**COLORADO INFORMATION GATHERING AND REFERRAL PROCESS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***Reporter Information*** | | | | | | | | | | | | | | | | | | | |
| Report Date: | | | | | | | |  | | | | | | Report Time: | | |  | | |
| Name: | | | | | | | |  | | | | | | Telephone: | | |  | | |
| Agency: | | | | | | | |  | | | | | | Email: | | |  | | |
| Address: | | | | | | | |  | | | | | | | | | | | |
| Reporter Relationship: | | | | | | | | |  | | | | | | | | | | |
| Mandated Reporter: | | | | | | | | | Yes No | | | | | | | Reporter Type: | |  | |
| Method: | | | | | | | | | Hotline Call Walk In Telephone-Other | | | | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Incident Information*** | | | | | | | | | | | | | | | | | | | |
| Incident Date/When it occurred: | | | | | | | | | | |  | | | | Incident Time: | | | |  |
| Incident Address/Location: | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Demographic Information*** | | | | | | | | | | | | | | | | | | | |
| **ALLEGED VICTIM CHILD(REN)/YOUTH** | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | |  | | | | | | | Birth date or estimated age: | | | |  | |
| Ethnicity: | | | | | | |  | | | | Race: | |  | Primary Language: | | | |  | |
| Sex assigned at birth: | | | | | | | | | |  | | | Gender identification: |  | | | | | |
| American Indian or Native Alaskan: | | | | | | | | | | | Yes No If so, the tribal affiliation: | | | | | | | | |
| Address: | | | | | | |  | | | | | | | | | | | | |
| All telephone numbers: | | | | | | | | | |  | | | | | | | | | |
| School or child care: | | | | | | | | | |  | | | | | | | | | |
| Current specific location: | | | | | | | | | |  | | | | | | | | | |
| Any developmental delays, physical disabilities, competency or cultural considerations: | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **FAMILY AND HOUSEHOLD MEMBERS** | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | |  | | | | | | | Birth date or estimated age: | | | |  | |
| Relationship to the alleged victim child(ren)/youth: | | | | | | | | | | | | |  | | | | | | |
| Relationship to each other: | | | | | | | | | | |  | | | | | | | | |
| Ethnicity: | | | | | | |  | | | | Race: | |  | Primary Language: | | | |  | |
| American Indian or Native Alaskan: | | | | | | | | | | | Yes No If so, the tribal affiliation: | | | | | | | | |
| Address: | | | | | | |  | | | | | | | | | | | | |
| All telephone numbers: | | | | | | | | | |  | | | | | | | | | |
| School or employer: | | | | | | | | | |  | | | | | | | | | |
| Military affiliation: | | | | | | | | | | Yes No If so, the armed forces affiliation: | | | | | | | | | |
| Any developmental delays, physical disabilities, competency or cultural considerations: | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | |  | | | | | | | Birth date or estimated age: | | | |  | |
| Relationship to the alleged victim child(ren)/youth: | | | | | | | | | | | | |  | | | | | | |
| Relationship to each other: | | | | | | | | | | |  | | | | | | | | |
| Ethnicity: | | | | | | |  | | | | Race: | |  | Primary Language: | | | |  | |
| American Indian or Native Alaskan: | | | | | | | | | | | Yes No If so, the tribal affiliation: | | | | | | | | |
| Address: | | | | | | |  | | | | | | | | | | | | |
| All telephone numbers: | | | | | | | | | |  | | | | | | | | | |
| School or employer: | | | | | | | | | |  | | | | | | | | | |
| Military affiliation: | | | | | | | | | | Yes No If so, the armed forces affiliation: | | | | | | | | | |
| Any developmental delays, physical disabilities, competency or cultural considerations: | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | |  | | | | | | | Birth date or estimated age: | | | |  | |
| Relationship to the alleged victim child(ren)/youth: | | | | | | | | | | | | |  | | | | | | |
| Relationship to each other: | | | | | | | | | | |  | | | | | | | | |
| Ethnicity: | | | | | | |  | | | | Race: | |  | Primary Language: | | | |  | |
| American Indian or Native Alaskan: | | | | | | | | | | | Yes No If so, the tribal affiliation: | | | | | | | | |
| Address: | | | | | | |  | | | | | | | | | | | | |
| All telephone numbers: | | | | | | | | | |  | | | | | | | | | |
| School or employer: | | | | | | | | | |  | | | | | | | | | |
| Military affiliation: | | | | | | | | | | Yes No If so, the armed forces affiliation: | | | | | | | | | |
| Any developmental delays, physical disabilities, competency or cultural considerations: | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **PERSON ALLEGED TO BE RESPONSIBLE FOR THE ABUSE AND/OR NEGLECT** | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | |  | | | | | | | Birth date or estimated age: | | | |  | |
| Relationship to the alleged victim child(ren)/youth: | | | | | | | | | | | | |  | | | | | | |
| Ethnicity: | | | | | | |  | | | | Race: |  | | Primary Language: | | | |  | |
| Current or last known address: | | | | | | | | | | |  | | | | | | | | |
| All telephone numbers: | | | | | | | | | |  | | | | | | | | | |
| School or employer: | | | | | | | | | |  | | | | | | | | | |
| Military affiliation: | | | | | | | | | | Yes No If so, the armed forces affiliation: | | | | | | | | | |
