

SUSPECTED CHILD ABUSE REPORT

To Be Completed by **Mandated Child Abuse Reporters**
Pursuant to Penal Code Section 11166

CASE NAME: _____

PLEASE PRINT OR TYPE

CASE NUMBER: _____

| | | | | | | |
|---|--|--|----------------------------|---|---|---|
| A. REPORTING PARTY | NAME OF MANDATED REPORTER | | TITLE | | MANDATED REPORTER CATEGORY | |
| | REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS | | Street | City | Zip | DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | REPORTER'S TELEPHONE (DAYTIME) () | | SIGNATURE | | TODAY'S DATE | |
| B. REPORT NOTIFICATION | <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION | | AGENCY | | | |
| | <input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services) | | ADDRESS | | City | Zip |
| | DATE/TIME OF PHONE CALL | | OFFICIAL CONTACTED - TITLE | | TELEPHONE () | |
| C. VICTIM One report per victim | NAME (LAST, FIRST, MIDDLE) | | | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY |
| | ADDRESS | | | Street | City | Zip |
| | PRESENT LOCATION OF VICTIM | | | SCHOOL | CLASS | GRADE |
| | PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO | DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO | OTHER DISABILITY (SPECIFY) | | PRIMARY LANGUAGE SPOKEN IN HOME | |
| | IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME | | | TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY) | |
| | RELATIONSHIP TO SUSPECT | | | PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO | DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| D. INVOLVED PARTIES | VICTIM'S SIBLINGS | | | | | |
| | NAME | | BIRTHDATE | SEX | ETHNICITY | NAME |
| | 1. _____ | | 3. _____ | | 2. _____ | |
| | 2. _____ | | 4. _____ | | | |
| | VICTIM'S PARENTS/GUARDIANS | | | | | |
| | NAME (LAST, FIRST, MIDDLE) | | | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY |
| | ADDRESS | | | Street | City | Zip |
| | HOME PHONE () | | | BUSINESS PHONE () | | |
| | NAME (LAST, FIRST, MIDDLE) | | | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY |
| | ADDRESS | | | Street | City | Zip |
| HOME PHONE () | | | BUSINESS PHONE () | | | |
| SUSPECT | | | | | | |
| SUSPECT'S NAME (LAST, FIRST, MIDDLE) | | | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY | |
| ADDRESS | | | Street | City | Zip | |
| TELEPHONE () | | | OTHER RELEVANT INFORMATION | | | |
| E. INCIDENT INFORMATION | IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____ | | | | | |
| | DATE / TIME OF INCIDENT | | PLACE OF INCIDENT | | | |
| | NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect) | | | | | |

DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM SS 8572

All Penal Code (PC) references are located in Article 2.5 of the PC. This article is known as the Child Abuse and Neglect Reporting Act (CANRA). The provisions of CANRA may be viewed at: <http://www.leginfo.ca.gov/calaw.html> (specify "Penal Code" and search for Sections 11164-11174.3). A mandated reporter must complete and submit the form SS 8572 even if some of the requested information is not known. (PC Section 11167(a).)

I. MANDATED CHILD ABUSE REPORTERS

- Mandated child abuse reporters include all those individuals and entities listed in PC Section 11165.7.

II. TO WHOM REPORTS ARE TO BE MADE ("DESIGNATED AGENCIES")

- Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff's department (not including a school district police or security department), the county probation department (if designated by the county to receive mandated reports), or the county welfare department. (PC Section 11165.9.)

III. REPORTING RESPONSIBILITIES

- Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof *within 36 hours* of receiving the information concerning the incident. (PC Section 11166(a).)
- No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by CANRA. Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC Section 11172(a).)

IV. INSTRUCTIONS

- **SECTION A - REPORTING PARTY:** Enter the mandated reporter's name, title, category (from PC Section 11165.7), business/agency name and address, daytime telephone number, and today's date. Check yes-no whether the mandated reporter witnessed the incident. The signature area is for either the mandated reporter or, if the report is telephoned in by the mandated reporter, the person taking the telephoned report.

IV. INSTRUCTIONS (Continued)

- **SECTION B - REPORT NOTIFICATION:** Complete the name and address of the designated agency notified, the date/time of the phone call, and the name, title, and telephone number of the official contacted.
- **SECTION C - VICTIM (One Report per Victim):** Enter the victim's name, address, telephone number, birth date or approximate age, sex, ethnicity, present location, and, where applicable, enter the school, class (indicate the teacher's name or room number), and grade. List the primary language spoken in the victim's home. Check the appropriate yes-no box to indicate whether the victim may have a developmental disability or physical disability and specify any other apparent disability. Check the appropriate yes-no box to indicate whether the victim is in foster care, and check the appropriate box to indicate the type of care if the victim was in out-of-home care. Check the appropriate box to indicate the type of abuse. List the victim's relationship to the suspect. Check the appropriate yes-no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in the victim's death.
- **SECTION D - INVOLVED PARTIES:** Enter the requested information for: Victim's Siblings, Victim's Parents/Guardians, and Suspect. Attach extra sheet(s) if needed (provide the requested information for each individual on the attached sheet(s)).
- **SECTION E - INCIDENT INFORMATION:** If multiple victims, indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

V. DISTRIBUTION

- **Reporting Party:** After completing Form SS 8572, retain the yellow copy for your records and submit the top three copies to the designated agency.
- **Designated Agency:** *Within 36 hours* of receipt of Form SS 8572, send **white copy** to police or sheriff's department, **blue copy** to county welfare or probation department, and **green copy** to district attorney's office.

ETHNICITY CODES

| | | | | | |
|-------------------|--------------------|--------------|---------------------------|-------------------|---------------------------|
| 1 Alaskan Native | 6 Caribbean | 11 Guamanian | 16 Korean | 22 Polynesian | 27 White-Armenian |
| 2 American Indian | 7 Central American | 12 Hawaiian | 17 Laotian | 23 Samoan | 28 White-Central American |
| 3 Asian Indian | 8 Chinese | 13 Hispanic | 18 Mexican | 24 South American | 29 White-European |
| 4 Black | 9 Ethiopian | 14 Hmong | 19 Other Asian | 25 Vietnamese | 30 White-Middle Eastern |
| 5 Cambodian | 10 Filipino | 15 Japanese | 21 Other Pacific Islander | 26 White | 31 White-Romanian |