

SUSPECTED CHILD ABUSE REPORT

To Be Completed by Reporting Party
Pursuant to Penal Code Section 11166

A. CASE IDENTIFICATION

TO BE COMPLETED BY INVESTIGATING CPA
VICTIM NAME: _____
REPORT NO./CASE NAME: _____

B. REPORTING PARTY	NAME/TITLE												
	ADDRESS												
	PHONE ()			DATE OF REPORT				SIGNATURE					
C. REPORT SENT TO	<input type="checkbox"/> POLICE DEPARTMENT <input type="checkbox"/> SHERIFF'S OFFICE <input type="checkbox"/> COUNTY WELFARE <input type="checkbox"/> COUNTY PROBATION												
	AGENCY					ADDRESS							
	OFFICIAL CONTACTED					PHONE ()			DATE/TIME				
B. INVOLVED PARTIES	NAME (LAST, FIRST, MIDDLE)					ADDRESS			RACE				
									PRESENT LOCATION OF CHILD				
	RACE					RACE							
SIBLINGS	1. _____					4. _____							
	2. _____					5. _____							
	3. _____					6. _____							
PARENTS	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE	SEX	RACE		NAME (LAST, FIRST, MIDDLE)			BIRTHDATE	SEX	RACE
	ADDRESS						ADDRESS						
	HOME PHONE ()			BUSINESS PHONE ()			HOME PHONE ()			BUSINESS PHONE ()			
B. REPORTING PARTY	IF NECESSARY, ATTACH EXTRA SHEET OR OTHER FORM AND CHECK THIS BOX. <input type="checkbox"/>												
	1. DATE/TIME OF INCIDENT				PLACE OF INCIDENT				(CHECK ONE) <input type="checkbox"/> OCCURED <input type="checkbox"/> OBSERVED				
	IF CHILD WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:												
	<input type="checkbox"/> FAMILY DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> SMALL FAMILY HOME <input type="checkbox"/> GROUP HOME OR INSTITUTION												
	(CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER												
3. NARRATIVE DESCRIPTION:													
4. SUMMARIZE WHAT THE ABUSED CHILD OR PERSON ACCOMPANYING THE CHILD SAID HAPPENED:													
5. EXPLAIN KNOWN HISTORY OF SIMILAR INCIDENT(S) FOR THIS CHILD:													

INSTRUCTIONS AND DISTRIBUTION ON REVERSE

DO NOT submit a copy of this form to the Department of Justice (DOJ). A CPA is required under Penal Code Section 11166 to submit to DOJ a Child Abuse Investigation Report Form SS-8583 if (1) and active investigation has been conducted and (2) the incident is **not** unfounded.

Police or Sheriff-WHITE Copy: County Welfare or Probation - BLUE Copy: District Attorney-GREEN Copy: Reporting Party-YELLOW copy

DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM 338572

I. REPORTING RESPONSIBILITIES

! No child care custodian or health practitioner or commercial film and photographic print processor reporting a suspected instance of child abuse shall be civilly or criminally liable for any report required or authorized by this article (California Penal Code Article 2.5). Any other person reporting a suspected instance of child abuse shall not incur civil or criminal liability as a result of any report authorized by this section unless it can be proved that a false report was made and the person knew or should have known that the report was false.

! Any child care custodian, health practitioner, commercial film and photographic print processor, or employee of a child protective agency 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 reasonably suspects has been the victim of child abuse shall report such suspected instance of child abuse to a child protective 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.

! Any child care custodian, health practitioner, commercial film and photographic print processor, or employee of a child protective agency who has knowledge of or who reasonably suspects that mental suffering has been inflicted on a child or its emotional well-being is endangered in any other way, may report such suspected instance of child abuse to a child protective agency. Infliction of willful and unjustifiable mental suffering must be reported.

II. DEFINITIONS

! "Child care custodian" means a teacher; an instructional aide, a teacher's aide, or a teacher's assistant employed by any public or private school, who has been trained in the duties imposed by this article, if the school district has so warranted to the State Department of Education; a classified employee of any public school who has been trained in the duties imposed by this article, if the school has so warranted to the State Department of Education; an administrative officer, supervisor or child welfare and attendance, or certificated pupil personnel employee or any public or private school; an administrator of a public or private day camp; an administrator or employee of a public or private youth center, youth recreation program, or youth organization; an administrator or employee of a public or private organization whose duties require direct contact and supervision of children; a licensee, an administrator, or an employee of a licensed community care or child day care facility; a headstart teacher; a licensing worker or licensing evaluator; a public assistance worker; an employee of a child care institution including but not limited to foster parents, group home personnel, and personnel of residential care facilities; a social worker, probation officer, or parole officer; an employee of a school; a district attorney investigator, inspector, or family support officer unless the investigator, inspector, or officer is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor; or a peace officer, as defined in Chapter 4.5 (commencing with Section 830) or Title 3 of Part 2 of this code, who is not otherwise described in this section.

! "Health practitioner" means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code; a marriage, family and child counselor; any emergency medical technician I or II, paramedic, or

medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code; an unlicensed marriage, family and child counselor intern registered under Section 4980.44 of the Business and Professions Code; a state or county public health employee who treats a minor for venereal disease or any other condition; a coroner; a medical examiner, or any other person who performs autopsies; or a religious practitioner who diagnoses, examines, or treats children.

! "Commercial film and photographic print processor" means any person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides for compensation. The term includes any employee of such a person; it does not include a person who develops film or makes prints for a public agency.

! "Child protective agency" means a police or sheriff's department, a county probation department, or a county welfare department. It does not include a school district police or security department.

III. INSTRUCTIONS

(Section A to be completed by investigating child protective agency)
SECTION A - "CASE IDENTIFICATION": Enter the victim name, report number or case name, and date of report.

(Section B through E are to be completed by reporting party)
SECTION B - "REPORTING PARTY": Enter your name/title, address, phone number, date of report, and signature.

SECTION C - "REPORT SENT TO": (1) Check the appropriate box to indicate which child protective agency (CPA) this report is being sent; (2) Enter the name and address of the CPA to which this report is being sent; and (3) Enter the name of the official contacted at the CPA, phone number, and the date/time contacted.

SECTION D - "INVOLVED PARTIES":

- PARENTS: Enter the name, physical data, address, and phone numbers of father/stepfather and mother/stepmother.
- VICTIM: Enter the name, address, physical data, present location, and phone number where victim is located (attach additional sheets if multiple victims).
- SIBLING: Enter the name and physical data of siblings living in the same household as the victim.

SECTION E - "INCIDENT INFORMATION": (1) Enter the date/time and place the incident occurred or was observed, and check the appropriate boxes; (2) Check the type of abuse; (3) Describe injury or sexual assault (where appropriate, attach Medical Report - Suspected Child Abuse Form DOJ 900 or any other form desired); (4) Summarize what the child or person accompanying the child said happened; and (5) Explain any known prior incidents involving the victim.

IV. DISTRIBUTION

- Reporting Party: Complete Suspected Child Abuse Report Form SS 8572. Retain yellow copy for your records and submit top three copies to a child protective agency.
- Investigating Child Protective Agency: upon receipt of Form SS 8572, *within 36 hours* send white copy to police or sheriff, blue copy to county welfare or probation, and green copy to district attorney..