



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Abuse, Neglect, and Other Criminal Act Reporting			POLICY #: 3.30-P		
DEPARTMENT: Utilization Management					
Effective Date: 08/1997	Review/Revised Date: 08/24/2016	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	



 Douglas A. Hayward
 Chief Executive Officer
 Date 8/24/16



 Chief Medical Officer
 Date 8/23/16



 Chief Operating Officer
 Date 8/22/16



 Director of Compliance and Regulatory Affairs
 Date 8-19-16



 Administrative Director of Health Services
 Date 8/18/16

POLICY:

Kern Health Systems (KHS) will fully comply with California Law regarding the reporting of the following:

- A. All suspected cases of emotional, physical, or sexual abuse or neglect of children 18 years and younger.
- B. Elder or dependent adult abuse
- C. Injuries from a deadly weapon or assaultive/abusive behavior. This includes suspected spousal/partner or intimate violence.

Practitioners/providers are required to comply with all applicable portions of the Child Abuse and Neglect Reporting Act (California Penal Code §§11164 – 11174.4), the Elder Abuse and Dependent Adult Civil Protection Act (California Welfare and Institutions Code §15600 et seq), and California Penal Code Article 2 - Reports of Injuries (§§11160-11163.6).

DEFINITIONS:

<p>Assaultive or abusive conduct¹</p>	<p>Includes any of the following offenses:</p> <ul style="list-style-type: none"> A. Murder (CPC §187) B. Manslaughter (CPC §192, 192.5) C. Mayhem (CPC §203) D. Aggravated mayhem (CPC §205) E. Torture (CPC §206) F. Assault with intent to commit mayhem, rape, sodomy, or oral copulation (CPC §220) G. Administering controlled substances or anesthetic to aid in commission of a felony (CPC §222) H. Battery (CPC §242) I. Sexual battery (CPC §243.4) J. Incest (CPC §285) K. Throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure (CPC §244) L. Assault with a stun gun or taser (CPC §244.5) M. Assault with a deadly weapon, firearm, assault weapon, or machinegun, or by means likely to produce great bodily injury (CPC §245) N. Rape (CPC §261) O. Spousal rape (CPC §262) P. Procuring any female to have sex with another man (CPC §266, 266a, 266b, or 266c) Q. Child abuse or endangerment (CPC §273a and 273d) R. Abuse of spouse or cohabitant (CPC §273.5) S. Sodomy (CPC §286) T. Lewd and lascivious acts with a child (CPC §288) U. Oral Copulation (CPC §288a) V. Sexual Penetration (CPC §289) W. Elder abuse (CPC §368) X. An attempt to commit any of the above
<p>Child²</p>	<p>A person under the age of 18 years.</p>
<p>Child abuse or neglect³</p>	<p>Physical injury inflicted by other than accidental means upon a child by another person, sexual abuse (CPC §11165.1), neglect (CPC §11165.2), willful cruelty or unjustifiable punishment (CPC §11165.3), and unlawful corporal punishment or injury (CPC §11165.4).</p>

Dependent Adult	Any person residing in the State of California, between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.
Elder	Any person residing in the State of California, 65 years of age or older. In addition, an individual with like physical conditions or limitations such as that of the senior adult target group but is younger than 65 years of age will also be designated as “elderly” for abuse intervention purposes.
Physical Abuse ⁴ (of an elder or dependent adult)	<p>Any of the following:</p> <ul style="list-style-type: none"> A. Assault, as defined in Section 240 of the Penal Code B. Battery, as defined in Section 242 of the Penal Code C. Assault with a deadly weapon or force likely to produce great bodily injury, as defined by Sec 245 of the Penal Code D. Unreasonable physical constraint, or prolonged or continual deprivation of food or water E. Sexual assault, which means any of the following: <ul style="list-style-type: none"> (i) Sexual battery, as defined in Sec 243.4 of the Penal Code (ii) Rape, as defined in Sec 261 of the Penal Code (iii) Rape in concert, as defined In Sec 264.1 of the Penal Code (iv) Spousal rape, as defined in Section 262 of the Penal Code (v) Incest, as defined in Section 285 of the Penal Code (vi) Sodomy, as defined in Section 286 of the Penal Code (vii) Oral copulation, as defined in Section 288a of the Penal Code (viii) Sexual penetration, as defined in Section 289 of the Penal Code F. Use of a physical or chemical restraint or psychotropic medication, without authorization, or for a purpose other than for which it was ordered, including, but not limited to, for staff convenience, for punishment, or for a period beyond that for which it was ordered.

