

## Instructions on completing the SCI Email Reporting Form:

1. Report is not cell phone compatible. The form needs to be completed on a computer.
2. When you open the form, make sure the entry boxes are highlighted (blue);
3. If the entry boxes are not highlighted in blue, click **Highlight Existing Fields**

This file includes fillable form fields.  
You can print the completed form and save it to your device or Acrobat.com.

Highlight Existing Fields

State of New Mexico  
**CHILDREN, YOUTH and FAMILIES DEPARTMENT**

MICHELLE LUJAN-GRISHAM  
GOVERNOR

HOWIE MORALES  
LIEUTENANT GOVERNOR

BRIAN BLALOCK  
SECRETARY

SEAL OF THE STATE OF NEW MEXICO  
1912

4. Complete the entire form. Do not leave questions unanswered. If you do not know the answer, please type Unknown.
5. Send the completed form as an attachment in the email.
6. Type the name of your school, child care agency or DV agency on the Subject Line of the Email.
7. Double check Email Address to ensure reports are being sent to the correct email address:  
**SCI.Reports@state.nm.us**
8. If you have questions please call Paul Williams (505) 841-6127 or Sandra Gallegos (505) 205-4677.

# State of New Mexico CHILDREN, YOUTH and FAMILIES DEPARTMENT

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**The following form is used to report non-emergency situations**

**Email to:** [SCI.Reports@state.nm.us](mailto:SCI.Reports@state.nm.us)

Call 911 or your local law enforcement agency if you have an emergency or life-threatening situation that must be dealt with immediately.

## **When do I call Statewide Central Intake (SCI) instead of using this form?**

- Child has serious injuries due to abuse/neglect
- Child needs immediate medical treatment
- Sexual abuse where the abuser has or will have access to the victim.
- Children age 5 years and under are alone or are likely to be left alone within the next 24 hours.
- Parent, guardian or custodian is currently under the influence of drugs/alcohol and has children in their care.

CYFD Statewide Central Intake (SCI) at 1-855-333-SAFE (7233) or #7233 from a cell phone

**Reporter/Source Information:** PSD protects the identity of the reporter (Source) to the fullest extent allowed by law. You have the option to remain anonymous if you choose to.

**Your Name:**

**Your Title:**

**Place of Employment:**

**Address of Employment:**

**Phone Number, including area code:**

You can receive a status letter informing you whether the case was screened in for investigation. Would you like to receive the Status Letter:   Yes                   No

**If SCI needs to contact you,** the Source, in order to obtain further information regarding this report, please document other phone number(s). These additional phone numbers will not be entered into the report.

**Additional Phone Numbers:**

**Participant Information:** Starting with the youngest child in the residence, document the following information for ALL adults and children that live in the home. When information is unknown, please document "Unknown." Please do not leave any box blank. Each box should contain an answer.

| Full Name<br>(Include first name, middle initial and last name) | Address<br>(Apartment Number, City, State, and Zip Code) Directions to home if address unknown | Phone<br>(Include area code) | Gender | Date of Birth or Approximate Age | Race/Ethnicity | Name of School Child attends, Grade Level, and Teacher's name |
|---|--|------------------------------|--------|----------------------------------|----------------|---|
|   |  |                              |        |                                  |                |   |
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|   |  |                              |        |                                  |                |   |

**If needed use this space to document additional participant information:**

|  |                          |
|--|--------------------------|
| <b>Incident Date and Time:</b><br>Describe in as much detail as possible the reason(s) why you are making this report: | <b>Incident Address:</b> |
|--|--------------------------|

- What is the primary language of the family?
- Does the family reside on Tribal Land, if yes which one?
- Is the child a registered member of a Native American Tribe or eligible to enroll?
- Are the parents/legal guardians affiliated with the Military, if so, which affiliation?

If parents are separated, out of home parent's name, address, phone number, and custody information (when is the child with this parent). If there are multiple out of home parents, clarify who the parent is for each child:

Where is the current location of the child/children you are reporting?

Names of relatives, friends, neighbors and/or other adult contacts for the child. Include their names, relationship to the family, address, and phone number:

**Educational Information:**

**Name of Child #1:**

**Level of Education (include disability):**

**Does child have more than 10 absences (excused and unexcused) in one semester? Yes or No and if yes, how many?**

**Name of Child #2:**

**Level of Education (include disability):**

**Does child have more than 10 absences (excused and unexcused) in one semester? Yes or No and if yes, how many?**

**Name of Child #3:**

**Level of Education (include disability):**

**Does child have more than 10 absences (excused and unexcused) in one semester? Yes or No and if yes, how many?**

**Name of Child #4:**

**Level of Education (include disability):**

**Does child have more than 10 absences (excused and unexcused) in one semester? Yes or No and if yes, how many?**

**Name of Child #5:**

**Level of Education (include disability):**

**Does child have more than 10 absences (excused and unexcused) in one semester? Yes or No and if yes, how many?**

**Other Concerns:**

**If you have concerns other than educational neglect or those listed above please document here to the best of your knowledge. Please be descriptive and provide as much detail as possible. Please include most recent incident, frequency of incidents and parents response to your concerns.**

**Other Safety Concerns:**

Are you aware of any weapons in the home?

Are you aware of any animals in the home? Are they aggressive or mistreated?

Are there any other concerns regarding the home or family that may impact the CYFD worker's safety?