

NAME OF AGENCY: _____

NAME OF COMMITTEE: _____

ANNUAL REPORT FOR YEAR (mark fiscal year) April 1, _____ to March 31, _____

NAME OF CHILD ABUSE CO-ORDINATOR: _____ PHONE: _____

1. BREAK-DOWN OF ABUSE REPORTS TO AGENCY

TOTAL # OF ABUSE REPORTS RECEIVED BY COORDINATOR		
Type of Case	Number Reviewed by Coordinator	Number Confirmed by Coordinator
substantiated		
inconclusive		
unsubstantiated ¹		
other ²		

TOTAL NUMBER OF CASES REFERRED TO COMMITTEE			
Substantiated	()	Inconclusive	()
Unsubstantiated ³ (if applicable)	()	Other	()

¹ Once checked by the Coordinator and confirmed as unsubstantiated, these cases do not have to be forwarded to the Child Abuse Committee

² There may be cases not fitting into the other three categories (e.g., Substantiated, Unsubstantiated & Inconclusive) that are forwarded to the Abuse Committee for consultation or review.

³ Unsubstantiated cases are not required to go to the Committee but document if they are referred on.

2. CASE PARTICULARS

BREAKDOWN OF REFERRED CASES			
Inconclusive		Substantiated	
Number of Victims		Number of Victims	
Number of Offenders		Number of Offenders	

3. DECISIONS OF COMMITTEE

BREAKDOWN OF COMMITTEE DECISIONS			
Inconclusive		Substantiated	
# of cases reviewed ⁴		# of cases reviewed	
# of Offenders Presented Info		# of Offenders Presented Info	
# of cases substantiated		# of cases substantiated	
# of recommended registrations		# of recommended registrations	
# of objections		# of objections	
# of registrations		# of registrations	

4. ACTIVITIES OF COMMITTEE

COMMITTEE ACTIVITIES FOR YEAR	
Number of Meetings	number
Number of Trainings/in-services	number
Evaluation of Committee Activities	yes <input type="checkbox"/> no <input type="checkbox"/>
Other Issues Identified by the Committee (please specify)	

⁴ The number of cases referred to the committee may not equal the number of cases reviewed for that time-period