

DEPARTMENT OF MENTAL HEALTH

POLICY / PROCEDURE



SUBJECT: REPORTING SUSPECTED CHILD ABUSE AND NEGLECT	POLICY NO. 202.8	EFFECTIVE DATE 10/01/89	PAGE 1 of 5
APPROVED BY: Original Signed by: ROBERTO QUIROZ Director	SUPERSEDES 203.1 10/08/82	ORIGINAL ISSUE DATE 10/08/82	DISTRIBUTION LEVEL(S) 2

PURPOSE: 1.1 To provide guidelines and Department of Mental Health (DMH) policy regarding cases of suspected child abuse and neglect.

POLICY: 2.1 Employment Requirements

2.1.1 Any person who enters into employment as a child care custodian, medical practitioner or non-medical practitioner, prior to commencing his/her employment, and as a prerequisite to that employment, shall sign a statement on a form provided by his/her employer to the effect that he/she has knowledge or and will comply with the provisions of Section 11166 of the Penal Code.

2.1.2 Although clerical and other non-treatment staff are not required to report suspected cases of child abuse, they should consult with mandated reporters upon suspecting child abuse.

2.2 Mandated Reporters

2.2.1 Section 11166 of the Penal Code requires any child care custodian, medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his/her professional capacity or within the scope of his/her employment whom he/she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

2.2.2 "Child Care Custodian" includes teachers, administrative officers, supervisors of child welfare and attendance, or certified pupil personnel employees of any public or private school; administrators of a public or private day camp; licensed administrators or employees of community care facilities licensed to care for children; headstart teachers; employees of a child protective agency, licensing workers or licensing evaluators; public assistant workers; employees of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities, social workers, and probation officers.

2.2.3 "Medical practitioner" includes physicians and surgeons, psychiatrists,

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psychologists, dentists, residents, interns, podiatrists, chiropractors, registered psychological assistants, licensed nurses, dental hygienists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code – or persons certified under Division 2.5 of the Health and Safety Code.

2.2.4 “Non-medical practitioner” includes State or County public health employees who treat minors for venereal disease or any other condition; coroners; marriage, family or child counselors; and religious practitioners who diagnose, examine, or treat children.

2.2.5 The responsibility to report suspected cases of child abuse extends to all persons of community care facilities licensed to care for children and adults and to all staff assigned to evaluate and treat patients within the Short-Doyle system.

2.3 Reporting Responsibilities

2.3.1 Child abuse must be reported “when one acquires knowledge of or observes facts which give rise to a reasonable suspicion” – Penal Code, Section 11166(a). Reasonable suspicion occurs “when it is objectively reasonable for a person to entertain such a suspicion, based on facts that could cause a reasonable person in a like position, drawing when appropriate on his/her training and experience, to suspect child abuse” – Penal Code, Section 11166(a).

2.3.2 When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of child abuse, and when there is agreement among them, the reporting requirements may be carried out by a member of the team selected by mutual consent. Any member who has knowledge that the designated member has failed to report shall make the required report. No supervisor or administrator may impede or inhibit such reporting duties. No person making such report shall be subject to any sanction for fulfilling this responsibility.

2.4 Circumstances Under Which Reporting is Mandated

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2.4.1 A report must be made when persons, in their professional capacity, or within the scope of their employment, obtain knowledge of, or observe a child whom they reasonably suspect has been the victim of child abuse.

2.5 Reportable Child Abuse and Neglect

2.5.1 Physical injury that is inflicted by other than accidental means on a child by another person.

2.5.2 Sexual abuse – Penal Code, Section 11165(b).

2.5.3 Willful cruelty or unjustifiable punishment of a child that includes infliction of unjustifiable physical pain or mental suffering – Penal Code, Section 11165(d).

