

CALL IN REPORT

STEP Head Start Checklist for Reporting Suspected Child Abuse or Neglect

Child Name _____ Date _____

Reporter Name _____ Site _____

_____ **Complete the CY 47**, Report of Suspected Child Abuse form. This will help you provide the required Information to CHILDLINE **FACTS ONLY**

_____ **Call CHILDLINE 1-800-932-0313**

Time of Call _____ Name of CYS Worker _____

_____ **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 _____

_____ Make a copy of the CY47 and **mail the original CY47 Report** to the local CYS immediately.

- **CLINTON** ~ Children and Youth Services, 2 Piper Way, Suite 200, Lock Haven PA 17745
- **LYCOMING** ~ Children and Youth Services, 200 East Street, Williamsport PA 17701
- **CENTRE** ~ Children and Youth Services, 420 Holmes Street, Bellefonte PA 16823

_____ Send copy of CY 47 Report 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? _____

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Reporter Signature _____ Date _____

Deputy Director Signature _____ Date _____

Director Signature _____ Date _____