

FEEDBACK REPORT: FORM 23

REPORTING OF ABUSE OR DELIBERATE NEGLECT OF CHILD TO DIRECTOR-GENERAL

(Regulation 33)

[SECTION 110(5) OF THE CHILDREN'S ACT 38 OF 2005]

REPORTING OF ABUSE TO DIRECTOR-GENERAL

**NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD**

TO: The Director-General

Pursuant to section 110 of the Children's Act, 2005, and for purposes of section 114(1)(a) of the Act, you are hereby advised that we have received a report that a child has been abused in a manner causing physical injury/sexually abused/deliberately neglected or is in need of care and protection. \* Kindly include the particulars listed below in Part A of the National Child Protection Register.

|   |                                 |   |    |                                 |                                   |                                 |
|---|---------------------------------|---|----|---------------------------------|-----------------------------------|---------------------------------|
| Source of report (do not identify person)       |                                 |   |    | <input type="checkbox"/> Victim | <input type="checkbox"/> Relative | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Neighbour              | <input type="checkbox"/> friend | <input type="checkbox"/> Professional (specify) ..... |    |                                 |                                   |                                 |
| <input type="checkbox"/> Other (specify) .....  |                                 |   |    |                                 |                                   |                                 |
| Date Reported to child protection organisation: |                                 | DD  | MM | CCYY                            |                                   |                                 |

| 1. CHILD: (COMPLETE PER CHILD) |   |   |                |    |                      |      |
|--------------------------------|---|---|----------------|----|----------------------|------|
| Surname                        |   |   | Full name(s)   |    |                      |      |
| Gender:                        | M | F | Date of Birth: | DD | MM                   | CCYY |
|                                |   |   |                |    |                      |      |
| School Name:                   |   |   | Grade:         |    | Age / Estimated Age: |      |
| * ID no:                       |   |   | * Passport no: |    |                      |      |
| Contact no:                    |   |   |                |    |                      |      |

| 2. DISABILITY (*)  |   |
|--|---|
| Disability:  | Nature  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Blind <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of hearing <input type="checkbox"/> Physical disability<br><input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Mental disability: <input type="checkbox"/> Developmental <input type="checkbox"/> Psychiatric<br><input type="checkbox"/> Other(specify) |

| 3. CHRONIC ILLNESS (*)                                   |   |
|--|---|
| Chronic illness:   | Nature  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Diabetic <input type="checkbox"/> Cancer <input type="checkbox"/> Liver <input type="checkbox"/> HIV/ Aids<br><input type="checkbox"/> Epileptic <input type="checkbox"/> Tuberculoses <input type="checkbox"/> Cardiac disease<br><input type="checkbox"/> Other(Specify) |

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|   |  |
|---|--|
|   |  |
| <b>4. CATEGORY OF CHILD IN NEED OF CARE AND PROTECTION</b>                                    |  |
| <input type="checkbox"/> child abuse  | <input type="checkbox"/> Child labour  |
| <input type="checkbox"/> Commercial sexual exploitation                                       | <input type="checkbox"/> Exploited children  |
| <input type="checkbox"/> Child trafficking  | <input type="checkbox"/> Street child  |
| <input type="checkbox"/> Child abduction  |  |
| <b>5. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD</b>                                |  |
| Surname:  | Name:  |
| Address:  | Telephone number:  |
| Other children interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No Number : |  |
| <b>6. CAREGIVER INFORMATION ( If not same as trusted person or parent(s) of child)</b>        |  |
| Surname:  | Name:  |
| Physical Address:   | Postal address   |
| Relationship to child:  |  |
| Telephone number:   | Mobile:  |
| <b>7. ALLEGED ABUSER</b>  |  |
| 7.1) Surname  | Full Name(s)   |
| Date of Birth: DD MM CCYY   | Gender: M F  |
| ID No:  | Age:   |
| * Passport No:  | * Drivers license:   |
| Also known as:  | Relationship to child: <input type="checkbox"/> Father <input type="checkbox"/> Mother   |
| Street Address (include postal code):   | <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Step father                           |
| Postal Code:  | <input type="checkbox"/> Step mother <input type="checkbox"/> Foster father <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt |
|   | <input type="checkbox"/> Foster mother <input type="checkbox"/> Sibling <input type="checkbox"/> Caregiver                               |
|   | <input type="checkbox"/> Professional: social worker/police officer/teacher/caregiver/priest/dr/Volunteer                                |
|   | <input type="checkbox"/> Other (specify)   |
| <b>7.2) WHEREABOUTS OF ALLEGED ABUSER:</b>  |  |

