

POST

REPORT SUSPECTED CHILD ABUSE AND NEGLECT

All school district employees are required under California law to report suspected child abuse and neglect.

Any of these acts involving anyone under the age of 18 must be reported.

- ▶ Sexual Abuse
- ▶ Physical Abuse
- ▶ Emotional Abuse
- ▶ Neglect

<p>The District employee must report to the appropriate law enforcement authorities any reasonable suspicion that a child has been abused or neglected. Responsibility for investigating suspected abuse lies with law enforcement or other legal authorities. You are not to investigate on your own.</p> <p>Your job is to REPORT.</p>	<p>"Reasonable suspicion" occurs when "it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to support child abuse or neglect." (Penal Code 11166)</p>
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YOU MUST REPORT BY PHONE AND IN WRITING.

Police Department	Phone: 459-6122	Fax: 459-0405
Child Protective Services (CPS)	Phone: 463-7990	Fax: 463-7908
Sheriff's Department	Phone: 463-5468	Fax: 463-4689

1. PHONE: Immediately contact by phone your local police, Child Protective Services (CPS) or sheriff's department and report the suspected abuse or neglect.

2. WRITING: Within 36 hours of phoning law enforcement, a written report must be sent, faxed or submitted electronically to your local Police, CPS or Sheriff's department. The written report should be completed on a state form which can be downloaded at <http://ag.ca.gov/childabuse/pdf/ss-8572.pdf>. The form also is available in the school principal's office and at district headquarters. The form should be faxed to the same agency that received your phone report. Save the fax confirmation sheet with the written report.

By law, the name of the employee who makes the report is strictly confidential.

It is provided only to investigators working on the case.

Failure to report suspected child abuse or neglect is a crime punishable by six months in jail and a \$1,000 fine.

Print

SUSPECTED CHILD ABUSE REPORT

Reset Form

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

PLEASE PRINT OR TYPE

CASE NAME: _____

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	
B. REPORT NOTIFICATION	REPORTER'S TELEPHONE (DAYTIME) ()		SIGNATURE		TODAY'S DATE	
	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION <input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)		AGENCY		DATE/TIME OF PHONE CALL	
	ADDRESS Street _____ City _____ Zip _____				OFFICIAL CONTACTED - TITLE	
C. VICTIM One report per victim	NAME (LAST, FIRST, MIDDLE)				TELEPHONE ()	
	ADDRESS Street _____ City _____ Zip _____		BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY
	PRESENT LOCATION OF VICTIM				SCHOOL	
	PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		OTHER DISABILITY (SPECIFY)	
	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			
	RELATIONSHIP TO SUSPECT				CLASS _____ GRADE _____	
	PHOTO TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO				PRIMARY LANGUAGE SPOKEN IN HOME	
D. INVOLVED PARTIES	NAME (LAST, FIRST, MIDDLE)				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)	
	1. NAME BIRTHDATE SEX ETHNICITY		3. NAME BIRTHDATE SEX ETHNICITY		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
	2. NAME BIRTHDATE SEX ETHNICITY		4. NAME BIRTHDATE SEX ETHNICITY			
	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 _____		HOME PHONE ()		BUSINESS PHONE ()	
	OTHER RELEVANT INFORMATION				TELEPHONE ()	
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)					

fax to 463-7908

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