PROCEDURES:

1.0 MANDATED REPORTERS

Health practitioners are mandated reporters for violence, abuse, and neglect reporting purposes. Health practitioners include, but are not limited to, the following⁵:

- A. Physician

- B. Surgeon.
- C. Psychiatrist
- D. Psychologist
- E. Licensed nurse
- F. EMT or paramedic

Any person knowingly failing to make a required report is guilty of a misdemeanor punishable by imprisonment in the county jail for a maximum of six months or fine of \$1,000 or both imprisonment and fine.⁶

2.0 REPORTABLE INCIDENTS

2.1 Child Abuse and Neglect

Mandated reporters must make the required report whenever he/she, in his/her professional capacity or within the scope of his/her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect.⁷ A report must be made even if the child has expired, regardless of whether or not the abuse/neglect contributed to the death, and even if evidence of the suspected child abuse was discovered during an autopsy.⁸ The following indicators may be cause to report child abuse or neglect:

- A. Any suspicion of physical abuse or non-accidental injury
- B. Sexual abuse of a minor
- C. Parental or guardian incapacity (drugs, alcohol, mental or developmental disability)
- D. Abandonment by parent or guardian
- E. Neglect; failure to provide adequate food, clothing, or shelter
- F. Selling or giving away an infant/child
- G. Medical neglect that endangers the child
- H. Emotional or mental abuse
- I. Parent/guardian threatens to harm or kill the child

2.2 Elder and Dependent Adult Abuse

Mandated reporters must make the required report whenever he/she, in his/her professional capacity or within the scope of his/her employment, has knowledge of or observes or suspects an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he/she has experienced such an incident.⁹ Physician and surgeons, registered nurses, and psychotherapists are not required to report an incident where all of the following conditions exist:

- A. The mandated reporter has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect
- B. The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred
- C. The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia
- D. In the exercise of clinical judgment, the mandated reporter believes that the abuse did not occur

The Report of Suspected Dependent Adult/Elder Abuse form should also be used to record information received from a third party through a telephoned report of abuse. The shaded sections on the form are to be completed when a third party telephone report of abuse is received.

2.3 Other Criminal Acts

Mandated reporters must make the required report whenever he/she, in his/her professional capacity or within the scope of his/her employment provides medical services for a physical condition to a patient whom the mandated reporter or reasonably suspects is a person suffering from any of the following conditions¹⁰:

- A. Any wound or other injury inflicted by his or her own act or inflicted by another, where the injury is by means of a firearm
- B. Any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct

A report must be made even if the person has expired, regardless of whether or not the injury contributed to the death, and even if evidence of the conduct of the perpetrator was discovered during an autopsy.¹¹

3.0 INSTRUCTIONS FOR FILING REPORTS

The following table provides instructions for filing reports of abuse, neglect, and other criminal acts.

	Report To	Timeframe	Required Form
Child Abuse and Neglect	CPS: all suspected cases	Telephone: immediately or as soon as practically possible ¹² (See Section 3.1) AND Written: within 36 hours of receiving the information concerning the incident. ¹³ (See Section 3.1)	<i>Suspected Child Abuse Report Form SS 8572.</i> (See Attachment A).
	Law Enforcement: If it is suspected that the child is in immediate danger		