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Section 153 (Request for removal by SAPS)       Still in home  
 In hospital (Name/Place.....)  
 In detention (Place.....)  
 Living somewhere else       Whereabouts unknown       Unidentified

|  |      |    |    |      |
|--|------|----|----|------|
| 7.3 ABUSE HAS BEEN CONFIRMED: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date | DD | MM | CCYY |
|--|------|----|----|------|

Type:     Physical     Emotional     Sexual     Deliberate Neglect

**8. PARENTS OF CHILD (if other than above)**

|  |    |            |      |              |                   |              |  |
|--|----|------------|------|--------------|-------------------|--------------|--|
| Surname: Father / Step-father  |    |            |      | Full name(s) |                   |              |  |
| Date of Birth:   | DD | MM         | CCYY | Gender:      | M                 | F            |  |
| ID no:   |    |            |      | Age:         |                   |              |  |
| Surname: Mother / Step-mother  |    |            |      | Full name(s) |                   |              |  |
| Date of Birth:   | DD | MM         | CCYY | Gender:      | M                 | F            |  |
| ID no:   |    |            |      | Age:         |                   |              |  |
| Also known as:   |    |            |      |              |                   |              |  |
| Names and ages of siblings or other children if helpful for tracking |    |            |      |              |                   |              |  |
| Surname  |    | Full named |      |              | Age/Date of birth |              |  |
|  |    |            |      |              |                   |              |  |
|  |    |            |      |              |                   |              |  |
|  |    |            |      |              |                   |              |  |
| Street Address (include postal code):                                |    |            |      |              |                   | Postal Code: |  |
|  |    |            |      |              |                   |              |  |

**9. ABUSE**

| Date of Incident: |    |      | If date unknown (mark with X here): | Episodic/ongoing from (date) |    |      | Reported to CPR: |    |      |
|-------------------|----|------|-------------------------------------|------------------------------|----|------|------------------|----|------|
| DD                | MM | CCYY |                                     | DD                           | MM | CCYY | DD               | MM | CCYY |
|                   |    |      |                                     |                              |    |      |                  |    |      |

Place of incident:     Child's home     Field     Tavern       School       Friend's place  
 After school centre     ECD Centre     Neighbour     Private hostel       Foster home  
 Child and youth care centre     Temporary safe care     Other (specify)

