



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: _____

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

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): _____