

Step #1 (Complete Step #1 Immediately)

Inform KidsFirst Program Manager or Delegate immediately by phone or email when a report to Child Protection is made)

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Date:							
Step #2 (Comple	te Step #2 Imm	ediately)					
Date of Report:							
Partner Agency R	eporting:			KidsFirst Sta	aff Reporting:		
** If report is mad	e by KFR staff ot	her than the assi	gned home visi	itor, has the	assigned HV be	en informed?] Yes 🔲 No
Name of the Kidsl	First parent(s) inv	volved:	Name and Bir	rth Dates of	children:		
KF Parent Name:			Child Name:			Child DOB:	
KF Parent Name:			Child Name:			Child DOB:	
			Child Name:			Child DOB:	
			Child Name:			Child DOB:	
Reason for Report:							
Parent aware of re	eport: 🗌 Yes	🗌 No					
Report made by:			Report	t made to:			
	KidsFirs	t Signature			MSS I	ntake Staff	
Report document	ed on the KidsFi	rst file: 🗌 Yes	🗌 No				
Step #3 (KF follo	w up will be do	ne 5-7 days afte	r the call to Ch	ild Protecti	ion Programs)		
Date of follow up	call:		\neg				
Child Protection F	Response to Kids	First Report:					
Screened Out	/ No Investigatio	n					
Screened In/Ir	nvestigation Req	uired					
Next Steps:							