

ONLINE REPORT

STEP Head Start Checklist for Reporting Suspected Child Abuse or Neglect

Child Name _____ Date _____

Reporter Name _____ Site _____

Complete the Online Report through the PA Child Welfare Information Solution (CWIS) at www.compass.state.pa.us/cwis/ **FACTS ONLY**

e-Referral ID # _____ (found on the submission confirmation page)

Print report form (click on the e-Referral # to open the report in pdf for printing)

CWIS Referral ID # _____ (found on the top left of each page of the report)

Call LOCAL CHILDREN & YOUTH SERVICES

(STEP Head Start policy is to call the local CYS each time a report is made; note the time and worker below)

Time of Call _____ Name of CYS Worker _____

⊕ CLINTON ~ 570-893-4100 (after hours 570-748-2936)

⊕ LYCOMING ~ 570-326-7895 (anytime)

⊕ CENTRE ~ 1-814-355-6755 (after hours 1-800-479-0050)

Contact Deputy Director, Shannon Cohick, 570-601-9634, to make notification a report was made.

If not available, contact Supervisor, Manager, Deputy Director or Director

Name of alternate contact person notified _____

Send **PRINTED copy of CY 47 Report (the pdf copy)** and this checklist to Boyd Street to Deputy Director, Shannon Cohick, immediately.

Was a notification made to the family? Check One (X)

Yes ~ Date and Time _____

No ~ Why Not? _____

Additional Information? _____

Reporter Signature _____ Date _____

Deputy Director Signature _____ Date _____

Director Signature _____ Date _____