

SPRING BRANCH INDEPENDENT SCHOOL DISTRICT

CPS Reporting Document

Report of Suspected Child Abuse or Neglect

IT'S THE LAW: Any person who believes that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect, or that the child has died of abuse or neglect must report his or her suspicions of the Texas Department of Human Services or to a law enforcement agency.

REPORTING: A report must be filed within 48 hours to the Texas Department of Regulatory Services by telephone (1800-252-5400) or on line [http://www.txabusehotline.org/GUEST LOG IN](http://www.txabusehotline.org/GUEST_LOG_IN).

When a report is filed with the Texas Department of Regulatory Services, complete this form and fax it to the SBISD Police Department (fax 713-722-0843).

COMMUNITY: A person, who, without malice, makes a report or collaborates in the investigation of suspected child abuse or neglect is immune from civil or criminal punishment.

CONFIDENTIALITY: Reports of child abuse or neglect are confidential. Information in the reports, including name of the person making the report, may be used only for purposes consistent with the investigation of abuse or neglect.

FAILURE to report suspected physical or mental abuse or neglect of a child and false reporting with malice are crimes punishable by fine, imprisonment or both.

NAME OF CHILD		DATE OF BIRTH		AGE
Confirmation Number: _____				
Child's Home Address: Street		City	State	Zip
NAME OF PARENTS OR PERSONS RESPONSIBLE FOR CHILD			RELATIONSHIP TO CHILD	
Does the child have brothers or sisters? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know				
BRIEFLY DESCRIBE THE SITUATION AND/OR CONDITION OF CHILD				
PERSON MAKING THIS REPORT				
Name: _____		Campus: _____		
Position: _____		Campus Telephone: _____		
Report filed with Texas Dept. of Regulatory Services by:		Date and time report filed:		
<input type="checkbox"/> Phone <input type="checkbox"/> On Line				
Date Form Faxed to Police: _____		Principal Notified: _____		
Team Member Notified: _____		Campus Contact Notified: _____		

**SPRING BRANCH INDEPENDENT SCHOOL DISTRICT
Child Abuse or Neglect Reporting Procedure**

Claimant (person discovering/suspecting abuse or neglect) shall report child abuse/neglect within 48 hours as required by law (independently or with Team Member)

Child Protective Services (CPS)
Telephone: 1-800-252-5400 (24 hours)
Fax: 1-800-832-2090
Website: <https://www.txabusehotline.org/>
Click on: GUEST LOG IN
Address: 6300 Chimney Rock
Houston, Texas 77081

In addition, notify
Campus Team Member(s)

- Principal (*required notification by Team Members*)
- Assistant Principal
- Counselor and/or Social Worker
- Nurse and/or Nurse Assistant

AND

Local Police Departments

SBISD Police: 713-984-9805
Houston Police: 911
Hedwig Village: 713-461-4797
Memorial Village: 713-365-3700
Spring Valley: 713-465-8323

**FAX REPORT MADE BY
CLAIMANT TO SBISD POLICE
DEPARTMENT
Fax: 713-722-0843**

SBISD POLICE DEPARTMENT
Will investigate **ALL** abuse cases
that occur on SBISD property.