

Mandated Reporting Basics:

1. When in doubt, report it out!
2. Call Police or Child Protective Services (CPS) at 510-374-3324
3. Fill out *Suspected Child Abuse Report* form (SS 8572); for online form go to: ag.ca.gov/childabuse/pdf/ss_8572.pdf
 - a. Make a copy of the completed form SS 8572 for your own record.
4. Provide completed form SS 8572 to the reporting agency where you made the initial report; this includes the police department.
5. Included in this packet:
 - a. WCCUSD Statement of Mandated Reporter
 - b. Suspected Child Abuse Report SS 8572
 - c. Child Abuse Reporting Telephone Numbers

West Contra Costa Unified School District

Statement of Mandated Reporter

Child Abuse and Neglect Reporting Law (Penal Code, § 11166.5)

Definitions: The following situations are reportable child abuse and neglect conditions:

- 1) Physical abuse;
- 2) Sexual abuse;
- 3) Child exploitation, child pornography and child prostitution;
- 4) Severe or general neglect;
- 5) Extreme corporal punishment resulting in injury;
- 6) Willful cruelty or unjustifiable punishment; and/or
- 7) Abuse or neglect in out-of-home care.

Who must Report: Any employee whose duties bring them into contact with children on a regular basis or any supervisor of such an employee is a mandated reporter effective January 1, 2013. This includes all West Contra Costa Unified School District employees, including all Coaches and Assistant Coaches.

When to Report: Employees must make a telephone report immediately when the employee observes a child in his/her professional capacity or within the scope of his/her employment and has knowledge of, or has reasonable suspicion that the child has been abused. The employee must submit a written report, on a standard form, within 36 hours after the telephone report has been made.

To Whom Do You Report: You have a choice of reporting to the Police or Sheriff's Department, Probation Department or Child Welfare Agency. Each County has preferred reporting procedures.

Individual Responsibility: Any individual whose occupation is named in the reporting law must report abuse. If the individual confers with a superior and a decision is made that the superior file the report, one report is sufficient. However if the superior disagrees, the individual with the original suspicion must report.

Anonymous Reporting: Mandated reporters are required to give their names. Child protective agencies are required to keep the mandated reporter's name confidential, unless a court orders the information disclosed.

Immunity: Any legally mandated reporter has immunity when making a report. In the event a civil suit is filed against the reporter, reimburse for fees incurred in the suit will occur up to \$50,000 (Penal Code, § 11172). No individual can be dismissed, disciplined or harassed for making a report of suspected child abuse.

Liability: Legally mandated reporters may be criminally liable for failing to report suspected abuse. The penalty for this misdemeanor is up to six months in county jail, a fine of not more than \$1,000 or both. Mandated reporters may also be civilly liable for failure to report.

Notification Regarding Abuse: You are not legally required to notify the parents that you are making a report.

I understand that I am a legally mandated reporter. I have reviewed the information above about my obligations to report Child Abuse and Neglect under Penal Code 11166 and will comply with those requirements.

Employee's Name (Print)

Signature

Date

Supervisor (Witness) Name (Print)

Signature

Date

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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				
D. INVOLVED PARTIES	VICTIM'S SIBLINGS									
	NAME		BIRTHDATE	SEX	ETHNICITY	NAME		BIRTHDATE	SEX	ETHNICITY
	1. _____				3. _____					
	2. _____				4. _____					
	VICTIM'S PARENTS/GUARDIANS									
	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									
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

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 yellow 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, **blue copy** to county welfare or probation department, and **green 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

CALIFORNIA COUNTY EMERGENCY RESPONSE CHILD ABUSE REPORTING TELEPHONE NUMBERS

Alameda	510-259-1800
Alpine	530-694-2235 800-694-2235
Amador	209-223-6550 — Mon-Thur 8-5 209-223-1075 — after hours
Butte	530-538-7882 800-400-0902 — 24hours
Calaveras	209-754-6452 209-754-6500 — after hours
Colusa	530-458-0280
Contra Costa	925-646-1680 — Central 510-374-3324 — West 925-427-8311 — East 877-881-1116
Del Norte	707-464-3191
El Dorado	530-642-7100 — Placerville 530-573-3201 — S Lake Tahoe
Fresno	559-255-8320
Glenn	530-934-6520 530-934-6519
Humboldt	707-445-6180
Imperial	760-337-7750
Inyo	760-872-1727
Kern	661-631-6011 760-375-6049
Kings	559-582-2352 559-582-8776 866-582-8776
Lake	707-262-0235 800-386-4090
Lassen	530-251-8277 530-257-6121 530-310-3682 — after hours
Los Angeles	800-540-4000 — within CA 213-639-4500 — outside CA 800-272-6699 — TDD
Madera	559-675-7829 800-801-3999
Marin	415-499-7153
Mariposa	209-966-7000 800-549-6741
Mendocino	707-463-7992 — Ukiah 707-962-1100 — Fort Bragg 866-236-0368 — toll free
Merced	209-385-3104

Modoc	530-233-6602 866-233-4424
Mono	760-932-7755 760-932-7549 800-340-5411
Monterey	831-755-4661 800-606-6618
Napa	707-253-4262 707-253-4261 800-464-4216
Nevada	530-273-4291
Orange	714-940-1000 800-207-4464
Placer	916-872-6549 866-293-1940
Plumas	530-283-6300 530-283-6350 800-242-3338 — toll free
Riverside	800-442-4918 877-922-4453
Sacramento	916-875-5437
San Benito	831-636-4190 831-636-4330 — after hours
San Bernardino	909-384-9233 800-827-8724
San Diego	858-560-2191 800-344-6000
San Francisco	415-558-2650 800-856-5553
San Joaquin	209-468-1333
San Luis Obispo	805-781-5437 800-834-5437
San Mateo	650-595-7922 650-802-7922 800-632-4615
Santa Barbara	800-367-0166
Santa Clara	650-493-1186 — North 408-683-0601 — South 408-299-2071 — Central
Santa Cruz	831-454-2273 877-505-3299
Shasta	530-225-5144
Sierra	530-289-3720 530-993-6720
Siskiyou	530-841-4200 530-842-7009 — after hours
Solano	800-544-8696
Sonoma	707-565-4304

Stanislaus	209-558-3665 800-558-3665
Sutter	530-822-7227
Tehama	530-527-1911 800-323-7711
Trinity	530-623-1314
Tulare	559-730-2677 800-331-1585
Tuolumne	209-533-5717 209-533-4357 — after hours
Ventura	805-654-3200
Yolo	530-669-2345 530-669-2346 888-400-0022 — after hours
Yuba	530-749-6288