

# UMMS DEPT of PEDIATRICS – BALTO CITY CPS STUDY 2005

ID \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date Form Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Check here if family has **NEVER** been involved with **Maryland CPS**, then stop here.

\* Multiple types and dispositions under the SAME REPORT DATE should all be coded, but in SEPARATE columns (see attached example).

Report Number	1	2	3	4	5
Date of Report:	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
<b>Type:</b> (Please code all those that apply) 1 – neglect 2 – physical abuse 3 – sexual abuse 4 - other					
<b>Disposition:</b> 1 – indicated 2 – unsubstantiated 3 – ruled out					
<b>Child placed out of home:</b> 1 – yes 2 – no 3 – don’t know					
<b>If placed, where:</b> 1 – Foster Care 2 – Kinship Care 3 – Other (please describe)					
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<b>UMMS STAFF ONLY:</b> <b>Report Status:</b> 1 – Abstracted 2 - Missing					
<b>Is Report on Sibling Only:</b> 1 – Yes 2 – No (Code when includes index child) 3 – Unknown (Code for family level data only)					