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| CCS-logoweb | | | | | 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any other CPS reports previously filed?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, please describe the CPS report date and concerns | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is the plan for future follow-up with the family? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HS/EHS center manager’s/ECEAP director’s signature | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |
| **Original**  CPS Intake  DCFS Region I  1313 N Atlantic St, Suite 2000  Spokane WA 99201 | | | | | | | | | **Copy**  Child’s File | | | | | | | | | | | | | | **Copy**  Center Manager  (then forward to social  services specialist) | | | | | | | | | |