information** | | | |
| CASEWORKER’S NAME | OFFICE | | TELEPHONE NUMBER |
| NAME(S) OF ANY OTHER ADULT PRESENT DURING THE CONTACT OR INTERVIEW WITH THE CHILD | | | |
| **Licensing Division (LD) / CPS Investigation – Facility Information** | | | |
| FACILITY’S NAME | | | Licensed  Unlicensed |
| FACILITY’S ADDRESS CITY STATE ZIP CODE | | | |
| **Description of Child’s Physical Condition** | | | |
| Description of the child’s physical condition that may include injuries (location, shape, size, color): | | | |
|  | | | |
|  | | | |