

Big Sandy Area Head Start

CONFIDENTIAL REPORTING FORM: Suspected Child Abuse by Staff Member

When a report is made to the Department of Protection & Permanency accusing a Head Start staff member of suspected child abuse, 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: _____

Staff Member Suspected: _____

Description of Report to DPP:

Name of Reporting Staff

Date