

**CHILD & FAMILY DEVELOPMENT PROGRAMS**  
**of Community Action Team, Inc.**  
Child Abuse and Neglect Report

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

1. Nature and extend of the child's injuries or evidence of neglect or molestation:
  
2. Does child have developmental disorder, handicapping condition or behavior plan?
  
3. Describe any evidence of previous known or suspected abuse or neglect to child, and dates if known.
  
4. Names and addresses of the persons responsible for the suspected abuse or neglect:
  
5. Names, addresses, telephone number of school and name and position of the person making the report:
  
6. Action taken by Head Start: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
*Name of person at DHS:* \_\_\_\_\_
  
7. Action taken by DHS or other agency:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature