**Child Medical Evaluation Referral**

**CME Referral**

***It is the responsibility of Child Protective Services (CPS), Division of Child Development and Early Education (DCDEE)/Law Enforcement***

*to provide the medical team with the following information.*

1. **Child welfare agency/DCDEE information**

|  |  |
| --- | --- |
| **County of Child Welfare Agency:** | Choose an item. |
| **CPS/DCDEE worker:** |  |
| **Phone number:** |  |
| **Email:** |  |
| **Fax:** |  |
| **Supervisor name/contact info:** |  |
|  |  |

**Is law enforcement involved? Yes** [ ]  **No** [ ]

**Contact information**

|  |  |  |
| --- | --- | --- |
| **Assigned Law Enforcement Investigator**  | **Agency**  | **Contact information:** |
|  |  |  |

1. **Child information**

**1. Basic information**

|  |  |
| --- | --- |
| **Name and age:** |  |
| **Mother:** |  |
| **Father:** |  |
| **Date of Birth:**  |  |
| **Address:** |  |
| **Name of school/grade if applicable:**  |  |
| **Sex assigned at birth:** |  |
| **Gender identity:**  |  |
| **Current placement** | Choose an item. |
| **Name of primary caretaker and relationship:** |  |
| **Primary caretaker contact info:** |  |

**2. Household composition (prior to DSS/LE involvement)**

Primary

|  |  |  |
| --- | --- | --- |
| **Name** | **Age** | **Relationship to child** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Secondary -

|  |  |  |
| --- | --- | --- |
| **Name** | **Age** | **Relationship to child** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**C. Maltreatment concerns and history**

1. **This child has been referred for a CME due to concerns for (check all that apply)**

|  |  |  |
| --- | --- | --- |
| **Sexual Abuse** [ ]  | **Neglect** [ ]  | **Emotional Abuse** [ ]  |
| **Physical Abuse** [ ]  | **Medical Child Abuse** [ ]  |

1. **Did the child have prior medical care related to the concerns (including sexual assault medical forensic examination)? Yes** [ ]  **No** [ ]

|  |  |  |
| --- | --- | --- |
| **Date of care**  | **Facility**  | **Are the medical records included with referral\*?** **Yes** [ ]  **No** [ ]  |
|  |  |  |
| **\* External medical records should be provided prior to CME to inform the medical evaluation**  |

1. **Current CPS/DCDEE Assessment concerns and findings****. (Brief description of each concern, disclosure, last encounter, contact)**

|  |
| --- |
|  |

1. **Is there an alleged perpetrator? Yes** [ ]  **No, perpetrator is currently unknown** [ ]

**Alleged perpetrator(s) information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Relationship to child** | **Last date of contact with child** |
|  |  |  |   |

1. **Describe any prior involvement with child welfare or DCDEE**

|  |
| --- |
|  |

1. **Summary of involvement-Timeline of events: *To include a history of supervision, events preceding the alleged maltreatment and agency’s involvement to date ( can be attached to referral)***

|  |
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|  |

1. **Current Safety Plan:**
2. **Supplemental information –** *It is the responsibility of CPS/DCDEE/LE to provide the medical team with the following information. Please* *indicate if it is included with the referral.*

|  |  |
| --- | --- |
| **Digital images**  | ***This may include photographs of injuries, alleged mechanisms of injury. Be sure images are appropriately labeled and dated.***  |[ ]
|  |  |  |
| **External medical records** | ***Recent medical evaluations related to the concerns or documentation related to history of concerns. This includes all pediatric records of children < 3.***  |[ ]