	Report To	Timeframe	Required Form
Elder and Dependent Adult Abuse	Adult Protective Service: Non-physical abuse except for that occurring in a long term care facility	Telephone: immediately or as soon as practically possible ¹⁴ AND Written: within two (2) working days ¹⁵	<i>Report of Suspected Dependent Adult/Elder Abuse</i> (See Attachment B).
	Long Term Care Ombudsman: Non-physical abuse that occurs in a long term care facility	Telephone: immediately or as soon as practically possible ¹⁶ AND Written: within two (2) working days ¹⁷	<i>Report of Suspected Dependent Adult/Elder Abuse</i> (See Attachment B).
	Law Enforcement: physical or sexual abuse	Telephone: immediately or as soon as practically possible ¹⁸ AND Written: within two (2) working days ¹⁹	
Injuries From Other Criminal Acts	Law Enforcement:	Telephone: immediately or as soon as practically possible ²⁰ AND Written: within two working days of receiving the information regarding the person ²¹	This report must include but is not limited to the following ²² : A. Name of the injured person, if known B. Injured person's whereabouts C. Character and extent of injuries D. Identity of any person the injured person alleges inflicted the wound, or other injury, or assaultive or abusive conduct upon the injured person

The following table provides contact information for filing mandated reports.

Adult Protective Services	PO Box 511 Bakersfield, CA 93302 fax (661) 633-7050 phone (661) 631-6007
	<i>Report evening and weekend cases to (661) 631-6011 or the Sheriff Department at (661) 861-3110 or the Bakersfield Police Department at (661) 327-7111.</i>
Child Protective Services (CPS)	PO Box 511 Bakersfield, CA 93302 fax (661) 631-6568 phone (661) 631-6011
Long Term Care Ombudsman Program	615 California Avenue Bakersfield, CA 93304 phone (661) 323-7884

3.1 Reports to CPS

Reports may be made to the CPS Mandated Reporting Line which is available 24 hours a day, 7 (seven) days a week. CPS personnel check the calls regularly. Using a completed Form SS 8572 as a guide, reporters should provide the following information:

- A. Information regarding the reporter:
 - (i) Name and professional title. Please spell the last name.
 - (ii) Business mailing address, including city and ZIP code.
 - (iii) Business phone number, including Area Code.
- B. Information regarding the child:
 - (i) Full name. Please spell the last name. Also spell first and other names if they are uncommon or have alternate spellings (for example: "Ann" can be with or without a final "e"; "Crystal" can be spelled a number of ways).
 - (ii) Gender, race, language spoken, birthdate if known or approximate age, school or day care facility attended, and if known, social security number, hair color, eye color and religion.
- C. Information for any siblings residing with the child:
 - (i) Name, gender, race, language spoken, birthdate or approximate age, school or daycare facility attended, and if known, social security number, hair color, eye color and religion.
 - (ii) Which of these siblings, if any, are also subject to abuse or neglect.
- D. Information regarding each caretaker:
 - (i) Name, gender, race, language spoken, birthdate, or approximate age, relationship to the involved child and each of that child's siblings, and if

- known, the caretaker's social security number, driver's license number, height, weight, eye color, hair color, religion, and occupation.
- (ii) Whether or not this person is suspected of the abuse or neglect you are reporting.
- (iii) Caretaker's home address, including city and ZIP code, home phone, and work phone if known.
- E. Information regarding each parent, caretaker or significant other involved in or knowledgeable about the incident being reported who do not live in the child's home.
 - (i) Name, gender, race, language spoken, birthdate or approximate age, person's relationship to the child, the person's address including city and ZIP code, phone number including Area Code and if known, the person's social security number, driver's license number, height, weight, eye color, hair color, religion, and occupation.
- F. The present location including city, ZIP and number, of the child
- G. The place (meaning the address, city, ZIP and phone number if known), the date, and the time the incident you are reporting occurred.
- H. The type of abuse you are reporting. Provide as much detail as you can

Before mailing, the following items on the written report should be checked for completeness;

- A. Section B - date and signature
- B. Section C- mark "County Welfare."
- C. "Agency"- "KCDHS" (Kern County Department of Human Services) at P.O. Box 511, Bakersfield, CA 93302.
- D. "Official contacted"- If the Mandated Reporting Line was used, indicate "automated hotline". The date and time the hotline was used should be included.

Child Protective Services will contact the reporter if they have questions about the information provided. They also let the reporter know, as soon as possible, the outcome of the report.

