



# 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 | <input type="checkbox"/> Licensed<br><input type="checkbox"/> 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):