**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 (SECTION TO BE COMPLETED BY CPS ONLY)**

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

1. **(SECTION TO BE COMPLETED BY LAW ENFORMEMENT ONLY)**

**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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**D. 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**

|  |
| --- |
|  |

**\*6. Summary of Events of Maltreatment including Timeline: Please include a summary of events preceding the alleged maltreatment *which should include a detailed timeline* beginning with the reported suspected abuse event and agency’s involvement. This summary can also include history of supervision, events preceding the alleged maltreatment and other information deemed pertinent to the case (this can be attached to referral if more space is needed). The timeline of events is critical to include.**

|  |
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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.***  |[ ]