4.0 **INFORMING THE VICTIM OF THE REPORT**²³

Except in cases of child abuse/neglect, covered entities must promptly inform the victim that such a report has been or will be made, except if:

- A. The covered entity, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or
- B. The covered entity would be informing a personal representative, and the covered entity reasonably believes the personal representative is responsible for the abuse, neglect, or other injury and that informing such person would not be in the best interests of the individual as determined by the covered entity, in the exercise of professional judgment.

(For more information on covered entities and personal representatives, see *KHS Policy and Procedure #2.28 – Medical Records and Other Information – Privacy, Use, and Disclosure.*)

5.0 CONFIDENTIALITY

Reporting required by this policy and procedure is allowed under the Health Insurance Portability and Accountability Act.²⁴

6.0 LIABILITY²⁵

No health practitioner reporting a suspected instance of child abuse shall be civilly or criminally liable for any mandated report unless it can be proven that a false report was made, and the person knew or should have known that the report was false.

ATTACHMENTS:

- ❖ Attachment A – *Suspected Child Abuse Report Form*
- ❖ Attachment B – *Report of Suspected Dependent Adult/Elder Abuse*

REFERENCE:

Revision 2016-08: Policy reviewed by Director of Health Services. Contact information and attachments updated. **Revision 2003-10:** Revised to comply with HIPAA. Reviewed against the Child Abuse and Neglect Reporting Act (California Penal Code §§11164 – 11174.4), the Elder Abuse and Dependent Adult Civil Protection Act (California Welfare and Institutions Code §15600 et seq), and California Penal Code Article 2 - Reports of Injuries (§§11160-11163.6). Combines the following policies: #3.27 – Suspected Child Abuse/Neglect Reporting (2000-07); #3.30 – Domestic Violence/Criminal Act Reporting (2002-04); and #3.31 – Elder or Dependent Abuse (2000-07). Effective date posted dated to HIPAA implementation date. **Revision 2002-04:** Annual review and revised per DHS comment (09/19/01). **Revision 2000-08:** Table reformatted after signature.

¹ California Penal Code §11160(d)

² California Penal Code §11165

³ California Penal Code §11165.6

⁴ California Welfare and Institutions Code §15610.63

⁵ California Penal Code §11160 and 11165.7; California Welfare and Institutions Code §15610.30 and 15610.37

⁶ California Penal Code §11166(b) and 11162; California Welfare and Institutions Code §15630(h)

⁷ California Penal Code §11166(a)

⁸ California Penal Code §11166(a)(2)

⁹ California Welfare and Institutions Code §15630(b)(1)

¹⁰ California Penal Code §11160(a)

¹¹ California Penal Code §11160(b)(3)

¹² California Penal Code §11166(a)

¹³ California Penal Code §11166(a)

¹⁴ California Welfare and Institutions Code §15630(b)(1)

¹⁵ California Welfare and Institutions Code §15630(b)(1)

¹⁶ California Welfare and Institutions Code §15630(b)(1)

¹⁷ California Welfare and Institutions Code §15630(b)(1)

¹⁸ California Welfare and Institutions Code §15630(b)(1)

¹⁹ California Welfare and Institutions Code §15630(b)(1)

²⁰ California Penal Code §11160(b)(1)

²¹ California Penal Code §11160(b)(2)

²² Per the California Department of Justice, a standard form is not available for this reporting requirement. The provider should create a report containing the elements required by Penal Code, Section 11160(b)(4)

²³ 45 CFR §164.512(c)(2)

²⁴ “A covered entity may disclose PHI as required by law including laws that require the reporting of certain types of wounds or other physical injuries.” 45 CFR §164.512 (f)(1)(i). “A covered entity may disclose PHI...to a public health authority or other

appropriate government authority authorized by law to receive reports of child abuse or neglect.” 45 CFR §164.512(b)(2). “A covered entity may disclose PHI about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence... to the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law.” 45 CFR §164.512 (c)(1)