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|  |   |  |   |
|--|---|--|---|
| <b>9.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent)</b>  |   |  |   |
| Physical   | Emotional   | Sexual   | Deliberate neglect  |
| <b>9.2) INDICATORS (Check any that apply)</b>  |   |  |   |
| <b>PHYSICAL:</b> <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Burns/Scalding <input type="checkbox"/> Fractures          |   |  |   |
| <input type="checkbox"/> Other physical illness <input type="checkbox"/> Cuts <input type="checkbox"/> Welts <input type="checkbox"/> Repeated injuries                  |   |  |   |
| <input type="checkbox"/> Fatal injury (date of death) <input type="checkbox"/> Injury to internal organs <input type="checkbox"/> Head injuries                          |   |  |   |
| <input type="checkbox"/> No visible injuries (elaborate)   |   | <input type="checkbox"/> Poisoning (specify)                   | <input type="checkbox"/> Other Behavioral or physical (specify) |
| <b>EMOTIONAL:</b> <input type="checkbox"/> Withdrawal <input type="checkbox"/> Depression <input type="checkbox"/> Self destructive aggressive behavior                  |   |  |   |
| <input type="checkbox"/> Corruption through exposure to illegal activities   |   | <input type="checkbox"/> Deprivation of affection              |   |
| <input type="checkbox"/> Exposure to anti-social activities  |   | <input type="checkbox"/> Exposure to family violence           |   |
| <input type="checkbox"/> Parent or care giver negative mental condition  |   | <input type="checkbox"/> Inappropriate and continued criticism |   |
| <input type="checkbox"/> Humiliation   | <input type="checkbox"/> Isolation  | <input type="checkbox"/> Threats                               | <input type="checkbox"/> Development Delays                     |
| <input type="checkbox"/> Oppression  | <input type="checkbox"/> Rejection  | <input type="checkbox"/> Accusations                           | <input type="checkbox"/> Anxiety                                |
| <input type="checkbox"/> Lack of cognitive stimulation   | <input type="checkbox"/> Mental, emotional or developmental condition requiring treatment (specify) |  |   |
| <b>SEXUAL:</b> <input type="checkbox"/> Contact abuse <input type="checkbox"/> Rape <input type="checkbox"/> Sodomy  |   |  |   |
| <input type="checkbox"/> Masturbation  | <input type="checkbox"/> Oral sex area  | <input type="checkbox"/> Molestation                           |   |
| <input type="checkbox"/> Non contact abuse (flashing, peeping)   |   | <input type="checkbox"/> Irritation, pain, injury to genital   |   |
| <input type="checkbox"/> Other indicators of sexual molestation or exploitation (specify)  |   |  |   |
| <b>DELIBERATE NEGLECT:</b> <input type="checkbox"/> Malnutrition <input type="checkbox"/> Medical <input type="checkbox"/> Physical <input type="checkbox"/> Educational |   |  |   |
| <input type="checkbox"/> Refusal to assume parental responsibility   |   | <input type="checkbox"/> Neglectful supervision                | <input type="checkbox"/> Abandonment                            |
| <b>9.3) Indicate overall degree of Risk to child:</b>  |   |  |   |
| <input type="checkbox"/> Mild  | <input type="checkbox"/> Moderate   | <input type="checkbox"/> Severe                                | <input type="checkbox"/> Unknown                                |
| <b>9.4) When applicable, tick the secondary type of abuse or multiple abuse:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</b>                          |   |  |   |
| Sexual   | Physical  | Emotional  | Deliberate Neglect  |
| Brief explanation of occurrence(s) (including a statement describing frequency and duration)   |   |  |   |

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| 10. MEDICAL INTERVENTION (*)  |   |   |  |
|---|---|---|--|
| <b>Examined by:</b><br><input type="checkbox"/> Doctor<br><input type="checkbox"/> Reg. Nurse | <b>Treatment received</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Where (name of hospital, clinic, private doctor)</b> | <b>Hospitalised:</b><br><input type="checkbox"/> For assessment<br><input type="checkbox"/> For treatment<br><input type="checkbox"/> As place of safety |
| <b>Contact person</b>   | <b>Contact person</b>   | <b>Contact person</b>                                   | <b>Contact person</b>  |
|   |   |   |  |
| <b>Telephone number</b>   |   |   |  |
|   |   |   |  |

| 11. CHILDREN'S COURT INTERVENTION (*)   |                         |                                     |              |
|---|-------------------------|-------------------------------------|--------------|
| <b>Removal of child to temporary safe care (Section 152):</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |                         | <b>Date</b><br>MM      DD      CCYY |              |
| <b>Children's Court Opening:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |                         |                                     |              |
| <b>Name of Court</b>  | <b>Reference Number</b> | <b>Date</b>                         |              |
|   |                         | DD                                  | MM      CCYY |
| <b>Movement of children placed in alternative care:</b>   |                         |                                     |              |
| - Child absconding from Alternative Care ( Section 170) <input type="checkbox"/> Yes <input type="checkbox"/> No          |                         |                                     |              |
| <b>Date</b>   |                         | <b>Where to (place)</b>             |              |
| DD  | MM      CCYY            |                                     |              |
| -Removal of child already in alternative care (Section 173): <input type="checkbox"/> Yes <input type="checkbox"/> No     |                         |                                     |              |
| <b>Date</b>   |                         | <b>Where to (place)</b>             |              |
| DD  | MM      CCYY            |                                     |              |
| - Provisional transfer from alternative Care (Section 174) : <input type="checkbox"/> Yes <input type="checkbox"/> No     |                         |                                     |              |
| <b>Date</b>   |                         | <b>Where to (place)</b>             |              |
| DD  | MM      CCYY            |                                     |              |
| <b>Other (specify):</b><br><br><br>   |                         |                                     |              |

| 12. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) - (*)                                |  |  |  |
|--|--|--|--|
| <b>Reported to SAPS:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Charges laid:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|  |  | <b>Date</b><br>DD      MM      CCYY  |  |
|  |  |  |  |

