



Monterey County Behavioral Health Policy and Procedure

Policy Number	300
Policy Title	Reporting of Child Abuse and Neglect
References	CALIFORNIA PENAL CODE, SECTIONS 11164 THROUGH 11174.3
Form	Attachemtn1: CHILD ABUSE REPORT, FORM SS 8572; Employee Statement of Child Abuse Reporting
Effective	March 1, 1991 REVISED: April 1, 2008

Policy

All Behavioral Health Division employees shall comply with the provisions of the Child Abuse Reporting Law as defined in the Penal Code, Sections 11164 through 11174.3. This law requires the following:

1. A report is to be made when a person knows or reasonably suspects a child is the victim of child abuse [Penal code 11166(a)]. Child abuse includes sexual assault, neglect, severe neglect, general neglect, cruel or inhuman corporal punishment, willful cruelty and unjustifiable punishment [See Penal Code 11165.1 (a), (c), for definitions]. This suspicion can be by observation or by acquired knowledge. Knowledge of child abuse acquired through communication with patients, whether the patient is the victim or the abuser must be reported. Any mandated reporter must report abuse that he or she suspects, or of which there is knowledge.
2. Mandated reporters are defined under Penal code Section 11165.7 through 11165.9. All behavioral Health employees who have direct contact with a client are mandated to report suspected or known child abuse and/or neglect. Any other division employee is encouraged to report same.
3. Pursuant to Section 11166.5, any person who enters into employment on or after January 1, 1985, as a child care custodian, medical practitioner, or non medical practitioner or with a child protective agency, prior to commencing his or her employment, as a prerequisite to that employment, shall sign a statement on a form provided to him or her by the employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with its provisions.
4. Psychotherapist confidentiality privileges are not applicable and do not exempt reporting required by this law [Penal code Section 11171.2 (b)]. These requirements prevail over the provisions of the Lanterman Petris Short Act that deal with confidentiality as well as the confidentiality of Medical Information Act. Information in case records pertaining to the allegations of abuse can be released verbally to the child protective agency, an investigator from that agency, or the police.
5. Child protective agencies are required to inform the mandated reporter of the results or disposition of the report made [Penal Code Section 11170]. If a reporter has not been informed in a reasonable amount of time, the child protective agency should be contacted.

- 34 6. A mandated reporter may be charged with a misdemeanor if he or she should have known or knew of an
35 instance of child abuse and failed to report it [Penal code Section 11166 (c)].
36
- 37 7. The law provides immunity from criminal and civil liability for mandated reporters and provides similar
38 immunity for a non mandated reporter unless the report was false and the non mandated reporter knew the report
39 was false [Penal Code Section 11172 (a)].
40
- 41 8. The law further provides that the identity of the person reporting suspected child abuse must remain
42 confidential and may be disclosed only between child protective agencies, by court order or when needed for
43 court action [Penal Code Section 11167 (d)].
44
- 45 9. Reporting responsibilities are individual responsibilities even though an organization may adopt internal
46 procedures to facilitate reporting. A mandated reporter's supervisor or administrator cannot make the report for
47 the mandated reporter or in any way prohibit that individual from reporting.
48
- 49 10. "Abuse in out of home care" is mandated to be reported to a child abuse protection agency. This reporting
50 requirement applies where the person responsible for the child's welfare is a foster parent or the administrator or
51 an employee of a public or private residential home, school or other institution or agency.
52
- 53 11. Child abuse occurring between two minor children is also to be reported.
54
- 55 12. There is no statute of limitations regarding reporting, but prosecution of different offenses usually carry
56 statutes of limitations.
57

58 Procedure

60 1. Employee Statement Child Abuse Reporting

61
62 Any person who enters into employment with the Behavioral Health Division on or after January 1, 1985, in any of
63 the capacities listed under 3 (above) shall be required to acknowledge their understanding and agreement with
64 the Child Abuse Reporting Law by signing an "Employee Statement Child Abuse Reporting". It will be the
65 responsibility of the Personnel Clerk to see that each new employee for any of the above mentioned disciplines
66 signs said agreement. The statement shall be filed in the employee's Departmental personnel file. A copy of the
67 Statement will be given to the employee.
68

