| 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): |
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