



Elkhart & St. Joseph Counties Head Start Consortium

**Child Abuse Reporting Form**

Fill in every blank completely and email to  
Head Start Office immediately after calling in a report

Email to: CPS@headstartesj.com

**Manager/Transportation/Principal signature:** \_\_\_\_\_

<b>Child's Name:</b>	<b>Birthday:</b>
<b>Head Start Center:</b>	<b>Date:</b>
<b>Room #:</b>	
<b>Referral Made by (Name):</b>	<b>Position:</b>

**Reporting Numbers for Division of Family and Children/CPS**

**1-800-800-5556**

**REASON FOR REPORT**

**TIME:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER PERTINENT INFORMATION: (HEALTH CONSIDERATION, SOCIAL SERVICE IMPLICATIONS, ETC.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CALL MADE TO CPS**

**TIME:** \_\_\_\_\_

**ACTION**

**TAKEN:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature**

**Date Submitted**

**DCS PERSON YOU SPOKE TO:** \_\_\_\_\_

**HEAD START OFFICIAL NOTIFIED (ie. Principal, Manager, Executive Director)**

\_\_\_\_\_

**PARENTS' NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER(s):** \_\_\_\_\_