

REPORTING CHILD ABUSE / NEGLECT

1.0 The school employee having knowledge of suspected abuse or neglect of a student shall immediately report to Adams County or Broomfield County Department of Social Services or local law enforcement.

1.1 Reports of suspected abuse or neglect by a parent or someone in a child's home should be directed to Social Services.

1.2 Reports suspected abuse or neglect by a third party should be directed to local law enforcement.

2.0 As soon thereafter as possible, the employee shall notify the building's designated Child Abuse Reporting Liaison and a building administrator.

3.0 The reporting individual shall promptly follow any oral reports to Adams County or Broomfield County Department of Social Services or local law enforcement with a written report setting forth in as much detail as possible information required by statute or the appropriate agency.

3.1 The form entitled "Child Abuse Report to the Adams / Broomfield County Department of Social Services or Law Enforcement Agency" is included as an Exhibit to this policy and may be used, but is not required, for making the written report.

4.0 Should the suspected abuse involve a District employee, the building principal shall also notify the Assistant Superintendent for Human Resources.

LEGAL REFERENCES:

C.R.S. 19-1-103

C.R.S. 19-3-102

C.R.S. 19-3-103

C.R.S. 19-3-301 et. seq.

C.R.S. 22-32-109(1)(z)

C.R.S. 22-32-109.1(9)(d)

**ADAMS 12 Five Star Schools
CHILD ABUSE REPORT TO THE
ADAMS / BROOMFIELD COUNTY DEPARTMENT OF SOCIAL SERVICES
OR LAW ENFORCEMENT AGENCY
Division of Services for Families, Children and Youth**

Name of Child _____ **Birth Date** _____

Sex _____ **Race (Required by Statute)** _____

Address (include city and zip) _____

Parent's/Guardian's/Custodian's Name _____

Address (include city and zip) _____ **Telephone #** _____

1. **Name of Social Services worker contacted by phone** _____

2. **Nature and extent of the child's injuries or evidence of neglect or molestation:**

3. **Child's account of how the incident occurred:** _____

4. **Describe any evidence of previous known or suspected abuse or neglect to the child or to the child's siblings:**

5. **Name(s), address(es) and relationship of the person(s) responsible for the suspected abuse or neglect, if known:** _____

White: Social Services or Police Yellow: Staff Counsel Pink: School Copy
(Law Enforcement if third party abuse)

**ADAMS 12 Five Star Schools
CHILD ABUSE REPORT, CONTINUED**

Name of Child _____

6. Other siblings, if known: _____

7. Other family members, if known: _____

8. Name, address, telephone number of school and the name and position of the person making the report:

9. Action taken by school:

A. Date and time of call to Department of Social Services: _____

B. Other: _____

10. Is the child receiving additional assistance at school outside of his/her regular classroom assignment?

Yes No If yes, please specify: _____

Any other information which may be helpful to Social Services' investigation of this matter:

Date: _____

Signature _____

Position: _____

Please Print Name _____

School: _____

White: Social Services or Law Enforcement Yellow: Staff Counsel Pink: School Copy
(Law Enforcement if third party abuse)