DEC Program Head Count Form

For use by law enforcement, probation, parole for a criminal investigation report and/or social services during a DEC investigation to gather pertinent information for Children's Protective Services investigation report/petition

Total Number of Children Present: ________

Child 1	Child 2	Child 3
Name:	Name:	Name:
Date of Birth:	Date of Birth:	Date of Birth:
Child Present: Yes ☐ No ☐	Child Present: Yes ☐ No ☐	Child Present: Yes ☐ No ☐
Parent/Guardian Name:	Parent/Guardian Name:	Parent/Guardian Name:
Guardian Present: Yes ☐ No ☐	Guardian Present: Yes ☐ No ☐	Guardian Present: Yes ☐ No ☐
Residence Address:	Residence Address:	Residence Address:
A. PHYSICAL FEATURES		
Height: / Weight:	Height: / Weight:	Height: / Weight:
Childs Reach / Right / Left	Childs Reach / Right / Left	Childs Reach / Right / Left
Child Disabled: Yes ☐ No ☐	Child Disabled: Yes ☐ No ☐	Child Disabled: Yes ☐ No ☐
Clothing:	Clothing:	Clothing
Hygiene:	Hygiene:	Hygiene:
Where Found:	Where Found:	Where Found:
Demeanor:	Demeanor:	Demeanor
Photos Taken Of Child: Yes ☐ No ☐	Photos Taken Of Child: Yes ☐ No ☐	Photos Taken Of Child: Yes ☐ No ☐
Urine Tox Screen Done: Yes ☐ No ☐	Urine Tox Screen Done: Yes ☐ No ☐	Urine Tox Screen Done: Yes ☐ No ☐
Date/Time:	Date/Time:	Date/Time:
Where:	Where:	Where:
Results:	Results:	Results:

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DEC Program Head Count Form

Hair Sample Taken: Yes ☐ No ☐	Hair Sample Taken: Yes ☐ No ☐	Hair Sample Taken: Yes ☐ No ☐
Date/Time:	Date/Time:	Date/Time:
Where:	Where:	Where:
Taken By:	Taken By:	Taken By:
Child 1	**Child 2**	**Child 3**
Con/Sub Knowledge:	Con/Sub Knowledge:	Con/Sub Knowledge:
Did you see anything?	Did you see anything?	Did you see anything?
Did you smell anything?	Did you smell anything?	Did you smell anything?
B. DIETARY HABITS		
When did you eat last?	When did you eat last?	When did you eat last?
What did you eat?	What did you eat?	What did you eat?
How Often?	How Often?	How Often?
Who fixes your food?	Who fixes your food?	Who fixes your food?

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DEC Program Head Count Form

C. HYGIENE HABITS

When was your last bath/shower?	When was your last bath/shower?	When was your last bath/shower?
Did anyone help you?	Did anyone help you?	Did anyone help you?
Do you brush your teeth?	Do you brush your teeth?	Do your brush your teeth?

D. SLEEP HABITS

What time do you go to bed?	What time do you go to bed?	What time do you go to bed?
What time do you get up?	What time do you get up?	What time do you get up?
Where do you sleep?	Where do you sleep?	Where do you sleep?

E. TIME OF INVESTIGATION/ARREST

Condition of Home:

F. WEAPONS

Firearm(s) Found: Yes ☐ No ☐	Type:	Loaded: Yes ☐ No ☐	Location(s) Where Found:
Other Weapons Found:	Type	Location(s):	Location(s):

G. DANGEROUS CONDITIONS

Type of Narcotics/Chemicals:
Location(s)

Room Locked: Yes ☐ No ☐	Containers Open: Yes ☐ No ☐	Height of Object Holding Narcotics:
Containers Within Reach of Child: Yes ☐ No ☐	Which Child(ren):	How:

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DEC Program Head Count Form

H. WERE SAFETY ATTEMPTS MADE ON

Narcotics: Yes ☐ No ☐	Chemicals: Yes ☐ No ☐	Weapons: Yes ☐ No ☐
What:	What:	What:

I. EVIDENCE GATHERING

Wall/Surface Sample Taken: Yes ☐ No ☐	Carpet/Flooring/Soil Sample Taken: Yes ☐ No ☐	Contaminated/Stained Clothing Sample: Yes ☐ No ☐
From Where:	From Where:	What:
		From Where:
Condition:		
# Prior Calls to House:	When:	Why:

Child Social Worker on Scene: Yes ☐ No ☐	Name of Worker:
Fire and/or Code Enforcement on Scene: Yes ☐ No ☐	Name(s) Personnel: Agency:

J. NARRATIVE

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