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|   |                       |   |
|---|-----------------------|---|
| <b>CASE NR</b>  | <b>Police Station</b> | <b>Telephone Nr</b>   |
| <b>Name of Police Officer</b>   |                       | <b>Rank of Police Officer</b>   |
| <b>12.1) Police intervention:</b> <input type="checkbox"/> None<br><input type="checkbox"/> Joint intervention <input type="checkbox"/> Informal contact<br><input type="checkbox"/> Charges laid <input type="checkbox"/> Police investigation |                       | <b>11.2) Offender guilty of previous abuse:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If Yes, Type of conviction:</b><br><b>Date:</b><br>DD      MM      CCYY |

|   |  |
|---|--|
| <b>13. TYPE OF FACILITY</b><br>(If child is placed as a preventative measure or statutory placed – SECTION 191(2))  |  |
| <b>Name:</b>  | <b>Street address (include postal code):</b> |
|   | <b>Postal code</b>                           |
| <b>Type:</b> <input type="checkbox"/> Reception and temporary safe care <input type="checkbox"/> Reception, and care of street children<br><input type="checkbox"/> Reception, development and secure care <input type="checkbox"/> Reception, care and development of children on a shared basis |  |

| <b>14. CURRENT FUNCTIONING OF THE FAMILY:</b>                              |  |           |  |                    |   |                    |   |
|--|--|-----------|--|--------------------|---|--------------------|---|
| <b>CAUSATIVE FACTORS</b>   | <b>Complete if not known to a welfare organisation : Current Situation</b> |           | <b>If known to organisation/ department</b>                      |                    |   |                    |   |
|  | <b>Yes</b>   | <b>No</b> | <b>Deterioration ( To be completed on subsequent assessment)</b> |                    | <b>Improvement (To be completed on subsequent assessment)</b> |                    | <b>Unchanged (To be completed on subsequent assessment)</b> |
| <b>14.1) Parents</b>   |  |           | <b>Slight</b>  | <b>Significant</b> | <b>Slight</b>   | <b>Significant</b> |   |
| <input type="checkbox"/> Heavy child care responsibilities                 |  |           |  |                    |   |                    |   |
| <input type="checkbox"/> lack of support system                            |  |           |  |                    |   |                    |   |
| <input type="checkbox"/> marital difficulties                              |  |           |  |                    |   |                    |   |
| <input type="checkbox"/> lack of knowledge of child care / development     |  |           |  |                    |   |                    |   |
| <input type="checkbox"/> physical violence/ corporal punishment acceptable |  |           |  |                    |   |                    |   |
| <input type="checkbox"/> different cultural/ sub-cultural/ religious norms |  |           |  |                    |   |                    |   |

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|  |  |    |               |             |             |             |           |
|--|--|----|---------------|-------------|-------------|-------------|-----------|
| <input type="checkbox"/> alcohol/drug abuse                |  |    |               |             |             |             |           |
| <input type="checkbox"/> physical illness                  |  |    |               |             |             |             |           |
| <input type="checkbox"/> mental illness                    |  |    |               |             |             |             |           |
| <input type="checkbox"/> personality disorder              |  |    |               |             |             |             |           |
| <input type="checkbox"/> intellectual limitation           |  |    |               |             |             |             |           |
| <input type="checkbox"/> abused in childhood               |  |    |               |             |             |             |           |
| 14.2) Child  | If child is known to Child Protection Organization |    |               |             |             |             |           |
|  | Current situation                                  |    | Deterioration |             | Improvement |             | Unchanged |
|  | Yes  | No | Slight        | Significant | Slight      | Significant |           |
| <input type="checkbox"/> unwanted                          |  |    |               |             |             |             |           |
| <input type="checkbox"/> premature                         |  |    |               |             |             |             |           |
| <input type="checkbox"/> disabled                          |  |    |               |             |             |             |           |
| <input type="checkbox"/> behaviour problem/<br>provocative |  |    |               |             |             |             |           |
| <input type="checkbox"/> other                             |  |    |               |             |             |             |           |