2.5.4 Cruel or inhuman corporal punishment or injury – Penal Code, Section 273(d).

2.5.5 Severe and general neglect of a child – Penal Code Section 11165(c).

2.5.6 Abuse in out-of-home care, including “negligent” abuse – Penal Code, Section 11165(f).

2.5.7 Venereal disease diagnosed in any child less than 14 years of age – Penal Code, Section 288(a) and (b) or Attorney General Opinion 83-911.

2.6 Reporting Protocol

2.6.1 When a mandated reporter suspects, by observation or acquired knowledge, that a child has been abused, an immediate telephone report must be made to the Department of Children’s Services/Child Protective Services or to law enforcement. In an emergency, a telephone report must be made to the Police Department. All cases of suspected child sexual abuse must be reported to law enforcement.

2.6.2 The telephone report shall contain the name of the person making the report, the name and location of the child, the nature and extent of the

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injury, and any information related to the specific incident of suspected child abuse being reported – Penal Code, Section 11167.

2.6.3 The telephone report shall be followed by a written report within thirty-six (36) hours. This report shall be written on Department of Justice form #SS8572 (Suspected Child Abuse Report 11166) which has instructions for completion on the back of the form. This completed form is routed to the agency that received the telephone report of the incident. Forms may be obtained from the Department of Children's Services/Child Protective Services or from the DMH/Children and Youth Services Bureau, Coordinator of Child Abuse Services.

2.6.4 All mandated reporters within the Short-Doyle system are also required to complete the "Suspected Child Abuse and Neglect Report" (LAC/DMH/CYSB: 1/27/82) form whenever instances of child abuse are discovered in their treatment of Short-Doyle patients. These forms are to be sent to the Child Abuse Services Coordinator.

2.7 Legal Liability/Immunity

2.7.1 Penal Code, Section 11172, provides that persons required to make reports of known or suspected instances of child abuse are immune from civil or criminal liability for making a required or authorized report. Failure to report child abuse is a misdemeanor, punishable by confinement in the County jail for a term not to exceed six (6) months or by a maximum fine of \$1,000 or by both.

2.7.2 Mandated reporters who provide child protective agencies with access to the victim of a known or suspected instance of child abuse shall not incur civil or criminal liability as a result of the access. Because immunity from liability does not eliminate the possibility that actions may be brought against mandated reporters, claims for reasonable attorney' fees incurred in any action against that person on the basis of making the required report may be presented to the State Board of Control for review. If all requirements are met under Penal Code, Section 11172, up to a maximum of fifty thousand dollars (\$50,000) will be paid for such attorney fees.

2.8 Revocation of Privilege

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2.8.1 Physician and psychotherapist privileges are not applicable and do not excuse or prohibit reporting of child abuse. Knowledge of child abuse obtained from either the victim or abuser must be reported.

2.9 Confidentiality vs Reporting

2.9.1 The duty to report child abuse supersedes the confidentiality provision of the Lanterman-Petris-Short Act (Welfare and Institutions Code, Section 5328).

AUTHORITY:

Welfare and Institutions Code, Section 5328
Penal Code, Sections 11165 through 11174; Sections 261, 164.1, 285, 286,
288(a) and (b), 289, 647(a), 273(1)
Attorney General's Opinion Nos. 82-302, June 1, 1982; and 83-911, June 1, 1984.
County Counsel's Opinion, July 16, 1982

ATTACHMENTS:

Form SS 8572 Suspected Child Abuse Reporting
Form LAC/DMH/CYSB - 1/27/82 Suspected Child Abuse and Neglect Report

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

SUSPECTED CHILD ABUSE AND NEGLECT REPORT

CONFIDENTIAL

CASE NUMBER: _____

- 1 MENTAL HEALTH REGION: _____ (1=CENTRAL; 2=COASTAL; 3= SAN FERNANDO; 4=SAN GABRIEL; 5=SOUTHEAST; 6=CTSB)
 2-3 REPORTING UNIT NUMBER: _____
 4-9 DATE OF CURRENT MENTAL HEALTH CASE OPENING: _____ / _____ / _____
 10 IDENTIFIED MENTAL HEALTH CLIENT IS: 1. ADULT 2. CHILD 3. BOTH/FAMILY

