

FLORIDA LOCAL ADVOCACY COUNCIL DEPARTMENT OF CHILDREN AND FAMILIES



Date: **URGENT** ABUSE NOTIFICATION - CHILD

To: Florida Local Advocacy Council
Bryan Morgan
bryan.morgan@myflorida.gov
400 W. Robinson Street, N301
Orlando, FL 32801
(407) 245-0965
(407) 245-0970 (fax)

From:

The Local Advocacy Councils must be notified within **48 hours** if:

- A child is a current Department (DCF or APD) client or receiving child care (s 402.302, FS) and an investigation has been or will be commenced, **and**
- Abuse was alleged to be caused by an employee or other person at an institution, such as : School, Day Care Center, Residential Home, Facility, Institution or Foster Home

If either of these conditions does not exist, DO NOT submit a report.

E-mail this form to the Local Advocacy Council Regional Office listed above.

Abuse Report Number:	
Initial or Final Report:	
Date Commenced:	
Birth Date	

Name of Abused

Location/Address (Facility Name/Type, Last Name of Foster Home)

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Allegation(s)

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Narrative

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Indicators (Final), Date Closed

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