²⁵ California Penal Code §11172(a); §11161.9

**CONFIDENTIAL REPORT
NOT SUBJECT TO PUBLIC DISCLOSURE**

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE Date Completed: _____

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS

A. VICTIM Check this box if victim consents to disclosure of information [Ombudsman use only – WIC 15636(a)]

*NAME (LAST NAME FIRST):	DATE OF BIRTH	AGE:	SSN	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	EHTNICITY	LANGUAGE (CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER
*ADDRESS (IF FACILITY, INCLUDE NAME)	*CITY			*ZIP CODE	*TELEPHONE () -	
*PRESENT LOCATION (IF DIFFERENT FROM ABOVE)	*CITY			*ZIP CODE	*TELEPHONE () -	
<input type="checkbox"/> ELDERLY (65+) <input type="checkbox"/> DEVELOPMENTALLY DISABLED <input type="checkbox"/> MENTALLY DISABLED/ILL <input type="checkbox"/> PHYSICALLY DISABLED <input checked="" type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> LIVES ALONE <input type="checkbox"/> LIVES WITH OTHERS <input type="checkbox"/> UNKNOWN						

B. SUSPECTED ABUSER Please check if Self-Neglect

NAME OF SUSPECTED ABUSER	<input type="checkbox"/> CARE CUSTODIAN (type) <input type="checkbox"/> HEALTH PRACTITIONER (type)	<input type="checkbox"/> PARENT <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> OTHER <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER RELATION								
ADDRESS	ZIP CODE	TELEPHONE () -	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	EHTNICITY	D.O.B	Age	Height	Weight	Eyes	Hair

C. REPORTING PARTY (CHECK APPROPRIATE BOX IF REPORTING PARTY WAIVES CONFIDENTIALITY) All All but victim All but perpetrator

NAME (PRINT)	Signature	Occupation	Agency/Name of Business
RELATION TO VICTIM	Street	City	Zip Code
		(Email Address)	Telephone - - ext

D. INCIDENT INFORMATION – Address where incident occurred:

Date/Time of Incident(s)	PLACE OF INCIDENT (CHECK ONE) <input type="checkbox"/> OWN HOME <input type="checkbox"/> COMMUNITY CENTER <input type="checkbox"/> HOSPITAL/ACUTE CARE HOSPITAL <input type="checkbox"/> HOME OF ANOTHER <input type="checkbox"/> NURSING FACILITY/SWING BED <input type="checkbox"/> OTHER
	Other Reporting Party Telephone Number: Type: - - ext

E. REPORTED TYPES OF ABUSE (Check All That Apply)

1. PERPETRATED BY OTHERS (WIC 15610.07 & 15610.63) a. PHYSICAL <input type="checkbox"/> ASSAULT/BATTERY <input type="checkbox"/> CONSTRAINT OR DEPRIVATION <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> CHEMICAL RESTRAINT <input type="checkbox"/> OVER OR UNDER MEDICATION	2. SELF-NEGLECT (WIC 15610.57(b)(5)) a. <input type="checkbox"/> PHYSICAL CARE (E.G., personal hygiene, food, clothing, shelter) b. <input type="checkbox"/> MEDICAL CARE (e.g., physical and mental health needs) c. <input type="checkbox"/> HEALTH and SAFETY HAZARDS d. <input type="checkbox"/> MALNUTRITION/DEHYDRATION e. <input type="checkbox"/> OTHER (Non-Mandated e.g., financial)
b. <input type="checkbox"/> NEGLECT c. <input type="checkbox"/> FINANCIAL d. <input type="checkbox"/> ABANDONMENT e. <input type="checkbox"/> ISOLATION	f. <input type="checkbox"/> ABDUCTION g. <input type="checkbox"/> OTHER (Non-Mandated: e.g. deprivation of goods services: psychological/mental)

ABUSE RESULTED IN (4CHECK ALL THAT APPLY) NO PHYSICAL INJURY MINOR MEDICAL CARE HOSPITALIZATION CARE PROVIDER REQUIRED
 DEATH MENTAL SUFFERING OTHER (SPECIFY) UNKNOWN

F. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PREPETRATOR STILL HAVE ACCESS TO VICTIM? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc...) LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (E.G., ANIMALS, WEAPONS, COMMUNICABLE DISEASES, ETC.). CHECK IF MEDICAL, FINANCIAL, PHOTOGRAPHS OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

G. TARGETED ACCOUNT

ACCOUNT NUMBER (LAST 4 DIGITS)	TYPE OF ACCOUNT: <input type="checkbox"/> DEPOSIT <input type="checkbox"/> CREDIT <input type="checkbox"/> OTHER	TRUST ACCOUNT: <input type="checkbox"/> YES <input type="checkbox"/> NO
POWER OF ATTORNEY <input type="checkbox"/> YES <input type="checkbox"/> NO	DIRECT DEPOSIT: <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER ACCOUNTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

H. OTHER PERSONS BELIEVED TO HAVE KNOWLEDGE OF ABUSE. (e.g. family, significant others, neighbors, medical providers, and agencies involved etc...)

