

**CHILD/FAMILY SERVICES  
STAFF ACTION/FOLLOW THROUGH REPORT**

Service Options:

\_\_\_\_Center Based    \_\_\_\_Home Based    \_\_\_\_FCCH    Effective Date \_\_\_\_\_

Location \_\_\_\_\_ Agency \_\_\_\_\_

Staff's Name \_\_\_\_\_  
Last First

☐ **Site Change**

☐ **Address Change**

☐ **Position Change**

☐ **Phone change**

☐ **Name Change**

☐ **Education Update** (*attach copy of certificate/permit or degree*)

☐ **Termination**

☐ **Other**

**Explanation of Action (reason for termination, correction, etc.):**

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**Additional Comments:**

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**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Distribution:    White - Grantee    Yellow - Delegate    Pink - Originator