

**COLLEGE OF SOUTHERN IDAHO
HEAD START/ EARLY HEAD START
HAGERMAN SCHOOL DISTRICT
CHILD PROTECTION SOAP**

Child's Name _____ Date of Birth _____

Hagerman School District staff signature

CSI Head Start/Early Head Start staff signature

Date / / _____
Data

Plan

Employee Signature _____ Date _____

- 1 Child File
- 1 MHP
- 1 Hagerman School Dist.