

REPORTING OF ABUSE OR DELIBERATE NEGLECT OF CHILD TO DIRECTOR-GENERAL

(Regulation 33)

[SECTION 110(5) OF THE CHILDREN'S ACT 38 OF 2005]

REPORTING OF ABUSE TO DIRECTOR-GENERAL

**NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD**

TO: The Director-General

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Pursuant to section 110 of the Children's Act, 2005, and for purposes of section 114(1)(a) of the Act, you are hereby advised that we have received a report that a child has been abused in a manner causing physical injury/sexually abused/deliberately neglected or is in need of care and protection. \* Kindly include the particulars listed below in Part A of the National Child Protection Register.

<b>Source of report (do not identify person)</b>				<input type="checkbox"/> Victim	<input type="checkbox"/> Relative	<input type="checkbox"/> Parent
<input type="checkbox"/> Neighbour	<input type="checkbox"/> friend	<input type="checkbox"/> Professional (specify) .....				
<input type="checkbox"/> Other (specify) .....						
<b>Date Reported to child protection organisation:</b>			<b>DD</b>	<b>MM</b>	<b>CCYY</b>	
<b>1. INFORMANT: (DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE)</b>						
<b>Surname</b>			<b>Full name(s)</b>			
<b>Gender:</b>	<b>M</b>	<b>F</b>	<b>Date of Birth:</b>	<b>DD</b>	<b>MM</b>	<b>CCYY</b>
<b>Age / Estimated Age:</b>			<b>Relationship to Child:</b>			
<b>* ID no:</b>			<b>* Passport no:</b>			
<b>Contact no:</b>						

<b>1. CHILD: (COMPLETE PER CHILD)</b>						
<b>Surname</b>			<b>Full name(s)</b>			
<b>Gender:</b>	<b>M</b>	<b>F</b>	<b>Date of Birth:</b>	<b>DD</b>	<b>MM</b>	<b>CCYY</b>
<b>School Name:</b>			<b>Grade:</b>	<b>Age / Estimated Age:</b>		
<b>* ID no:</b>			<b>* Passport no:</b>			
<b>Contact no:</b>						

<b>2. DISABILITY (*)</b>	
<b>Disability:</b>	<b>Nature</b>

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of hearing <input type="checkbox"/> Physical disability <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Mental disability: <input type="checkbox"/> Developmental <input type="checkbox"/> Psychiatric <input type="checkbox"/> Other(specify)
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3. CHRONIC ILLNESS (*)	
Chronic illness:  <input type="checkbox"/> Yes <input type="checkbox"/> No	Nature <input type="checkbox"/> Diabetic <input type="checkbox"/> Cancer <input type="checkbox"/> Liver <input type="checkbox"/> HIV/ Aids <input type="checkbox"/> Epileptic <input type="checkbox"/> Tuberculoses <input type="checkbox"/> Cardiac disease <input type="checkbox"/> Other(Specify)

4. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION			
<input type="checkbox"/> child abuse	<input type="checkbox"/> Child labour	<input type="checkbox"/> Child trafficking	<input type="checkbox"/> Street child
<input type="checkbox"/> Commercial sexual exploitation	<input type="checkbox"/> Exploited children	<input type="checkbox"/> Child abduction	

5. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD	
Surname:	Name:
Address:	Telephone number:
Other children interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No      Number :	

6. CAREGIVER INFORMATION ( If not same as trusted person or parent(s) of child)	
Surname:	Name:
Physical Address:	Postal address
Relationship to child:	
Telephone number:	Mobile:

7. ALLEGED ABUSER						
7.1) Surname				Full Name(s)		
Date of Birth:	DD	MM	CCYY	Gender:	M	F
ID No:				Age:		
* Passport No:				* Drivers license:		
Also known as:				Relationship to child:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother

	<input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Step father <input type="checkbox"/> Step mother <input type="checkbox"/> Foster father <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Foster mother <input type="checkbox"/> Sibling <input type="checkbox"/> Caregiver <input type="checkbox"/> Professional: social worker/police officer/teacher/caregiver/priest/dr/Volunteer <input type="checkbox"/> Other (specify)
Street Address (include postal code):	
Postal Code:	

