Tri-County Head Start/Early Head Start

Child Abuse and Neglect Investigator Visit Form

Center _____ Date_____

Staff Name_____ Position_____

Child's Name_____

Name of Investigator/Caseworker_____

Agency Location_____

Phone Number_____

ID number/ Picture/ Verification_____

Met with child on: _____ Time: _____

Others present at meeting: _____

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Documentation

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Original Copy: Send to Family Services Coordinator in envelope marked CONFIDENTIAL. Place copy of form in confidential locked file for Child Abuse and Neglect Reporting Forms

- This form will follow the child from EHS to HS in confidential folder to be placed with locked Child Abuse and Neglect Reporting Forms.
- At the end of child's Head Start career place in child's family folder.