

CHILD ABUSE RESPONSE TEAM
Call-Out Summary Form

Date of Call-Out: _____ **Time:** From _____ am pm To: _____ am pm

Name of CART Volunteer: _____

Location: Long Beach San Pedro Redondo Beach

Name of Child: (last) _____ (first) _____ **M or F**

DOB _____ **Age** _____ **Was DCFS called?** Yes No

Primary Language of child: English Spanish Other _____

Ethnicity of child: _____

Primary Language of caregiver: English Spanish Other _____

Ethnicity of caregiver: _____

Name of Parent or Guardian: _____ **M or F**

Relationship to Child: _____

Home Address: _____ **City:** _____ **Zip:** _____

Home Phone: () _____ **Work:** () _____

OK to call work? Yes No

Sheriff/Police Dept: _____ **Sheriff/Police Dept. Phone:** () _____

Detective of case: _____ **Police Report Number:** _____

Name of Forensic Nurse Examiner: (last) _____ (first) _____

Offender's First & Last Name _____ **Age** _____

Offender's Relationship to Child _____

GAVE BEAR TO CHILD? Yes No

Follow Up Information given to Parent: Yes No

Parents would like a follow-up phone call: Yes No _____

Caregiver's Reaction: _____