**7.2) WHEREABOUTS OF ALLEGED ABUSER:**

Section 153 (Request for removal by SAPS)       Still in home  
 In hospital (Name/Place.....)  
 In detention (Place.....)  
 Living somewhere else       Whereabouts unknown       Unidentified

**7.3 ABUSE HAS BEEN CONFIRMED:**    Yes    No

Date	DD	MM	CCYY
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Type:     Physical     Emotional     Sexual     Deliberate Neglect

**8. PARENTS OF CHILD (If other than above)**

<b>Surname: Father / Step-father</b>				<b>Full name(s)</b>		
<b>Date of Birth:</b>	<b>DD</b>	<b>MM</b>	<b>CCYY</b>	<b>Gender:</b>	<b>M</b>	<b>F</b>
<b>ID no:</b>				<b>Age:</b>		
<b>Surname: Mother / Step-mother</b>				<b>Full name(s)</b>		
<b>Date of Birth:</b>	<b>DD</b>	<b>MM</b>	<b>CCYY</b>	<b>Gender:</b>	<b>M</b>	<b>F</b>
<b>ID no:</b>				<b>Age:</b>		

Also known as:

Names and ages of siblings or other children if helpful for tracking

Surname	Full named	Age/Date of birth

Street Address (include postal code):	Postal Code:

9. ABUSE								
Date of Incident:			If date unknown(mark with X here):	Episodic		Reported to CPR:		
DD	MM	CCYY		Yes	No	DD	MM	CCYY
Place of incident: <input type="checkbox"/> Child's home <input type="checkbox"/> Field <input type="checkbox"/> Tavern <input type="checkbox"/> School <input type="checkbox"/> Friend's place <input type="checkbox"/> After school centre <input type="checkbox"/> ECD Centre <input type="checkbox"/> Neighbour <input type="checkbox"/> Private hostel <input type="checkbox"/> Foster home <input type="checkbox"/> Child and youth care centre <input type="checkbox"/> Temporary safe care <input type="checkbox"/> Other (specify)								

9.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent)			
Physical	Emotional	Sexual	Deliberate neglect

9.2) INDICATORS (Check any that apply)		
<b><u>PHYSICAL:</u></b> <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Burns/Scalding <input type="checkbox"/> Fractures <input type="checkbox"/> Other physical illness <input type="checkbox"/> Cuts <input type="checkbox"/> Welts <input type="checkbox"/> Repeated injuries <input type="checkbox"/> Fatal injury (date of death) <input type="checkbox"/> Injury to internal organs <input type="checkbox"/> Head injuries		
<input type="checkbox"/> No visible injuries (elaborate)	<input type="checkbox"/> Poisoning (specify)	<input type="checkbox"/> Other Behavioral or physical (specify)

<b><u>EMOTIONAL:</u></b> <input type="checkbox"/> Withdrawal <input type="checkbox"/> Depression <input type="checkbox"/> Self destructive aggressive behavior <input type="checkbox"/> Corruption through exposure to illegal activities <input type="checkbox"/> Deprivation of affection <input type="checkbox"/> Exposure to anti-social activities <input type="checkbox"/> Exposure to family violence <input type="checkbox"/> Parent or care giver negative mental condition <input type="checkbox"/> Inappropriate and continued criticism <input type="checkbox"/> Humiliation <input type="checkbox"/> Isolation <input type="checkbox"/> Threats <input type="checkbox"/> Development Delays <input type="checkbox"/> Oppression <input type="checkbox"/> Rejection <input type="checkbox"/> Accusations <input type="checkbox"/> Anxiety <input type="checkbox"/> Lack of cognitive stimulation <input type="checkbox"/> Mental, emotional or developmental condition requiring treatment (specify)	
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<b><u>SEXUAL:</u></b> <input type="checkbox"/> Contact abuse <input type="checkbox"/> Rape <input type="checkbox"/> Sodomy <input type="checkbox"/> Masturbation <input type="checkbox"/> Oral sex area <input type="checkbox"/> Molestation <input type="checkbox"/> Non contact abuse (flashing, peeping) <input type="checkbox"/> Irritation, pain, injury to genital <input type="checkbox"/> Other indicators of sexual molestation or exploitation (specify)	
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<b><u>DELIBERATE NEGLECT:</u></b> <input type="checkbox"/> Malnutrition <input type="checkbox"/> Medical <input type="checkbox"/> Physical <input type="checkbox"/> Educational	
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<input type="checkbox"/> Refusal to assume parental responsibility <input type="checkbox"/> Neglectful supervision <input type="checkbox"/> Abandonment			
<b>9.3) Indicate overall degree of Risk to child:</b> <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Unknown			
<b>9.4) When applicable, tick the secondary type of abuse or multiple abuse:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sexual	Physical	Emotional	Deliberate Neglect
Brief explanation of occurrence(s) (including a statement describing frequency and duration)			

