

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane County Head Start/ECEAP/EHS CHILD 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 _____ State _____ 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 _____

White
CPS Intake
DCFS Region I
1313 N Atlantic St, Suite 2000
Spokane WA 99201

Yellow
Child's File

Pink
Center Manager
(then forward to social
services specialist)