

## **Reach Dane SUSPECTED ABUSE/NEGLECT REPORT**

Program:	Date:	Is this: Initial Report: _	or Follow-up:			
Child:		Family:	Family:			
☐ EHS Home-Bas		] Mental Health Manager □ Family E n Compliance Manager □ Educatio				
Name of County	CPS Intake Worker info giv	ven to:				
		Tel. #				
	leged Situation and Inform	nation Reported:				
Comments from	County worker:					
	follow-up? Their next ste	ps:				
Staff follow-up:						
☐ Talk with pare	ent about incident, if perm	itted by CPS – who:	when:			
		or, EHS Home-Based Manager and/o				
☐ Other:						
Staff Reporting: _		Position:	_ Tel. #:			

Center-Based Staff: Route to MHM

EHS Home-Based Staff: Route to EHS Home-Based Manager



## Reach Dane - Human Services/Child Protective Services Site Visit

Program:		Date:		
Child's Name:		Family:		
Name of CPS V	Norker:			
Was this visit:	☐ Due to a report made by Reach Dane staff (Date report was made:			
	☐ Initiated by Human Services,	/CPS		
	☐ Made by the ongoing casew	orker		
Was law enfor	rcement/police present? ☐ No		Director before the end of the elicensing requirements	
Reason for the	e visit:			
Will CPS be doing any further follow-up? $\square$ Yes		□No	□ Unsure	
Staff follow-up	o (if any):			
Staff Reporting	g:	Docition	Tel. #:	
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Center-Based Staff: Route to MHM

EHS Home-Based Staff: Route to EHS Home-Based Manager