**Complete Report Prior to calling CPS. CPS Phone number: 866-363-4276**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Site/HV#:** | |  | | | | | **Date of Report:** | | | |  |
| **Child Name:** | | |  | | **Date of Birth:** |  | | **Race:** | |  | |
| **Physical Address:** |  | | | | | | | | | | |
| **Name of Parent(s):** | | | | **Relationship to Child:** | | | | | **Phone Number(s):** | | |
|  | | | |  | | | | |  | | |
|  | | | |  | | | | |  | | |
| **Name Others in Household:** | | | | **Relationship to Child:** | | | | | **Type of Concern:**  Physical Abuse  Sexual Abuse  Neglect | | |
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| **Description of Concern Add any indicators of abuse or neglect (physical, behavioral, what did you see or hear?)** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Staff Member Making Report:** | | | | **Name of Person Receiving Report:** | | | | | **Priority of Report:**  Information Only  24 Hours  72 Hours | | |
| **Additional Agencies Reported To:** | | | | **Was Parent/Family Notified?** | | | | |

* After completing reporting requirements, this document must be given to the direct Supervisor who will review it and then place in Records folder in the manager’s office. **A copy is NOT to be kept on site.**
* Follow up must be reported to direct Supervisor who will inform the appropriate Program Manager.
* The staff making the report will put an event in the Communication Log with the description labeled “CPS Report” and include who they spoke to and next steps (if known).