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| --- | --- | --- | --- |
| CCS-logoweb | Spokane County Head Start/ECEAP/EHSCHILD PROTECTIVE SERVICES REPORT |

|  |
| --- |
| Site  Room no.  |

 |
|  |
| Date |       |  |
| To | CPS Central Intake, 363-3333 (day time); 1-800-562-5624 (after hours) |
| From | HS/EHS/ECEAP employee | Name |       | Job title |       |
|  | Telephone |       | Site |       |
|  |  | Address |       |
| Re | Written follow-up on a phoned CPS report |
|  | Staff who made the initial CPS telephone call? | Name |       | Job title |       |
|  | What was the CPS intake worker’s full name? |       |
|  | What is the referral number? |       | CPS risk rating of this report |       |
|  |  |  |  |  |
| Child’s name |       | Birth date |       |
| Parent’s name |       |
| Street address |       | City |       | St |       | Zip |       |
| Day phone |       | Evening phone |       |
| Brief description of nature of concern: |
|       |
|       |
| Any other CPS reports previously filed? [ ]  Yes [ ]  No |
| If yes, please describe the CPS report date and concerns |
|       |
|       |
| Has this report been shared with the parent or guardian? [ ]  Yes [ ]  No |
| If yes, what kind of follow-up has been discussed with the parent or guardian? |
|       |
|       |
| What is the plan for future follow-up with the family? |
|       |
| HS/EHS center manager’s/ECEAP director’s signature |       |
|  |  |  |
| **Original**CPS IntakeDCFS Region I1313 N Atlantic St, Suite 2000Spokane WA 99201 | **Copy**Child’s File | **Copy**Center Manager(then forward to socialservices specialist) |