# SUSPECTED CHILD ABUSE REPORT
## (11166 PC)

ATTACHMENT #2
DMH Policy #102.8

*TO BE COMPLETED BY REPORTING PARTY*

CASE IDENTIFICATION

VICTIM NAME: _____
REPORT NO./CASE NAME: _____
DATE OF REPORT: _____

#202 Attachment II

NAME/TITLE _____

ADDRESS _____

( ) PHONE _____ DATE OF REPORT _____ SIGNATURE OF REPORTING PARTY _____

SENT TO

○ POLICE DEPARTMENT ○ SHERIFF'S OFFICE ○ COUNTY WELFARE ○ COUNTY PROBATION

AGENCY _____ ADDRESS _____

OFFICIAL CONTACTED _____ ( ) PHONE _____ DATE/TIME _____

NAME (LAST, FIRST, MIDDLE) _____ ADDRESS _____ BIRTHDATE SEX RACE _____

PRESENT LOCATION OF CHILD _____ ( ) PHONE _____

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

NAME BIRTHDATE SEX RACE — NAME BIRTHDATE SEX RACE

NAME (LAST, FIRST, MIDDLE) BIRTHDATE SEX RACE — NAME (LAST, FIRST, MIDDLE) BIRTHDATE SEX RACE

ADDRESS _____ ADDRESS _____

( ) HOME PHONE _____ ( ) BUSINESS PHONE _____ ( ) HOME PHONE _____ ( ) BUSINESS PHONE _____

INCIDENT INFORMATION

*IF NECESSARY, ATTACH EXTRA SHEET OR OTHER FORM AND CHECK THIS CIRCLE.* ○

1. _____ DATE/TIME OF INCIDENT _____ PLACE OF INCIDENT *(CHECK ONE)* ○ OCCURRED ○ OBSERVED

IF CHILD WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:
○ GROUP HOME OR INSTITUTION ○ FOSTER CARE ○ OTHER PLACEMENT (SPECIFY _____

2. TYPE OF ABUSE: *(CHECK ONE OR MORE)* ○ PHYSICAL ○ MENTAL ○ SEXUAL ASSAULT ○ NEGLECT ○ OTHER

3. NARRATIVE DESCRIPTION: _____

4. SUMMARIZE WHAT THE ABUSED CHILD OR PERSON ACCOMPANYING THE CHILD SAID HAPPENED: _____

EXPLAIN KNOWN HISTORY OF SIMILAR INCIDENT(S) FOR THIS CHILD: _____

SS 8572 4/81

*INSTRUCTIONS ON REVERSE*

Police or Sheriff — WHITE Copy; DOJ — PINK Copy; County Welfare or Probation — BLUE Copy; District Attorney — GREEN Copy; Reporting Party — YELLOW Cop

THIS FORM, AS ADOPTED BY DEPARTMENT OF JUSTICE, IS REQUIRED
UNDER PENAL CODE SECTIONS 11166 AND 11168

## REPORTING RESPONSIBILITIES

- [illegible] care custodian or health practitioner reporting a suspected instance of [illegible] for any report [illegible] by this article (California Penal Code Article 2.5). Any other person reporting a suspected instance of child abuse shall [illegible] as a result of any report authorized by this section unless it can be proved that a false report was made and the person [illegible] should have known that the report was false.

- [illegible] health practitioner, or employee of a child protective agency (CPA) who has knowledge [illegible] suspected instance of child abuse to a child protective agency immediately, or as soon as practically possible [illegible] within 36 hours of receiving the information concerning [illegible]

- Any child care custodian, health practitioner, 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.

## I DEFINITIONS

- "Child care custodian" means a teacher, administrative officer, supervisor of child welfare and attendance, or certificated pupil personnel employee of any public or private school; an administrator of a public or private day camp; a licensee, administrator, or employee of a community care facility or child day care facility licensed to care for children; headstart teacher; public assistance worker; 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 or a probation officer.

- "Health practitioner" includes a physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, marriage, family, or child counselor, a person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, emergency 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, or 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, or 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 coronal, or a religious practitioner who diagnoses, examines, or treats children.

- "Child protective agency" means a police or sheriff's department, a county probation department, or a county welfare department.

## INSTRUCTIONS

A. CASE IDENTIFICATION (Upper Box) – *To Be Completed by Investigating Child Protective Agency.*

Case Identification: Enter the victim name, report number, [illegible]

B. SUSPECTED CHILD ABUSE REPORT (11166 PC) – *To Be Completed by Reporting Party.*

1. Reporting Party: Enter name/title, address, phone number, and the date of report, and sign.

2. Report Sent To: a) Check the appropriate child protective agency to whom this report is being sent; b) Enter the name and address of the child protective agency to whom this report is being sent; c) Enter the name of the official contacted at the child protective agency, phone number, and the date/time contacted.

3. Victim: Enter the name, address, physical data, present location, and phone number where victim is located (attach additional sheets if multiple victims).

   Siblings: Enter the name and physical data of siblings living in the same household as the victim.

4. Parents: Enter the names, physical data, addresses, and phone numbers of father/stepfather and mother/stepmother.

5. Incident Information: a) Enter the date, time, and place the incident occurred or was observed, and check the appropriate [illegible]; b) Check the type of abuse; c) Describe injury or sexual assault (where appropriate, attach form DOJ 900, Medical Report—Suspected Child Abuse or any other form desired); d) Summarize what the child or person accompanying the child said happened; e) Explain any known prior incidents involving the victim.

## DISTRIBUTION

A. Reporting Party: Complete form SS 3572, Suspected Child Abuse Report (11166 PC). Retain yellow copy [illegible] to a child protective agency.

B. Investigating Child Protective Agency: Upon receipt of form SS 3572, Suspected Child Abuse Report (11166 PC) [illegible] copy to county welfare or probation, and green copy to district attorney within 36 hours. Complete form [illegible] Report, and forward to DOJ immediately.