|  |  |    |               |             |             |             |           |
|--|--|----|---------------|-------------|-------------|-------------|-----------|
| 14.3) Environment  | If child is known to Child Protection Organization |    |               |             |             |             |           |
|  | Current situation                                  |    | Deterioration |             | Improvement |             | Unchanged |
|  | Yes  | No | Slight        | Significant | Slight      | Significant |           |
| <input type="checkbox"/> unemployment                                |  |    |               |             |             |             |           |
| <input type="checkbox"/> social isolation                            | Yes  | No |               |             |             |             |           |
| <input type="checkbox"/> housing:<br>I = Informal<br>F = Formal      | I  | F  |               |             |             |             |           |
| <input type="checkbox"/> finances:<br>U = unemployed<br>E = employed | U  | E  |               |             |             |             |           |
| <input type="checkbox"/> other                                       |  |    |               |             |             |             |           |

|   |                              |               |
|---|------------------------------|---------------|
| 14.4) Services provided                                       | By (Name of service provide) | Date: From-to |
| <input type="checkbox"/> psychiatric/psychological assessment |                              |               |
| <input type="checkbox"/> psychiatric treatment                |                              |               |
| <input type="checkbox"/> counseling                           |                              |               |
| <input type="checkbox"/> medical treatment                    |                              |               |
| <input type="checkbox"/> health care workers                  |                              |               |
| <input type="checkbox"/> parent education courses             |                              |               |

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|   |  |  |
|---|--|--|
| <input type="checkbox"/> parents/ self help group             |  |  |
| <input type="checkbox"/> volunteer support                    |  |  |
| <input type="checkbox"/> home community base care             |  |  |
| <input type="checkbox"/> child and youth care worker          |  |  |
| <input type="checkbox"/> foster care                          |  |  |
| <input type="checkbox"/> day care                             |  |  |
| <input type="checkbox"/> substance abuse treatment            |  |  |
| <input type="checkbox"/> material needs/ financial assistance |  |  |
| <input type="checkbox"/> housing                              |  |  |
| <input type="checkbox"/> employment                           |  |  |
| <input type="checkbox"/> child taken into care                |  |  |
| <input type="checkbox"/> other                                |  |  |
| <input type="checkbox"/> none (give reasons)                  |  |  |

**14.5) Evaluation of case**

**14.6) Planning for family and child at risk**

**14.7) Recommendation**

|   |            |    |      |
|---|------------|----|------|
| Investigation conducted by: (Name of Organisation): | Date       |    |      |
|   | DD         | MM | CCYY |
| Reporting person:                                   |            |    |      |
| Caseworker(s) (please print):                       | Signature: |    |      |

**15. PERSON(S) WITH WHOM IS CHILD LIVING AT TIME OR AFTER AN INCIDENT**  
(If other than above)

|         |   |              |      |
|---------|---|--------------|------|
| Surname |   | Full Name(s) |      |
| Gender  | M | F            | Age: |



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|                       |                               |   |
|-----------------------|-------------------------------|---|
| <b>Also known as:</b> | <b>Relationship to child:</b> | <b>Street Address (include postal code)</b><br><br><b>Postal code</b> |
|-----------------------|-------------------------------|---|

|   |                              |                   |
|---|------------------------------|-------------------|
| <b>16. INVESTIGATING DESIGNATED SOCIAL WORKER</b> |                              |                   |
| <b>Name of Social Worker</b>                      | <b>Employer</b>              |                   |
| <b>Employer Address</b>                           | <b>Work Telephone Number</b> | <b>Fax Number</b> |
| <b>Email Address</b>                              | <b>Reference Number</b>      |                   |

(\* = Complete if information is available, applicable or information has changed

I declare that the particulars set out in the above mentioned statement are true and correct to the best of my knowledge.

Signature of investigating designated social worker: \_\_\_\_\_

Date: \_\_\_\_\_

|  |
|--|
| <p><b>Official Stamp of Department/Child Protection Organisation</b></p> |
|--|