| Present location: | | | | | | | | | |  | | | | | | | | | |
| Any developmental delays, physical disabilities, competency or cultural considerations: | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **ANY OTHER CAREGIVERS** | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | |  | | | | | | | Birth date or estimated age: | | | |  | |
| Relationship to the alleged victim child(ren)/youth: | | | | | | | | | | | | |  | | | | | | |
| Ethnicity: | | | | | | |  | | | | Race: |  | | Primary Language: | | | |  | |
| Address: | | | | | | |  | | | | | | | | | | | | |
| All telephone numbers: | | | | | | | | | |  | | | | | | | | | |
| School or employer: | | | | | | | | | |  | | | | | | | | | |
| Military affiliation: | | | | | | | | | | Yes No If so, the armed forces affiliation: | | | | | | | | | |
| Any developmental delays, physical disabilities, competency or cultural considerations: | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **WITNESS OF THE INCIDENT** | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | |  | | | | | | | Birth date or estimated age: | | | |  | |
| Relationship to the alleged victim child(ren)/youth: | | | | | | | | | | | | |  | | | | | | |
| Ethnicity: | | | | | | |  | | | | Race: |  | | Primary Language: | | | |  | |
| Address: | | | | | | |  | | | | | | | | | | | | |
| All telephone numbers: | | | | | | | | | |  | | | | | | | | | |
| School or employer: | | | | | | | | | |  | | | | | | | | | |
| Any developmental delays, physical disabilities, competency or cultural considerations: | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***Information Gathering*** | | | | | | | | | | | | | | | | | | | |
| Narrative: | | | INTRAFAMILIAL OR THIRD PARTY ABUSE AND/OR NEGLECT – INFORMATION TO BE GATHERED | | | | | | | | | | | | | | | | |
| Upon receipt of a report alleging intrafamilial or third party abuse and/or neglect, the county departments or the Hotline County Connection Center shall gather and document the following information, when available.   * Alleged victim child(ren)/youth’s name; address; current specific location; school or child care (if applicable); birth date(s) or estimated age(s); information as to whether or not the child(ren)/youth have American Indian or native Alaskan heritage, and is so, the tribal affiliation; and, any developmental delays, physical disabilities, competency or cultural considerations. * Family and household members names; birth date(s) or estimated age(s); relationship to each other; relationship to the alleged victim child(ren)/youth; and, any developmental delays, physical disabilities, competency or cultural considerations. * Person(s) alleged to be responsible for the abuse and/or neglect name; birth date(s) or estimated age(s); present location; current or last known address; relationship to the alleged victim child(ren)/youth; and any developmental delays, physical disabilities, competency or cultural considerations. * Narrative describing the presenting problems and specific allegations of the abuse and/or neglect, including but not limited to: when it occurred; location; witness(es) of the incident; and, description of any injury that was sustained. * The date, time, and location the alleged victim child(ren)/youth were last seen by the reporting party. * The nature of any other environmental hazards in the home which may impact child(ren)/youth or worker safety. * The name and contact information of any individuals who may have information about the referral, and/or the identity and contact information of collateral agencies and individuals involved with the family. * Family strengths and supports, and/or other protective factors or actions taken. | | | | | | | | | | | | | | | | | | | |
| Narrative: | CHILD INFORMATION | | | | | | | | | | | | | | | | | | |
| * How long has the reporting party known the alleged victim child(ren)/youth? * What is the child(ren)/youth's sex assigned at birth and gender identification? * What is the child(ren)/youth’s race? * Has/have the alleged victim child(ren)/youth or any child(ren)/youth been previously removed from the home? * How would you describe the child(ren)/youth (happy, sad, worried, tired, fun loving, etc.)? * Tell me the nature of any developmental delays or physical handicaps the child(ren) may have? * How does/do the child(ren)/youth do in school? * Tell me about the child(ren)/youth's friends? * How does/do the parent(s) describe the child(ren)/youth? * What would the child(ren)/youth say is good about mom's/dad's parenting? * Who else provides care for the child(ren)/youth? | | | | | | | | | | | | | | | | | | | |
| Narrative: | | FAMILY COPING/SUPPORTS | | | | | | | | | | | | | | | | | |
