Community Action Team
CHILD & FAMILY DEVELOPMENT PROGRAMS
Child Abuse and Neglect Report

Name of Child: Birthdate:
Address: Sex:
Parent/Guardian Name: Phone:
Work Phone:

Names of all adults and children involved

1. Describe the suspected abuse, including whether the child has current injuries.

2. Please give a detailed observation and statement made by the child or others.

3. Does the child have unique needs?

4. Information related to family functioning, resources, and supports.

5. Contact information, addresses, or other means to locate the individuals of concern

6. Race, ethnicity and language spoken by the children and family.

7. Doe the child or family identify American Indian or Alaska Native heritage.

Action taken by Head Start: Date: Time:

Name of person contacted at DHS:

Action taken by DHS or other agency:

Date Signature

 If more space is needed to give complete answers please type on a separate page and attach to this form.