



**PROTECTIVE SERVICE ALERT REPORT**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CHILDREN AND FAMILY SERVICES  
 SFN 298 (7-2024)

**1. Date whereabouts became unknown (month, day, year)**

**RELATIONSHIP CODES (R.C.)**

- (A) Natural Child
- (B) Adopted Child
- (C) Stepchild
- (D) Foster Child
- (E) Private Institution Resident
- (F) Public Institution Resident
- (G) Grandchild/Parent
- (H) Sibling
- (I) Other Relative
- (J) Boy/Girlfriend or Caregiver  
Who is Believed to Have Child
- (K) Babysitter
- (L) Out-of-Home Care Employee  
(Specify) \_\_\_\_\_
- (M) Non-related
- (N) Unknown
- (O) Other (Specify):  
\_\_\_\_\_

**CHILD STATUS (C.S.)**

- (1) Court Ordered Protective Services
- (2) Alleged Victim
- (3) At Risk
- (4) Not a Party in the Report

**ROLE CODES**

- (B) Believed to Have Child
- (N) Not Involved

**CUSTODY (C.)**

- (1) Parental
- (2) Non Parental or Non Agency
- (3) None
- (4) Public Agency

**SEX CODES**

- (M) Male
- (F) Female
- (U) Unknown

**ETHNICITY CODES (E.C.)**

- (A) Asian
- (B) Black
- (C) Caucasian
- (D) Spanish Surname
- (E) Native American
- (F) Other (Specify)  
\_\_\_\_\_

2.	CAREGIVER(S) (Last name, first name, middle initial)	BIRTHDATE			Age	Role Code	Sex	E.C.	C.
		MO	DAY	YR					
(1)									
(2)									
(3)									

CHILD(REN) (Last name, first name, middle initial)	BIRTHDATE			Age	R.C.			Role Code	Sex	E.C.	C.
	MO	DAY	YR		1	2	3				
(A)											
(B)											
(C)											
(D)											
(E)											
(F)											

3. Name/description of each caregiver believed to have physical custody of child with a child status of 1, 2, or 3:

Name/description of each child with a child status of 1, 2, or 3:

4. Summary of situation/reason for alert:

5. Special needs of child:

6. Suspected Destination

Mode of Transportation

Usual Source of Income

7. Instructions if child/caregiver is/are found:

8. Action Taken by Agency

Notified Law Enforcement

Notified Court for Pick-Up Order

Warrant Issued for Arrest of Caregiver(s) with Child(ren)

Other (specify): \_\_\_\_\_

Agency Name		Telephone Number	
Street Address	City	State	ZIP Code
Name of Contact Person		Telephone Number	

9.  Child Abuse/Neglect Assessment was in Process

Children's Protective Services were in Process

Date of Court Ordered Children's Protective Services: \_\_\_\_\_

Date Custody Obtained: \_\_\_\_\_

Child(ren) Taken in Violation of: \_\_\_\_\_

Other (specify): \_\_\_\_\_