(REGARDLESS OF WHO IS IDENTIFIED ABOVE, ANSWER ALL QUESTIONS IN RELATION TO CHILD, UNLESS SPECIFICALLY DIRECTED OTHERWISE - e.g. #49)

11-12 HOW MANY CHILDREN ARE SUSPECTED OF BEING ABUSED? _____

Complete the following chart on all children suspected of being abused. If there are more than four children, describe the four most seriously abused children.

PARENT AGE (06 = 8 yrs)	SEX		ETHNICITY **	TYPE OF SUSPECTED ABUSE (CHECK ALL APPLICABLE.)				
	MALE	FEMALE		PHYSICAL ABUSE	PHYSICAL NEGLECT	EMOTIONAL ABUSE, DEPRIVATION, NEGLECT	SEXUAL ABUSE	SEXUAL EXPLOITATION
13-14	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17-18	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>
24-25	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28-29	30 <input type="checkbox"/>	31 <input type="checkbox"/>	32 <input type="checkbox"/>	33 <input type="checkbox"/>	34 <input type="checkbox"/>
35-36	37 <input type="checkbox"/>	38 <input type="checkbox"/>	39-40	41 <input type="checkbox"/>	42 <input type="checkbox"/>	43 <input type="checkbox"/>	44 <input type="checkbox"/>	45 <input type="checkbox"/>
46-47	48 <input type="checkbox"/>	49 <input type="checkbox"/>	50-51	52 <input type="checkbox"/>	53 <input type="checkbox"/>	54 <input type="checkbox"/>	55 <input type="checkbox"/>	56 <input type="checkbox"/>

*AGE: If less than 1 year put 0.

- **ETHNICITY: 02=Black 03=Other White 04=Japanese 06=Other Asian/Pacific
 01=Mexican Hispanic White 05=American Indian 07=Filipino 09=Other Non-White
 00=Other Hispanic White 08=Chinese 11=Indochinese 99=Unknown

- 57 DO PARENTS OR CUSTODIAL RELATIVES SPEAK ENGLISH FLUENTLY? YES NO UNKNOWN
 58 DO ALL INVOLVED CHILDREN SPEAK ENGLISH FLUENTLY? 1. 2. 3.
 59 WHAT IS PRIMARY LANGUAGE IN THE CHILD'S HOME?
 1. ENGLISH 2. ASIAN/PACIFIC (Specify _____) 3. SPANISH
 4. OTHER (Specify _____) 5. UNKNOWN

- 60 IS THERE MORE THAN ONE SUSPECTED ABUSER OF THE CHILD?
 1. YES (MORE THAN ONE) 2. NO (ONLY ONE) 3. UNKNOWN

WHAT IS THE RELATIONSHIP AND SEX OF THE SUSPECTED ABUSER(S) TO THE CHILD?(Check all suspected abusers.)

UNKNOWN	41	Male	Female
FAMILY MEMBER(S).....	42 <input type="checkbox"/>	43 <input type="checkbox"/>	44 <input type="checkbox"/>
PEER(S) KNOWN TO FAMILY.....	64 <input type="checkbox"/>	65 <input type="checkbox"/>	66 <input type="checkbox"/>
STRANGER(S).....	66 <input type="checkbox"/>	67 <input type="checkbox"/>	68 <input type="checkbox"/>

- 64 DO ANY OF THE SUSPECTED ABUSERS CURRENTLY LIVE IN THE HOME? 1. YES 2. NO 3. UNKNOWN
 65 DO ANY OF THE SUSPECTED ABUSERS ALSO HAVE A HISTORY OF:

