

Big Sandy Area Head Start

CONFIDENTIAL REPORTING FORM: Suspected Child Abuse

When a report is made to the Department of Protection & Permanency alleging child abuse comitted by a non-staff member, the reporting staff or their supervisor must immediately complete this form and submit to their local Head Start Director.

Child's Name:

Date of Birth:

Address:

Phone:

Parent(s) Name:

Head Start Center:

Classroom:

Description of Report to DPP:

Name of Reporting Staff

Date