



INDIAN HEALTH SERVICE AND OFFICE FOR VICTIMS OF CRIME CHILD ABUSE PROJECT

POST TRAINING SITE SPECIFIC STATISTICAL DATA

Please complete the following information about your practice site for all child sexual/physical abuse cases in the past year for age 18 and under **after successful completion of each year of the course:**

YEAR COMPLETED: _____ ONE _____ TWO

Medical Provider: _____
Site/facility: _____

- Total number of reported child abuse cases last year _____
Physical abuse _____ Sexual abuse _____
- Total number of substantiated cases last year _____
Physical abuse _____ Sexual abuse _____
- Total number of medical examinations for abuse last year _____
- Total number of cases where the alleged perpetrator was arrested last year _____
- Total number of cases accepted for prosecution last year _____
- Number of other medical providers at this facility who do child abuse examinations _____

Please mail this form as soon as possible after all data is collected to:

CDR P. Jane Powers APRN, BC, FAANP
Director, IHS/OVC Child Abuse Project
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