| * Please tell me about anything that would be important for us to know about this family's culture. * How long has the family lived in the community? * How long has the family lived at the current household address? * Has the family lived in any other state than Colorado? If yes, which state(s) and when? * What resources does the family have (telephone, transportation, car seats, etc.)? * Tell me about the employment of the adults in the home? * Tell me about any military affiliation of the individual who has custody or control of the child including if such individual is a member of the armed forces or a spouse, or a significant other or family member residing in the home of the member of the armed forces? * Does the family receive any public assistance? If yes, what kind (cash assistance, food stamps, Medicaid, etc.)? * Who does the family call on to help solve problems? * Who are the extended family and how is their relationship with the child(ren) and/or household members? * Are there aspects of your relationship with the family that, in conjunction with our intervention, might help to influence them for the better? * What have you seen the family members usually do to solve this problem? * What would you say is good about mom’s/dad’s parenting? * Can you tell me about the times when the mother/father is more attentive rather than neglectful and/or abusive? * What did the parent(s) and child(ren) do instead? * What do you think contributed to the different response? * According to what you know, how did the non-offending parent react to what occurred? * Based on what you know, who is in charge of the family? * Tell me about any concerns regarding the interactions between the family members? * Tell me about any previous involvement with the courts or child welfare the family has had? | | | | | | | | | | | | | | | | | | | |
| Narrative: | | | | | INTERVENTION/SOLUTIONS | | | | | | | | | | | | | | |
| * What if any actions have you taken? * Who else have you talked with about these concerns? * Did you tell the parent(s) you would be calling? If yes, how did the parent(s) react? * How do you think our agency can help this family/these children? * What do you think is the cause of the problem? * What convinced you to make this call? * What would it take to make the child(ren) safer? * How will you know when this problem has been solved? * If the information being reported is third hand information do you have contact information for the party or parties who have direct knowledge of the situation? | | | | | | | | | | | | | | | | | | | |
| Narrative: | | | | | | WRAP-UP | | | | | | | | | | | | | |
| * If this situation remained unchanged how would you rate the level of safety in the home on a scale from 0 to 10, 10 being very safe with no concerns and 0 being very dangerous?   Very Dangerous ----------------------------------------------------------------------------------------------------No Concerns  NA 10  Current Score: NA   * Is there anything else you can think of that you would like to add to this report? | | | | | | | | | | | | | | | | | | | |
| *The following topics and questions are related to the referral reason(s) and asked to obtain additional specific information* | | | | | | | | | | | | | | | | | | | |
| **Neglect**   * What specifically did you see? (If not firsthand knowledge, how does the reporter know this information?) * Describe the environment and who saw it? When did they see it? * Age of children and what have they been exposed to? * Regarding the appearance of the child, what did you see (clothing not appropriate for season, in poor condition, etc.)? * What is the impact on the child? | | | | | | | | | | | | | | | | | | | |
| **Medical Neglect**   * What are you concerned about? * What specifically did you see? (If not firsthand knowledge, how does the reporter know this information?) * Describe the environment and who saw it? When did they see it? * Age of children and what have they been exposed to? * Regarding the appearance of the child, what did you see? * What is the impact on the child? | | | | | | | | | | | | | | | | | | | |
| **Educational Neglect**   * What are you concerned about? * Why do you feel that the child's educational needs are being neglected? * How often is the child absence/tardy? How many absences/tardies does the child have for the current school year? * Is the child currently involved with truancy? * What have you done to try and address your concerns with the parents? * Where is this child enrolled in school? * Has the family recently moved? * Do you know if this child is home schooled? * Has the school tried to contact the parents/caretakers? * Are there any developmental or behavioral concerns? * Does this child have an IEP? * Do you know the last date the child attended school? * What is the impact on the child? | | | | | | | | | | | | | | | | | | | |
| **Emotional Abuse**   * What is being said to the child or what did they witness? * When, where and how often does this occur? * If this is not firsthand information, how do you know this information? * What is the impact on the child? | | | | | | | | | | | | | | | | | | | |
| **Domestic Violence**   * Where were the children during the incident? Were the police called? * Who called 9-1-1 and at what time? Were any charges filed or was either parent incarcerated? Was the child (ren) physically injured? * Are there any restraining orders? * Did child (ren) make any statements about how they “feel” regarding what occurred? * What is the impact on the child? | | | | | | | | | | | | | | | | | | | |