10. MEDICAL INTERVENTION (*)			
<b>Examined by:</b> <input type="checkbox"/> Doctor <input type="checkbox"/> Reg. Nurse	<b>Treatment received</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Where (name of hospital, clinic, private doctor)</b>	<b>Hospitalised:</b> <input type="checkbox"/> For assessment <input type="checkbox"/> For treatment <input type="checkbox"/> As place of safety
<b>Contact person</b>	<b>Contact person</b>	<b>Contact person</b>	<b>Contact person</b>
<b>Telephone number</b>			

11. CHILDREN'S COURT INTERVENTION (*)			
<b>Removal of child to temporary safe care (Section 152):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Date</b> MM    DD    CCYY	
<b>Children's Court Opening:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Name of Court</b>	<b>Reference Number</b>	<b>Date</b>	
		DD	MM    CCYY
<b>Movement of children placed in alternative care:</b>			
<b>- Child absconding from Alternative Care ( Section 170)</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Date</b> DD    MM    CCYY		<b>Where to (place)</b>	
<b>-Removal of child already in alternative care (Section 173):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Date</b> DD    MM    CCYY		<b>Where to (place)</b>	
<b>- Provisional transfer from alternative Care (Section 174) :</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Date</b>			<b>Where to (place)</b>
<b>DD</b>	<b>MM</b>	<b>CCYY</b>	
<b>Other (specify):</b>			

<b>12. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) – (*)</b>					
<b>Reported to SAPS:</b>		<b>Charges laid:</b>		<b>Date</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>DD</b>	<b>MM</b>
<b>CASE NR</b>		<b>Police Station</b>		<b>Telephone Nr</b>	
<b>Name of Police Officer</b>			<b>Rank of Police Officer</b>		
<b>12.1) Police intervention:</b>			<b>11.2) Offender guilty of previous abuse:</b>		
<input type="checkbox"/> None			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Joint intervention <input type="checkbox"/> Informal contact			<b>If Yes, Type of conviction:</b>		
<input type="checkbox"/> Charges laid <input type="checkbox"/> Police investigation			<b>Date:</b>		
<b>DD</b>		<b>MM</b>		<b>CCYY</b>	

<b>13. TYPE OF FACILITY</b> (If child is placed as a preventative measure or statutory placed – SECTION 191(2))	
<b>Name:</b>	<b>Street address (include postal code):</b>
	<b>Postal code</b>
<b>Type:</b> <input type="checkbox"/> Reception and temporary safe care <input type="checkbox"/> Reception, and care of street children <input type="checkbox"/> Reception, development and secure care <input type="checkbox"/> Reception, care and development of children on a shared basis	

<b>14. CURRENT FUNCTIONING OF THE FAMILY:</b>							
<b>CAUSATIVE FACTORS</b>	<b>Complete if not known to a welfare organisation : Current Situation</b>		<b>If known to organisation/ department</b>				
			<b>Deterioration ( To be completed on subsequent assessment)</b>		<b>Improvement (To be completed on subsequent assessment)</b>		<b>Unchanged (To be completed on subsequent assessment)</b>
<b>14.1) Parents</b>	<b>Yes</b>	<b>No</b>	<b>Slight</b>	<b>Significant</b>	<b>Slight</b>	<b>Significant</b>	
<input type="checkbox"/> Heavy child care responsibilities							
<input type="checkbox"/> lack of support system							
<input type="checkbox"/> marital difficulties							