69 2. Report of Suspected or Observed Child Abuse or Neglect

70
71 Any employee of the Monterey County Division of Behavioral Health who is mandated by the California Penal
72 Code to report suspected child abuse, who suspects or observes evidence of such child abuse or neglect as
73 defined in Penal Code Section 11166 (a) will report it immediately by telephone to the Child Protective Services
74 Office to include a mailed, faxed, or electronically transmitted written follow-up report. If Child Protective Services
75 cannot respond, the local policy authority is to be notified. The employee will obtain the name of the minor and
76 necessary information which must be submitted within 36 hours to Child Protective Services. The white, blue, and
77 green copies are to be forwarded to Child Protective Services. The yellow copy of the report should be submitted
78 to the reporting professional's immediate supervisor for information only and should then be placed in the client's
79 file.
80

81 **Child Protective Services (CPS)**
82 **(800) 606-6618**

ATTACHMENT 1:

State of California Department of Justice
 Child Abuse Summary Report TO BE TYPED OR PRINTED - PRESS FIRMLY - DO NOT USE FELT PEN
 5585374-9/95

CHILD ABUSE SUMMARY REPORT

To be Completed by Investigating Child Protective Agency Pursuant to Penal Code Section 11169 (SHADED AREAS MUST BE COMPLETED)

FOR DOJ USE ONLY
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C
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G
Y

A. INVESTIGATING AGENCY	1. INVESTIGATING AGENCY (Enter complete name and check type): <input type="checkbox"/> POLICE <input type="checkbox"/> WELFARE <input type="checkbox"/> SHERIFF <input type="checkbox"/> PROBATION			2. AGENCY REPORT NO./CASE NAME:		
	3. AGENCY ADDRESS: Street City Zip Code			4. AGENCY TELEPHONE: () EXT. ()		
	5. NAME OF INVESTIGATING PARTY: TITLE			6. DATE REPORT COMPLETED: MO DA YR		
	7. AGENCY CROSS-REPORTED TO:			8. PERSON CROSS-REPORTED TO:		
	9. DATE CROSS-REPORTED: MO DA YR					
10. ACTION TAKEN (check only one box): <input type="checkbox"/> (1) SUBSTANTIATED (Abuse more likely than not to have occurred) <input type="checkbox"/> (a) INCONCLUSIVE <input type="checkbox"/> (c) ADDITIONAL INFORMATION <input type="checkbox"/> (2) INCONCLUSIVE (Insufficient evidence of abuse, not unfounded) <input type="checkbox"/> (b) UNFOUNDED (false report, accidental, improbable)						
11. Active investigation conducted per PC 11169(a)? <input type="checkbox"/> Yes <input type="checkbox"/> No Victim(s) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No Suspect(s) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No No Suspects Witness(es) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No witnesses *Explain in comments field A.12.						
12. COMMENTS:						

B. INCIDENT INFORMATION	1. DATE OF INCIDENT: MO DA YR		2. TIME OF INCIDENT:		3. LOCATION OF INCIDENT:	
	4. NAME OF PARTY REPORTING INCIDENT: TITLE				5. EMPLOYER:	
	6. TELEPHONE: ()					
7. TYPE OF ABUSE (check one or more): <input type="checkbox"/> (1) PHYSICAL <input type="checkbox"/> (2) MENTAL <input type="checkbox"/> (3) SEXUAL <input type="checkbox"/> (4) SEVERE NEGLECT <input type="checkbox"/> (5) GENERAL NEGLECT						
8. IF ABUSE OCCURRED IN OUT-OF-HOME CARE, CHECK TYPE: <input type="checkbox"/> (1) FAMILY DAY CARE <input type="checkbox"/> (2) CHILD CARE CENTER <input type="checkbox"/> (3) FOSTER FAMILY HOME <input type="checkbox"/> (4) SMALL FAMILY HOME <input type="checkbox"/> (5) GROUP HOME OR INSTITUTION-Enter name and address:						

