

Tri-County Head Start/Early Head Start

Child Abuse and Neglect Reporting Form

Center _____ Date _____

Staff Name _____ Position _____

Child's Name _____

Name of Investigator/Caseworker _____

Agency Location _____

Phone Number _____

ID number/ Picture/ Verification _____

Called on _____ Time _____

Documentation

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.