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STATE OF COLORADO



Colorado Department of Human Services
people who help people

OFFICE OF CHILDREN, YOUTH AND FAMILY SERVICES
Stephan K. Bates, Director

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Bill Owens
Governor

Marva Livingston Hammons
Executive Director

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March 22, 2006

The Honorable Andrew Romanoff
Speaker of the House
Colorado State Capital
200 E Colfax RM 246
Denver, CO 80203

RE: Abandoned Infant Report Pursuant to SB00-171 enacted at C.R.S. § 19-3-304.5 (6)

Dear Representative Romanoff:

Pursuant to C.R.S § 19-3-304.5 (6) [Emergency possession of certain abandoned children.]

(6) The state department of human services shall submit an annual report to the general assembly, beginning January 1, 2001, that compiles the monthly reports, required pursuant to subsection (5) of this section, of the number of children abandoned pursuant to this section....

PROVISION OF ACT:

1. Child is 72 hours old or younger
2. Parent(s) did not express an intent to return for the child
3. Child is abandoned at:
 - a. A fire station, or
 - b. Hospital

For calendar year 2005, there was 1 abandoned infant case that fits the criteria of the provision of C.R.S § 19-3-304.5.

- El Paso – Oct. 2005; abandoned at a hospital

If you have questions regarding this report, please contact Shirley Mondragón, Child Welfare Program Specialist at 303-866-5937 or shirley.mondragon@state.co.us.

Sincerely

Marva Livingst~~off~~ Hammons,
Executive Director

CC: Joint Legislative Library (6), C/O Office of Legislative Services
State Librarian (4), C/O State Board of Education
Matthew Flora, CDHS Legislative Liaison
Liz McDonough, CDHS, Communications
Jenise May, County Commissioner Liaison

COUNTY MONTHLY REPORTING OF ABANDONED INFANTS

Name of County:	El Paso
Number of Abandoned Infants for each month:	
Jan-05	
Feb-05	
Mar-05	
Apr-05	
May-05	
Jun-05	
Jul-05	
Aug-05	
Sep-05	
Oct-05	10/5/2005
Nov-05	
Dec-05	
If the number is other than zero, please enter the following information:	
Name given to Abandoned Infant	Michael C. Lee
Date of Birth or approximate	10/3/2005
Date of Abandonment	10/5/2005
Place Where Abandoned:	
Hospital	Memorial Hospital
Fire Station	
Other (explain)	
Date of Death (if applicable)	12/17/2005
Age of Parent (if known)	
Date of Custody to County (if applicable)	10/6/2005
If child is placed in custody of Dept., we will seek follow-up:	
Date of Termination of Parental Rights	
Date of Placement For Adoption	
PREPARED BY:	Terrie Ryan-Thomas