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP
		- - ext	

I. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE. (If unknown, list contact person)

Name	Relationship	If contact person only check <input type="checkbox"/>
Address	City	Zip Code
		Telephone No. - - Other phone: - -

J. TELEPHONE REPORT MADE TO: Local APS Local Law Enforcement Local Ombudsman Mental Health Developmental Services

NAME OF OFFICIAL CONTACTED BY PHONE:	TELEPHONE:	DATE/TIME:
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K. WRITTEN REPORT MAILED or FAXED Enter information about the agency receiving this report. Do not submit report to California Department of Social Services Adult Programs Bureau.

AGENCY NAME	ADDRESS or FAX #	DATE MAILED:	DATE FAXED:
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L. AGENCY USE ONLY TELEPHONE REPORT WRITTEN REPORT

1. REPORT RECEIVED BY:	DATE/ TIME:
2. ASSIGNED <input type="checkbox"/> Immediate Response <input type="checkbox"/> Ten-Day Response <input type="checkbox"/> No Initial Face To Face Required <input type="checkbox"/> Not APS <input type="checkbox"/> Not Ombudsman	
Approved by:	Assigned to (optional):
3. Cross-Reported to: <input type="checkbox"/> CDHS, Licensing & Cert <input type="checkbox"/> CDSS-CCL <input type="checkbox"/> CDA Ombudsman <input type="checkbox"/> Bureau of Medi-Cal Fraud & Elder Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Professional Board <input type="checkbox"/> Developmental Services <input type="checkbox"/> APS <input type="checkbox"/> Other (Specify) Date of Cross-Report:	
4. APS/Ombudsman/Law Enforcement Case File Number:	

Print

SUSPECTED CHILD ABUSE REPORT

Reset Form

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		Street	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	TELEPHONE ()		
	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			
	VICTIM'S SIBLINGS				VICTIM'S PARENTS/GUARDIANS				
NAME		BIRTHDATE	SEX	ETHNICITY	NAME		BIRTHDATE	SEX	ETHNICITY
1. _____		3. _____		2. _____		4. _____			
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'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)									

SS 8572 (Rev. 12/02)

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 determined not to be unfounded.

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

GENERAL INSTRUCTIONS (Continued)

EXCEPTIONS TO REPORTING

Per WIC Section 15630(b)(3)(A), a mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report a suspected incident of abuse where all of the following conditions exist:

- (1) The mandated reporter has been told by an elder or a dependent adult that he or she has experienced behavior constituting physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect).
- (2) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.
- (3) The elder or the dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.
- (4) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

Per WIC Section 15630(b)(4)(A), in a long-term care facility, a mandated reporter who the California Department of Health Services determines, upon approval by the Bureau of Medi-Cal Fraud and the Office of the State Long-Term Care Ombudsman (OSLTCO), has access to plans of care and has the training and experience to determine whether all the conditions specified below have been met, shall not be required to report the suspected incident of abuse:

- (1) The mandated reporter is aware that there is a proper plan of care.
- (2) The mandated reporter is aware that the plan of care was properly provided and executed.
- (3) A physical, mental, or medical injury occurred as a result of care pursuant to clause (1) or (2).
- (4) The mandated reporter reasonably believes that the injury was not the result of abuse.

DISTRIBUTION OF SOC 341 COPIES

Mandated reporter: After making the telephone report to the appropriate agency, the reporter shall send the original and one copy to the agency; keep one copy for the reporter's file.

Receiving agency: Place the original copy in the case file. Send a copy to a cross-reporting agency, if applicable.

DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ADULT PROGRAMS BUREAU.