

# 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: \_\_\_\_\_

|   |  |  |  |                            |  |   |                       |  |
|---|--|--|--|----------------------------|--|---|-----------------------|--|
| <b>A. REPORTING PARTY</b>                 | NAME OF MANDATED REPORTER  |  | TITLE  |                            | MANDATED REPORTER CATEGORY   |   |                       |  |
|   | REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS  |  | Street   | City                       | Zip  | DID MANDATED REPORTER WITNESS THE INCIDENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                       |  |
|   | REPORTER'S TELEPHONE (DAYTIME)<br>(     )  |  | SIGNATURE  |                            |  |   | TODAY'S DATE          |  |
| <b>B. REPORT NOTIFICATION</b>             | <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<br>(     )                                     |  |                            |  |   |                       |  |
| <b>C. VICTIM</b><br>One report per victim | NAME (LAST, FIRST, MIDDLE)   |  |  | BIRTHDATE OR APPROX. AGE   |  | SEX   |                       |  |
|   | ADDRESS  |  |  | Street                     | City   | Zip   |                       |  |
|   | TELEPHONE<br>(     )   |  |  | PRESENT LOCATION OF VICTIM |  | SCHOOL  |                       |  |
|   | CLASS  |  | GRADE  |                            | PRIMARY LANGUAGE<br>SPOKEN IN HOME   |   |                       |  |
|   | <input type="checkbox"/> YES <input type="checkbox"/> NO   | <input type="checkbox"/> YES <input type="checkbox"/> NO | OTHER DISABILITY (SPECIFY)   |                            | TYPE OF ABUSE (CHECK ONE OR MORE)  |   |                       |  |
|   | IN FOSTER CARE?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO   |  | IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:<br><input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND<br><input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME |                            | <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT<br><input type="checkbox"/> OTHER (SPECIFY) |   |                       |  |
| RELATIONSHIP TO SUSPECT                   |  |  | PHOTOS TAKEN?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |                            | DID THE INCIDENT RESULT IN THIS<br>VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK                                       |   |                       |  |
| <b>D. INVOLVED PARTIES</b>                | VICTIMS  |  |  |                            |  |   |                       |  |
|   | SIBLINGS   |  |  |                            |  |   |                       |  |
|   | NAME   |  | BIRTHDATE  | SEX                        | ETHNICITY  | NAME  |                       |  |
|   | 1. _____   |  | 3. _____   |                            | 2. _____   |   | 4. _____              |  |
|   | 2. _____   |  | 4. _____   |                            |  |   |                       |  |
|   | PARENTS/GUARDIANS  |  |  |                            |  |   |                       |  |
|   | NAME (LAST, FIRST, MIDDLE)   |  |  | BIRTHDATE OR APPROX. AGE   |  | SEX   | ETHNICITY             |  |
|   | ADDRESS  |  |  | Street                     | City   | Zip   | HOME PHONE<br>(     ) |  |
|   | BUSINESS PHONE<br>(     )  |  |  | NAME (LAST, FIRST, MIDDLE) |  | BIRTHDATE OR APPROX. AGE  |                       |  |
|   | SEX  |  | ETHNICITY  |                            | ADDRESS  |   | Street                |  |
| City                                      |  | Zip  | HOME PHONE<br>(     )  |                            | BUSINESS PHONE<br>(     )  |   |                       |  |
| SUSPECT                                   |  |  |  |                            |  |   |                       |  |
| SUSPECT'S NAME (LAST, FIRST, MIDDLE)      |  |  | BIRTHDATE OR APPROX. AGE   |                            | SEX  | ETHNICITY   |                       |  |
| ADDRESS                                   |  |  | Street   | City                       | Zip  | TELEPHONE<br>(     )  |                       |  |
| OTHER RELEVANT INFORMATION                |  |  |  |                            |  |   |                       |  |
| <b>E. INCIDENT INFORMATION</b>            | 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 INSTRUCTIONS ON REVERSE

**DO NOT** submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS 8583 if (1) an active investigation was conducted and (2) the incident was not determined to be unfounded.

WHITE COPY-Police or Sheriff's Department; BLUE COPY-County Welfare or Probation; GREEN COPY- District Attorney's Office; YELLOW COPY-Reporting Party

# 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, also known as CANRA. The Internet site is: <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 information is not known. (PC Section 11167(a).)

## I. MANDATED CHILD ABUSE REPORTERS

- Mandated child abuse reporters include all those individuals and entities as defined 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), 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 instance 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 instance of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by the CANRA. Any other person reporting a known or suspected instance of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by the CANRA unless it can be proven the report was false and the person knew it was false or make 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, telephone number, a signature and today's date. Also check yes-no whether you (the mandated reporter) witnessed the incident. The signature area is for either the mandated report or the person taking as telephoned report.

### 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 Pac Islndr | 26 White          | 31 White-Romanian         |

## IV. INSTRUCTIONS (Continued)

- **SECTION B - REPORT NOTIFICATION:** Complete the name and address of the designated agency notified, date of the written report, date/time of the phone call and the name, title and telephone number of the official contacted.
  - **SECTION C - VICTIM** (One Report per Family, siblings must have same parents/guardians): 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 for: developmentally disabled?, physically disabled? and specify the victim's other disability. To determine if the victim has a disability, ask the victim's parent or care giver. Also check the appropriate yes-no box for in foster care?, indicate type of care if the victim was in out-of-home care, indicate the type of abuse. List the victim's relationship to the suspect, check the appropriate yes-no box for photos taken?, indicate whether the incident resulted in this victim's death.
  - **SECTION D - INVOLVED PARTIES:** Enter the requested information for: Victim's Siblings, Victim's Parents/Guardians and the Suspect.
  - **SECTION E - INCIDENT INFORMATION:** If multiple victims, enter the number. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheets 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, **blue copy** to county welfare or probation, and **green copy** to district attorney.