

**HEAD START CHILD ABUSE REPORT DOCUMENTATION
WRITTEN CONFIRMATION OF SUSPECTED CHILD ABUSE/NEGLECT REPORT:
MANDATED REPORTERS**

Date _____

Child's Name _____

Child's Birth date _____

Staff Member Making the Report _____

Time _____

Parent/Custodian

Name and Address

City

Zip Code

Telephone Number

This is to confirm my oral report of _____ 20____, made in accordance with the Federal Policy, 1977 and the State Reporting Laws.

1. What injuries or signs of abuse/neglect are there? _____

2. How were these signs discovered? _____

3. What explanation (if any) did the child provide? _____

Is there documentation in Child Plus Health Observation Log of unusual injuries or observations that caused you concern, including other reports made to the Indiana Child Abuse Hotline _____

Report made to CPS County of _____

Name of Indiana Child Abuse Hotline worker taking report _____

The Following Information Was Requested, check all that applies.

___ Health Observation logs

___ Social Service Logs

___ Height & Weight Charts

___ Attendance Roster

___ Daily Food Tracking Form

___ Educational Tracking Forms

___ Parents Phone/Contact #

___ Address

___ Requested to come to site & Do Observation of child

___ Other, Please Specify _____

4. Was the Family Services Specialist Contacted? _____ Support provided: _____

Signature _____

Title _____