1. ALCOHOL ABUSE 2. DRUG ABUSE 3. BOTH ALCOHOL AND DRUG ABUSE 4. NEITHER 5. UNKNOWN

70 WAS CLIENT REFERRED TO MENTAL HEALTH BY ANOTHER AGENCY? 1. YES 2. NO 3. UNKNOWN

71 IF REFERRED IN, SPECIFY PRIMARY AGENCY: (MARK ONLY ONE)

1. D.P.S.S. 2. COURT 3. PROBATION
 4. LAW ENFORCEMENT 5. HEALTH DEPARTMENT 6. SCHOOLS
 7. OTHER MENTAL HEALTH FACILITY 8. OTHER AGENCY (Specify) _____
 9. UNKNOWN

72 WAS CLIENT ALREADY IN TREATMENT WITH THIS FACILITY BEFORE POSSIBLE CHILD ABUSE WAS DISCOVERED?

1. YES 2. NO 3. UNKNOWN

73 IF THE DEPARTMENT OF MENTAL HEALTH WAS RESPONSIBLE FOR MAKING THE ORIGINAL JOURNAL REPORT OF SUSPECTED CHILD ABUSE, TO WHICH AGENCY WAS IT MADE?

1. D.P.S.S. 2. LAW ENFORCEMENT 3. BOTH 1 & 2

CLINICIAN'S NAME: _____ DATE: _____

MM:pld
 LAC/DNR/CYBB
 1/27/82

DISTRIBUTION: Original and Copy 1 - to Regional Child Abuse Svcs.Coord.
 Copy 2 - file in chart.

Facility: _____

SUSPECTED CHILD ABUSE AND NEGLECT REPORT

INSTRUCTIONS

Attachment #1
(Instructions)
DMH Policy #102.8SURVEY FORM QUESTION
REFERENCE NUMBER
OR SUBJECT

INSTRUCTIONS

GENERAL

Complete one form for each family unit. Because of space limitations we will only collect detailed information on the four most severely abused children in the family, if a family has that many.

If possible, include all the children on one survey form even if they have different case numbers from each other or from their parents. In any case, the same children should not be described on more than one survey form.

If an ongoing case is suspected to be a child abuse case at any time during treatment, complete a survey form on the case during the month in which child abuse became suspected.

Complete the survey form on all new cases opened in February 1982 and every month thereafter, in which child abuse or neglect are suspected.

Send original and one copy of survey form to your Regional Child Abuse Services Coordinator at the end of each month. File one copy in the chart.

This form does not substitute for other suspected child abuse or neglect reporting requirements.

CASE NAME

Recording the case name is optional. This was included for the facility or therapist use only. The top of the form with the name can be folded over so that photocopies can be made without the name.

CASE NUMBER

Record the case number on the form. If more than one case is opened on the family, record any one of the case numbers and show the date of case opening relating to that case number.

1

Indicate Region using the codes next to the blank space. Central Region would be shown as 1.

2-5

Fill in the Reporting Unit Number, such as 1 2 1 1.

6-9

The Mental Health case opening date refers to when the case was opened, no matter when child abuse became suspected. Include both month and year, such as 0 2 / 1 2.

10

Although Question 10 asks whether the identified client is the adult, child, or family, all questions should be answered in relation to the child, unless specified otherwise.

11-12

Only count children suspected of being abused. If four (4) children are suspected of being abused show as 0 4. Include all children who have been abused and whose abuse is an issue in the treatment. The abuse does not have to be current abuse.

13-14

If a child is 8 years old, show this as 0 8. If the child is less than one, show as 0. Do not round off ages; $\frac{1}{2}$ years would be shown as 0 1/2. Record ~~child's~~ age. This may be different from age at which abuse took place or age at case opening.

17-18

The codes for ethnicity are directly under the section describing the children and the type of abuse involved. The ethnicity of Mexican American would be shown as 01, "Mexican Hispanic White". Caucasians who are not Hispanic should be shown as code 01, "Other White". Even if the children are of the same ethnicity, show the appropriate ethnicity next to each child. The ethnicity codes match the codes for the new data system so that survey data can be compared to general mental health data.