| **Lack of Supervision**   * How often and what time of day does it occur? * How long is the child (ren) left alone? Are they alone now? * Do you know where the parent goes at these times? * What is the child's maturity level? Does the child know what to do in different emergency situations? Are there rules that the children have to follow when they are home alone? * What is the impact on the child? | | | | | | | | | | | | | | | | | | | |
| **Physical Abuse**   * Did you see an injury? What does it look like? (Type of injury, size, shape, color) * Where on the child’s body is the injury? * Is medical intervention necessary? * When/where did it occur and by whom? * Have any siblings ever suffered similar abuse? * Has this happened before? * What is the impact on the child? | | | | | | | | | | | | | | | | | | | |
| **Drug Allegation**   * How do you know the parent is using drugs? * What substance is the parent using? * What does parent's use look like? (how often, where, when, how long, any history of treatment) * Is the substance accessible to the child? * Does the parent have a medical marijuana prescription? * What is the impact on the child? | | | | | | | | | | | | | | | | | | | |
| **Substance Exposed Newborn**   * What substance(s) is the newborn alleged to have been exposed to? * Has a drug screen for the child been ordered? Types and level of drugs present? * What if any withdrawal symptoms are the newborn experiencing? * What if any medical complications are the newborn experiencing? * If a plan of safe care or safe discharge plan was created, describe plan? (This includes any plan which addresses the health and substance use disorder treatment needs of the infant and affected caregiver including what resources, referrals, or services were offered) * Is the mother still at the hospital? Who else is at the hospital? * How long will the child remain in the hospital? * What is the family’s plan upon discharge from the hospital? (This includes a place to go and baby supplies) * How are mom and child bonding? * Who are the Medical Providers? * Is mother breastfeeding or have plans for breastfeeding? * What is the impact on the child? | | | | | | | | | | | | | | | | | | | |
| **Sexual Abuse**   * What, when, who, where and how often? Did anyone else witness the incident? If the perpetrator is over age 10, has law enforcement been notified? Have the parents been notified? * Are there any physical indicators? * Has the child made a direct outcry? What was said? * Is the child reporting they have been inappropriately touched before? * What is the relationship of the perpetrator? * What contact or access to the alleged victim does the alleged PRAN have? * What is the impact on the child? | | | | | | | | | | | | | | | | | | | |
| **Youth in Conflict**   * What specific behaviors have you seen that worry you about this youth? * How often are these behaviors occurring? * When was the last time you observed it? * (If reporter is not the parent) Have you contacted the parents about this? Response? * Describe what you know about the youth’s friends? Gang involvement? Drugs/alcohol? * Is the youth attending school? * Has the youth runaway? How many times? How long are they gone when they run? * Are there other agencies involved such as the courts or therapists? * How are the youth’s behaviors affecting the family? * Does the youth have any informal supports such as mentors and/or close friends or family? * What is the impact on the youth? | | | | | | | | | | | | | | | | | | | |
| **Sex Trafficking**   * Tell me what specific behaviors and/or incidents you have witnessed or heard about that worry you about the alleged victim child(ren)/youth? * What leads you to suspect there is sex trafficking or a youth involved in commercial sex acts? * When was the last time you observed or heard about the alleged victim child(ren)/youth being trafficked or involved in activities that you suspect might be related to trafficking or commercial sexual exploitation? * Describe any incidents of the child(ren)/youth running away. Have runs been reported to law enforcement? * Have there been any recent changes in the behavior and/or demeanor of the child(ren)/youth? * Are you aware of new or increased substance use/abuse on the part of the child(ren)/youth? * Does the child(ren)/youth use language or slang that is not age appropriate and could be associated with commercial sex? * Are you aware of any new or increased gang affiliation/activity? * Has the child(ren)/youth been increasingly absent from school or has their school performance dramatically changed? * Has the child(ren)/youth sought out or taken a job that seems to be "too good to be true"? * Has the child(ren)/youth brought home gifts or anything of value and cannot explain who gave these items to them or cannot explain how they purchased these items? * Does the child(ren)/youth have a tattoo that they cannot explain? * Has the child(ren)/youth had any new health concerns including pregnancies or STDs? * Are you aware of the child(ren)/youth's presence on any online dating websites or websites that are not age appropriate? * Was the child(ren)/youth in the presence of an older, potentially unrelated adult or by themselves in an area known for criminal activities when they should be in school or elsewhere? * What is the relationship between the child(ren)/youth and the person alleged to be responsible for the abuse and/or neglect? * Where does the child(ren)/youth sleep and eat? * What does the family know about the child(ren)/youth being involved in sex trafficking or commercial sexual exploitation? | | | | | | | | | | | | | | | | | | | |
