



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 _____ 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 _____

CfI | bU
 CPS Intake
 DCFS Region I
 1313 N Atlantic St, Suite 2000
 Spokane WA 99201

7 cdm
 Child's File

7 cdm
 Center Manager
 (then forward to social
 services specialist)