19-23

Show all types of suspected abuse relevant to each child. Include all types that could be named in a complaint.

22-23

Sexual abuse refers primarily to physical sexual abuse. It has to do with the use of a child for the sexual gratification of an adult. The category of sexual exploitation includes, but is not limited to, the child's involvement in pornographic activities, such as photographs or films. It would also include hiring a child out for prostitution. Both categories may be checked, if appropriate.

24-56

The instructions for Questions 13-23 apply to section 24-56. Questions 13-23 apply to the first child. Each additional child, up to a total of four (4) can be added in the space provided.

57-58

Language fluency in the survey refers to the ability of the client(s) to participate fully in therapy in the English language.

59

If language is Asian/Pacific or other, mark appropriate box and specify the particular language. The child's home refers to his/her family home, not a foster home or institution.

61

If the sex of the suspected abuser is unknown check "unknown".

62-63

The phrase "family member" includes "common law" relationships.

64-65

The phrase "person(s) known to family" refers to someone other than a family member.

61-67

Check all suspected abusers. If both males and females are involved, check both boxes.

68

The question refers to who is currently living in the home with the child.

69

The question on history of alcohol/drug abuse refers to past or current abuse.

70

The question refers only to another agency or facility, not to self referrals.

71

Check only one referral agency. If more than one is involved indicate primary source of referral. If this cannot be determined, indicate first source of referral.

72

The question refers to whether or not the case was open in your agency before suspected child abuse was discovered.

73

Indicate to which agency the report of suspected child abuse was made if the Department of Mental Health was responsible for making the report. In some cases, other agencies may have made the required report before referral to the Department of Mental Health for treatment.

CLINICIAN'S
NAME AND DATE

Print name and put date survey form was completed.

M:pld
LAC/DAC/CHS
1/27/82

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

PAN
SENT TO
SIBLINGS
MIA
M
INCIDENT INFORMATION

NAME/TITLE _____

ADDRESS _____

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

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 ()

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: _____

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

REPORT AND RESPONSIBILITIES

- Any child care custodian or health practitioner reporting a suspected instance of child abuse shall be liable for civil or criminal liability for any report made in violation of this article (California Penal Code Article 26). Any person reporting a suspected instance of child abuse shall be liable for 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 should have known that the report was false.
- Any child care custodian, health practitioner, or employee of a child protective agency (CPA) who has knowledge of or who reasonably suspects that a child has been subjected to child abuse shall report the abuse to the appropriate child protective agency immediately, or as soon as practicable, and shall prepare a written report thereon within 22 hours of receiving the information concerning the incident.
- 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.

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 800) 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 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, or a religious practitioner with a license, examiner, or treats a minor.
- "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 Name: Enter the victim name, report number, address, and date of report.

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, or Enter the name and address of the child protective agency to whom this report is being sent; or 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/mother and mother/father.

Incident Information: a) Enter the date, time, and place the incident occurred or was observed, and check the appropriate box. b) Check the type of abuse or Describe injury or sexual assault (where appropriate), attach form DOJ 900, Medical Report - Suspected Child Abuse or any other form as desired. c) Summarize what the child or person accompanying the child said happened; d) Explain any knowledge or suspicions you have of the incident.

DISTRIBUTION

1. Reporting Party: Complete form SS 3572, Suspected Child Abuse Report (11166 PC). Retain a copy for your records and forward a copy to the child protective agency.

2. Investigating Child Protective Agency: Upon receipt of form SS 3572, Suspected Child Abuse Report (11166 PC), forward a copy to the county clerk, county welfare or probation, and green copy to district attorney within 24 hours. Complete form SS 3572, Suspected Child Abuse Report, and forward to DOJ immediately.