SUSPECTED CHILD ABUSE REPORT

To Be Completed by Mandated Child Abuse Reporters

| 10 | | Completed Pursuar | • | | | | - | | CASE NA | ME: | | | | | |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------|------------|----------------|-----------------|--------------------|-----------------------------------------------------------------------|------------------------------|--------------|-----------|-------------|--|--|
| | Pursuant to Penal Code Section 11166 PLEASE PRINT OR TYPE | | | | | | | | CASE NUMBER: | | | | | | |
| <u> </u> | | NAME OF MANDATED DEPODTED | | | | | | | MANDATED REPORTER CATEGORY | | | | | | |
| A. REPORTIN | PARTY | REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS Street City REPORTER'S TELEPHONE (DAYTIME) SIGNATURE | | | | | | | DID MANDATED REPORTER WITNESS THE INCIDENT? YES NO TODAY'S DATE | | | | | | |
| B. REPORT | NOTIFICATION | □ LAW ENFORCEMENT □ COUNTY PROBATION □ AGENCY □ COUNTY WELFARE / CPS (Child Protective Services) ADDRESS Street City OFFICIAL CONTACTED - TITLE | | | | | | | | TELEPHONE | DATE/TIME | OF PHO | NE CALL | | |
| aito | | NAME (LAST, FIRST, MIDDLE) | | | | | | | | TE OR APPROX AGE | SEX | ETHI | NICITY | | |
| | Ctim | ADDRESS Street City | | | | | | | Z ip | TELEPHONE () | | | | | |
| VICTIM | per v | PRESENT LOCATION O | | SCHOOL | | | | CLASS | | | GRADE | | | | |
| C. VICTIM One report per victim | | PHYSICALLY DISABLED? DEVELOPMENTALLY DISABLED? OTHER DISABLITY (SPECIFY) YES NO IN FOSTER CARE? IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF | | | | | | | PRIMARY LANGUAGE SPOKEN IN HOME E: TYPE OF ABUSE (CHECK ONE OR MORE) | | | | | | |
| | | ☐ YES ☐ DAY CARE ☐ CHILD CARE CENTER ☐ FOSTER FAMILY HOME ☐ FAMILY FE | | | | | | | | | | | | | |
| | | □ YES □ NO | | | | | | | VICTIM'S DEATH? YES NO UNK | | | | | | |
| D. INVOLVED PARTIES VICTIM'S VICTIM'S | SIBLINGS | NAME 1 2 | | | | | NAME | BIRTHD <i>i</i> | ATE | SEX | ETHNICITY | | | | |
| | 0) | NAME (LAST, FIRST, MIDDLE) | | | | | | | BIRTHDA | TE OR APPROX. AGE | SEX | ETHNIC | ITY | | |
| | PARENTS/GUARDIANS | ADDRESS Str | reet | City | | Zip | HOME F | HONE | | BUSINESS PHONE | | | | | |
| | | NAME (LAST, FIRST, MI | DDLE) | | | | | | BIRTHDA | TE OR APPROX. AGE | SEX | ETHNIC | ITY | | |
| IVOLV | PAREN | | | City | | Zip | HOME F | HONE | | BUSINESS PHONE () | | | | | |
| D. IN | | SUSPECT'S NAME (LAS | , | | | | | | BIRTHDA | TE OR APPROX. AGE | SEX | ETHNIC | ITY | | |
| | SUSPECT | ADDRESS | Street | City | | | Zip | | | TELEPHONE | | | | | |
| | S | OTHER RELEVANT INFORMATION | | | | | | | | | | | | | |
| NO | IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX ☐ IF MULTIPLE VICTIM. DATE / TIME OF INCIDENT PLACE OF INCIDENT | | | | | | | | | IF MULTIPLE VICTIMS | S, INDICATE | NUMBE | R: | | |
| | | | | | | | | | | | | | | | |
| NCIDENT INFORMATION | | NARRATIVE DESCRIPTI | ION (What victim(s) s | aid/what the m | andated re | porter observe | d/what person a | ccompanying the vi | ctim(s) said/s | similar or past incidents ii | nvolving the | victim(s) | or suspect) | | |

SS 8572 (Rev. 12/02)

DEFINITIONS AND INSTRUCTIONS ON REVERSE

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.legalinfo.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 or 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 if 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.

ETNNICITY CODES

| DITTION CODE | | | | | | | | | | |
|-----------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alaskan Native | 6 | Caribbean | 11 | Guamanian | 16 | Korean | 22 | Polynesian | 27 | White-Armenian |
| American Indian | 7 | Central American | 12 | Hawaiian | 17 | Laotian | 23 | Samoan | 28 | White-Central American |
| Asian Indian | 8 | Chinese | 13 | Hispanic | 18 | Mexican | 24 | South American | 29 | White-European |
| Black | 9 | Ethiopian | 14 | Hmong | 19 | Other Asian | 25 | Vietnamese | 30 | White-Middle Eastern |
| Cambodian | 10 | Filipino | 15 | Japanese | 21 | Other Pacific Islander | 26 | White | 31 | White-Romania |
| | Alaskan Native American Indian Asian Indian Black | Alaskan Native 6 American Indian 7 Asian Indian 8 Black 9 | Alaskan Native 6 Caribbean American Indian 7 Central American Asian Indian 8 Chinese Black 9 Ethiopian | Alaskan Native 6 Caribbean 11 American Indian 7 Central American 12 Asian Indian 8 Chinese 13 Black 9 Ethiopian 14 | Alaskan Native 6 Caribbean 11 Guamanian American Indian 7 Central American 12 Hawaiian Asian Indian 8 Chinese 13 Hispanic Black 9 Ethiopian 14 Hmong | Alaskan Native6Caribbean11Guamanian16American Indian7Central American12Hawaiian17Asian Indian8Chinese13Hispanic18Black9Ethiopian14Hmong19 | Alaskan Native6Caribbean11Guamanian16KoreanAmerican Indian7Central American12Hawaiian17LaotianAsian Indian8Chinese13Hispanic18MexicanBlack9Ethiopian14Hmong19Other Asian | Alaskan Native6Caribbean11Guamanian16Korean22American Indian7Central American12Hawaiian17Laotian23Asian Indian8Chinese13Hispanic18Mexican24Black9Ethiopian14Hmong19Other Asian25 | Alaskan Native6Caribbean11Guamanian16Korean22PolynesianAmerican Indian7Central American12Hawaiian17Laotian23SamoanAsian Indian8Chinese13Hispanic18Mexican24South AmericanBlack9Ethiopian14Hmong19Other Asian25Vietnamese | Alaskan Native6Caribbean11Guamanian16Korean22Polynesian27American Indian7Central American12Hawaiian17Laotian23Samoan28Asian Indian8Chinese13Hispanic18Mexican24South American29Black9Ethiopian14Hmong19Other Asian25Vietnamese30 |