

**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 Chief Human Resources Officer.

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)**