Colorado School for the Deaf and the Blind

33 N. Institute Street

Colorado Springs, CO 80903

# Report of Suspected Child Abuse

*Child abuse or neglect means an act or omission that threatens the health or welfare of a child.*

Report suspected abuse to the **Colorado Child Abuse and Neglect Hotline**

* 844-**CO**-4-Kids (1.844.264.5437) Open 24 hours a day, everyday
* Please state the county, if you know, where the abuse is happening
* If you don’t know the correct county, just state that you do not know, and someone will assist you.

 **Colorado Springs Police Department**- Non-Emergency number

**(719) 444-7000**

## Section A: Complete Before Calling

Child(ren):

Date of Birth:

Address:

Phone number:

Name of person making report:

Date:

Time report was called in:

Adult(s) involved:

Relation to child(ren):

Address:

Phone Number:

Adult(s) involved:

Relation to child(ren):

Address:

Phone Number:

Adult(s) involved:

Relation to child(ren):

Address:

Phone Number:

Child(ren):

Date of Birth:

Address:

Phone number:

Child(ren):

Date of Birth:

Address:

Phone number:

Is the child: (place X in front of item below)

 Deaf/Hard of Hearing

 Blind/Visually Impaired

 Residential

 Day student

Date of reported abuse:

Time of Reported abuse:

1. Description of injuries/incident involving the child(ren):

2. The child(ren) stated the following:

## Section B: Documentation of the Call

Agency reported to:

Phone number:

Individual reported to:

Other questions asked /response from agency (if any):

Case number (if assigned):

Report submitted to (supervisor):

Department:

Date:

## Section C: For Administrator Use Only

1. Was report made in a timely manner with complete and appropriate information (Y/N)?

If “no”, please explain:

2. Results of CSDB investigation (if appropriate):

3. Additional Follow-up/Action taken

Who:

Date:

Follow-up/Action:

Who:

Date:

Follow-up/Action:

Who:

Date:

Follow-up/Action:

## Section D: For Superintendent Use Only

Superintendent Review:

Date:

Case Closed:

Date: