

**Lower Columbia College Head Start/EHS/ECEAP  
Notification of Pick-up by Child Protective Services**

Police Officer's Name: \_\_\_\_\_

Name of CPS Staff: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

*(C: 01/01; R: 09/10)*

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