CALIFORNIA MANDATED REPORTING
EASY STEPS...
WHAT MUST BE REPORTED and HOW TO REPORT!

What Must be Reported:
Any of the below acts involving anyone under the age of 18:
  • Physical Abuse
  • Sexual Abuse
  • Emotional Abuse
  • Neglect

The mandated reporter must only have reasonable suspicion that a child has been mistreated; no
evidence or proof is required prior to making a report.
The case will be further investigated by law enforcement and/or child welfare services.

How to Report:
By Phone: Immediately, or as soon as possible, make a telephone report to child welfare services
and/or to a Police or Sheriff’s department.

  1. Child Welfare Services phone # 1-877-881-1116  Fax: 925-608-6894 or 6895
  2. Police Department phone # 510-233-1214
  3. Sheriff’s Department phone # 925-335-1500

In Writing: Within 36 hours, a written report must be sent, faxed or submitted electronically. The
written report should be completed on a state form called the 8572, which can be downloaded at

Other information:
• Safeguards for Mandated Reporters:
  • The Child Abuse and Neglect Reporting Act (CANRA) states that the name of the
    mandated reporter is strictly confidential, although it is provided to investigative parties
    working on the case.
  • Under state law, mandated reporters cannot be held liable in civil or criminal court when
    reporting as required; however, under federal law mandated reporters only have
    immunity for reports made in good faith.
• Failure to report:
  • Failure to report concerns of child abuse or neglect is considered a misdemeanor and is
    punishable in California by six months in jail and/or up to a $1,000 fine.
• For the complete law and a list of mandated reporters refer to California Penal Codes 11164
  -11174.3.

This document and Mandated Reporting information can be found at
www.mandatedreporterca.com
### SUSPECTED CHILD ABUSE REPORT

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

**PLEASE PRINT OR TYPE**

<table>
<thead>
<tr>
<th>NAME OF MANDATED REPORTER</th>
<th>TITLE</th>
<th>MANDATED REPORTER CATEGORY</th>
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**REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS**
Street | City | Zip |

**DATE/TIME OF PHONE CALL**

#### A. REPORTING PARTY

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<th>LAW ENFORCEMENT</th>
<th>COUNTY PROBATION</th>
<th>AGENCY</th>
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**ADDRESS**
Street | City | Zip |

**DATE/TIME OF PHONE CALL**

#### B. REPORT NOTIFICATION

**OFFICIAL CONTACTED - TITLE** | TELEPHONE |

**NAME (LAST, FIRST, MIDDLE)** | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY |

**ADDRESS**
Street | City | Zip |

**TELEPHONE**

#### C. VICTIM

**PRESENT LOCATION OF VICTIM** | SCHOOL | CLASS | GRADE |

**PHYSICALLY DISABLED?** | DEVELOMENTALLY DISABLED? | OTHER DISABILITY (SPECIFY) |

**IN FOSTER CARE?**

**IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:**
- Day Care
- Child Care Center
- Foster Family Home
- Family Friend
- Other (Specify)

**RELATIONSHIP TO SUSPECT** | PHOTOS TAKEN? | DID THE INCIDENT RESULT IN THIS |

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#### D. INVOLVED PARTIES

**VICTIMS SIBLINGS**

**NAME (LAST, FIRST, MIDDLE)** | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY |

**ADDRESS**
Street | City | Zip |

**BUSINESS PHONE**

**VICTIMS PARENTS/GUARDIANS**

**NAME (LAST, FIRST, MIDDLE)** | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY |

**ADDRESS**
Street | City | Zip |

**BUSINESS PHONE**

**SUSPECT'S NAME (LAST, FIRST, MIDDLE)** | BIRTHDATE OR APPROX. AGE | SEX | ETHNICITY |

**ADDRESS**
Street | City | Zip |

**TELEPHONE**

#### E. INCIDENT INFORMATION

**IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX**

**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/what past incidents involving the victim(s) or suspect recorded)**

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**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 8533 if (1) an active investigation was conducted and (2) it 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/caidlaw.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 practicably 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 (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

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