<input type="checkbox"/> lack of knowledge of child care / development							
<input type="checkbox"/> physical violence/ corporal punishment acceptable							
<input type="checkbox"/> different cultural/ sub-cultural/ religious norms							
<input type="checkbox"/> alcohol/drug abuse							
<input type="checkbox"/> physical illness							
<input type="checkbox"/> mental illness							
<input type="checkbox"/> personality disorder							
<input type="checkbox"/> intellectual limitation							
<input type="checkbox"/> abused in childhood							
<b>14.2) Child</b>	<b>If child is known to Child Protection Organization</b>						
	<b>Current situation</b>		<b>Deterioration</b>		<b>Improvement</b>		<b>Unchanged</b>
	<b>Yes</b>	<b>No</b>	<b>Slight</b>	<b>Significant</b>	<b>Slight</b>	<b>Significant</b>	
<input type="checkbox"/> unwanted							
<input type="checkbox"/> premature							
<input type="checkbox"/> disabled							
<input type="checkbox"/> behaviour problem/ provocative							
<input type="checkbox"/> other							

<b>14.3) Environment</b>	<b>If child is known to Child Protection Organization</b>						
	<b>Current situation</b>		<b>Deterioration</b>		<b>Improvement</b>		<b>Unchanged</b>
	<b>Yes</b>	<b>No</b>	<b>Slight</b>	<b>Significant</b>	<b>Slight</b>	<b>Significant</b>	
<input type="checkbox"/> unemployment							
<input type="checkbox"/> social isolation	<b>Yes</b>	<b>No</b>					
<input type="checkbox"/> housing: I = informal F= Formal	<b>I</b>	<b>F</b>					
<input type="checkbox"/> finances: U=unemployed E=employed	<b>U</b>	<b>E</b>					
<input type="checkbox"/> other							

<b>14.4) Services provided</b>	<b>By (Name of service provide)</b>	<b>Date: From-to</b>
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<input type="checkbox"/> psychiatric/psychological assessment		
<input type="checkbox"/> psychiatric treatment		
<input type="checkbox"/> counseling		
<input type="checkbox"/> medical treatment		
<input type="checkbox"/> health care workers		
<input type="checkbox"/> parent education courses		
<input type="checkbox"/> parents/ self help group		
<input type="checkbox"/> volunteer support		
<input type="checkbox"/> home community base care		
<input type="checkbox"/> child and youth care worker		
<input type="checkbox"/> foster care		
<input type="checkbox"/> day care		
<input type="checkbox"/> substance abuse treatment		
<input type="checkbox"/> material needs/ financial assistance		
<input type="checkbox"/> housing		
<input type="checkbox"/> employment		
<input type="checkbox"/> child taken into care		
<input type="checkbox"/> other		
<input type="checkbox"/> none (give reasons)		

**14.5) Evaluation of case**

**14.6) Planning for family and child at risk**

**14.7) Recommendation**

Investigation conducted by: (Name of Organisation):	Date		
	DD	MM	CCYY
Reporting person:			
Caseworker(s) (please print):	Signature:		



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<b>15. PERSON(S) WITH WHOM IS CHILD LIVING AT TIME OR AFTER AN INCIDENT (If other than above)</b>			
<b>Surname</b>		<b>Full Name(s)</b>	
<b>Gender</b>	<b>M</b>	<b>F</b>	<b>Age:</b>
<b>Also known as:</b>		<b>Relationship to child:</b>	<b>Street Address (include postal code)</b>
			<b>Postal code</b>

<b>16. INVESTIGATING DESIGNATED SOCIAL WORKER</b>		
<b>Name of Social Worker</b>	<b>Employer</b>	
<b>Employer Address</b>	<b>Work Telephone Number</b>	<b>Fax Number</b>
<b>Email Address</b>	<b>Reference Number</b>	

(\* ) = Complete if information is available, applicable or information has changed

**I declare that the particulars set out in the above mentioned statement are true and correct to the best of my knowledge.**

**Signature of investigating designated social worker:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Official Stamp of Department/Child Protection Organisation</b>
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