

SAMARITANS FIVE STAR FAMILY DAY CARE & IN HOME CHILD CARE



CHILD PROTECTION (KTS) – CONCERNS FORM

Family Name: _____

Child/ren Name/s: _____

Date of concern: _____ Time of concern: _____ am/pm

Details of concerns: _____

Educator Name: _____ Signature: _____

Staff member name: _____ Signature: _____

OFFICE US ONLY

Concern noted in Register: Y N Date: _____

Reference Number: _____

Did this concern require notification to the Mandatory Reporter's hotline? Y N

Date completed: _____ Reference number: _____

Are there previous concerns in relation to this family/child/ren? Y N

If Yes, Please attach copies of previous notifications.

Family Contacted: Y N Date: _____

Family Permission granted for referral: Y N Date: _____

Please attach copy of signed Referral Consent Form

Carer Contacted: Y N Date: _____

Referral Agency Contacted: Y N Date: _____

Agency name: _____

Authorized Supervisor Signature: _____

Date: _____

