

Kentucky Multidisciplinary Commission on Child Sexual Abuse

Please complete the following Mandatory Data Collection Tool and submit to KMCCSA@ky.gov. Form must be completed by January 31.

County/Counties Team Represents:

Facilitator's Name and Email for the Team:

Identify the Discipline, Individual Name and Email:

|  |  |  |
| --- | --- | --- |
| Discipline | Individual's Name | Email |
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How often does your MDT meet and review cases:

Type of cases reviewed:

|  |  |
| --- | --- |
| Type of Cases reviewed | Number of Cases |
| Sexual Abuse Cases |  |
| Physical Abuse Cases |  |
| Human Trafficking Cases |  |
| Other (please define)  |  |

Does your team have an approved protocol:

If yes, please provide approval date:

How often does your team review your MDT Protocol:

How does your MDT orient new team members:

Please identify specific needs of your team: \_

Please identify specific training that would be beneficial to your team:

Form completed by (name and contact information):