| **Labor Trafficking**   * Tell me what specific behaviors and/or incidents you have witnessed or heard about that worry you about the alleged victim child(ren)/youth? * What leads you to suspect there is labor trafficking of a child(ren)/youth? * Has the child(ren)/youth sought out or taken a job that seems to be 'too good to be true'?   Has the child(ren)/youth been recruited with false promises of work conditions or pay? * Does the child(ren)/youth Work long hours with few or no breaks? * Are you aware if pay is inconsistent, some or all pay is given to someone else or some or all pay goes towards debt, housing, food, etc.? * Describe any unexplained signs of injury or illness, possibly untreated? * Does the child(ren)/youth show anxiety in maintaining a job for duty to family, intimate partner or to pay a debt to employer? * Describe any desperation to make a sale (magazines, beauty products, etc.) or for money while begging? * Does the child(ren)/youth reside with a number of unrelated co-workers and others? * Where does the child(ren)/youth sleep and eat? * Has the child(ren)/youth been forced, threatened or coerced to participate in illegal activities including drug sales? * What does the family know about the child(ren)/youth being involved in labor trafficking? | | | | | | | | | | | | | | | | | | | |
| Narrative: | | | | INSTITUTIONAL ABUSE AND/OR NEGLECT – INFORMATION TO BE GATHERED | | | | | | | | | | | | | | | |
| Upon receipt of a report alleging institutional abuse and/or neglect the county departments or the Hotline County Connection Center shall gather and document the following information when available.   * Alleged victim child(ren)/youth’s name; address; current specific location; school or child care (if applicable); birth date(s) or estimated age(s); any developmental delays, physical disabilities, competency or cultural considerations; and, primary language. * Narrative describing the presenting problems and specific allegations of the abuse and/or neglect, including but not limited to: time and date; location; witness(es) of the incident; if any injury was sustained; and, provision of medical treatment, and if no medical treatment has been provided whether in reporter’s opinion the injury sustained requires medical services. * Person(s) alleged to be responsible for the abuse and/or neglect name; birth date(s) or estimated age(s); present location; current or last known address; any developmental delays, physical disabilities, competency or cultural considerations; and, telephone number. * If the person(s) is a staff person(s), determine if the person(s) has been moved to a non-child contact role, and/or separated from the alleged victim child(ren)/youth. * If the person(s) is another resident, determine where he/she is in relation to the alleged victim child(ren)/youth. * Institution where the incident occurred: name; address; telephone number; whether the institution has been notified of the allegation; and, any actions taken by the institution. * Parent(s)/guardian(s) of the alleged victim child(ren)/youth: name; address; telephone number; and, whether the parent(s)/guardian(s) have been notified. * Determine who has legal custody of the alleged victim child(ren)/youth. * When a county department or other state holds legal custody; obtain the agency’s name, telephone number and/or staff representative’s name and telephone number; and, whether the institution has completed notification fo the custodial county/agency. | | | | | | | | | | | | | | | | | | | |

Required Information Gathering per [Colorado Social Services Rules](https://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=2821&deptID=9&agencyID=107&deptName=Department%20of%20Human%20Services&agencyName=Social%20Services%20Rules%20(Volume%207;%20Child%20Welfare,%20Child%20Care%20Facilities)&seriesNum=12%20CCR%202509-2) and [C. R. S. 19-3-307](https://advance.lexis.com/documentpage/?pdmfid=1000516&crid=968cf92d-9cc0-4453-88e5-91a400be3a51&nodeid=AATAAEAADAAI&nodepath=%2FROOT%2FAAT%2FAATAAE%2FAATAAEAAD%2FAATAAEAADAAI&level=4&haschildren=&populated=false&title=19-3-307.+Reporting+procedures&config=014FJAAyNGJkY2Y4Zi1mNjgyLTRkN2YtYmE4OS03NTYzNzYzOTg0OGEKAFBvZENhdGFsb2d592qv2Kywlf8caKqYROP5&pddocfullpath=%2Fshared%2Fdocument%2Fstatutes-legislation%2Furn%3AcontentItem%3A5TYF-BKS0-004D-108B-00008-00&ecomp=gg189kk&prid=e6382d26-a054-4f00-8b1b-07d7c8eed164)

Additional Enhanced Screening