

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

CASE NAME: \_\_\_\_\_

PLEASE PRINT OR TYPE

CASE NUMBER: \_\_\_\_\_

<b>A.</b>	<b>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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		REPORTER'S TELEPHONE (DAYTIME) ( )		SIGNATURE			TODAY'S DATE				
<b>B.</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			Street	City	Zip	DATE/TIME OF PHONE CALL	
		OFFICIAL CONTACTED - TITLE						TELEPHONE ( )			
<b>C.</b>	<b>VICTIM</b> <small>One report per victim</small>	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			
<b>D.</b>	<b>INVOLVED PARTIES</b> <small>VICTIM'S PARENTS/GUARDIANS</small>	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 ( )					
<b>E.</b>	<b>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)									

CPS

## 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 **goldenrod 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, **yellow copy** to county welfare or probation department, and **pink 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

## **Legal Obligations of a Mandated Reporter in California if Child Abuse is Known or Suspected**

- The Mandated Reporter must call a "Child Protective Agency" as soon as possible to make verbal report of "Reasonable Suspicion."
- Then, the Mandated Reporter must file a written report on Department of Justice Suspected Child Abuse Report Form SS 8572 within 36 hours of their verbal report.
- Mandated Reporters are required to give their name.

### **What is "Reasonable Suspicion" as defined by the California Penal Code?**

- "Reasonable Suspicion" occurs when "it is objectively reasonable for a person to entertain such a suspicion, when based upon the facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse." (California Penal Code 11166[a])

### **Child Abuse Report Form—Department of Justice Form SS8572**

- Mandated Reporters and/or their employers should keep blank copies of the form on file at all times.
- If a blank form is not available when a report is made, the Mandated Reporter can request that the agency to whom the report is being made, send a blank form to them immediately.
- Copies of the form are available from your local Child Protective Services Agency or by writing to:

California Department of Justice  
Bureau of Criminal Identification and Information  
P.O.Box 90317  
Sacramento, CA 94203-4170

### **Record Keeping**

- Good record keeping or documentation is important and helpful in recognizing child abuse...Why?
  - Helps refresh memories
  - Bolsters testimony of witnesses
  - The child's history stays behind if you change jobs
  - Helps build a "case" for reporting and CPS's response
  - Documentation of reasons when the decision is made to not make a report

- **Sources of Reports**

- Since 1990, statistics shown that 52% of the child abuse reports each year are made by Mandated Reporters.
- Mandated Reporters have the best opportunity to identify a child abuse problem before it becomes a statistic.
- A Mandated Reporter may be the only responsible adult in a particular child's life.

**Immunities—California Penal Code Section 11172[a]**

- Mandated Reporters have immunity from civil and criminal liability (unless the report was made maliciously, while knowing it was false).
- Immunity, however, does not eliminate the possibility that actions may be taken against the Mandated Reporter. Therefore, the state will reimburse up to \$50,000 in legal fees in case of a suit.

**Penalties—California Penal Code Section 11172[e]**

- A Mandated Reporter who fails to make a report of known or suspected child abuse:
  - Is guilty of a misdemeanor crime, which is punishable by up to:
    - six months in the county jail
    - and/or up to \$1000 in fines
  - May lose their license or credential

**Safeguards for Mandated Reporters in California**

- Mandated Reporters cannot be prevented from reporting nor lose their job for making a report
- Identity is kept confidential (see more below on confidentiality issues)
- Employers are required to inform Mandated Reporters of their responsibilities
- May photograph or X-ray child without parent's consent
- Physician- and therapist-patient privilege does not apply
- Is not required by law to inform parents of report

**Confidentiality—California Penal Code Section 11167**

- A Mandated Reporter's name is to be held confidential at all times and can only be shared:
  - Between Child Protective Agencies
  - Child Protective Agency's Council
  - The Child's Council
  - District Attorney in cases of:
    - Criminal Prosecution
    - Parental Rights Termination
  - Licensing Agencies in Abuse Cases in Out-of-Home Care
  - By Court Order
  - If the Mandated Reporter Waives Confidentiality
  - Never to Mandated Reporter's employer except by consent or Court Order

**Violations of Confidentiality—California Penal Code Section 11167.5**

- Any violation of the confidentiality provided in California Penal Code Section 11167 is a misdemeanor, punishable by imprisonment in a county jail not to exceed six month, by a fine of \$500 or both.