C. INVOLVED PARTIES	VICTIM(S)	1. NAME: Last First Middle AKA		D O B MO DA YR		APPROX. AGE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	R	P
		ADDRESS: Street City Zip Code		DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		NATURE OF INJURIES:				
		PRESENT LOCATION OF VICTIM		TELEPHONE NUMBER		IS VICTIM DEVELOPMENTALLY DISABLED (4512)(a) WSI? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	2. NAME: Last First Middle AKA		D O B MO DA YR		APPROX. AGE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	R	P	
	ADDRESS: Street City Zip Code		DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		NATURE OF INJURIES:					
	PRESENT LOCATION OF VICTIM		TELEPHONE NUMBER		IS VICTIM DEVELOPMENTALLY DISABLED (4512)(a) WSI? <input type="checkbox"/> YES <input type="checkbox"/> NO					
3. NAME: Last First Middle AKA		D O B MO DA YR		APPROX. AGE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	R	P		
ADDRESS: Street City Zip Code		HGT	WGT	EYES	HAIR	SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:		
RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER										
Suspect given written notice per PC 11169(b): <input type="checkbox"/> Yes <input type="checkbox"/> No Date notice given: MO DA YR If notice not given, explain in comments field A.12.										
2. NAME: Last First Middle AKA		D O B MO DA YR		APPROX. AGE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	R	P		
ADDRESS: Street City Zip Code		HGT	WGT	EYES	HAIR	SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:		
RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER										
Suspect given written notice per PC 11169(b): <input type="checkbox"/> Yes <input type="checkbox"/> No Date notice given: MO DA YR If notice not given, explain in comments field A.12.										
1. NAME: Last First Middle		D O B MO DA YR		APPROX. AGE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	R	P		
ADDRESS: Street City Zip Code		HGT	WGT	EYES	HAIR	SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:		
RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER										
2. NAME: Last First Middle		D O B MO DA YR		APPROX. AGE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	R	P		
ADDRESS: Street City Zip Code		HGT	WGT	EYES	HAIR	SOCIAL SECURITY NUMBER:		DRIVER'S LICENSE NUMBER:		
RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER										

*RACE CODES: W-White, B-Black, H-Hispanic, I-American Indian, F-Filipino, P-Pacific Islander, C-Chinese, J-Japanese, A-Other Asian, Z-Asian Indian, D-Cambodian, G-Guatemalan, U-Hawaiian, K-Korean, L-Laotian, S-Samoan, V-Vietnamese, O-Other, X-Unknown CHECK HERE IF ADDITIONAL SHEET(S) IS ATTACHED.

PINK COPY-DOJ WHITE COPY-Police or Sheriff BLUE COPY-County Welfare or Probation GREEN COPY-District Attorney's Office

**CHILD ABUSE SUMMARY REPORT
DEPARTMENT OF JUSTICE (DOJ) FORM SS 8583
Guidelines for Use and Completion of Form SS 8583**

(For Specific Requirements Refer to the Child Abuse Reporting Law, California Penal Code Sections 11165 through 11174.3)

For immediate information on potential suspects/victims, please contact the Child Abuse Unit at (916) 227-3285.

Who Must Report

Interagency Reporting

Any police or sheriff's department, county welfare department, or county probation department (if designated by the county to receive mandated reports) must report every suspected incident of child abuse it receives to:

- the law enforcement agency having jurisdiction over the case
- the agency responsible for investigations under Welfare and Institutions Code Section 300
- the district attorney's office

DOJ Reporting

• An agency must report every incident of suspected child abuse for which it conducts an active investigation and determines not to be unfounded to DOJ on the Form SS 8583.

NOTE: Reports are not accepted from non-California agencies.

What Incidents Must Not Be Reported

Interagency Reporting

• Incidents specifically exempted under cooperative arrangements with other agencies in your jurisdiction.

DOJ Reporting

- Unfounded reports - Reports which are determined to be false, to be inherently improbable, to involve an accidental injury, or not to constitute child abuse or neglect as defined in Section 11165.6 PC (Section 11165.12 PC).
- Acts of nonexploitive, consensual sexual behavior between minors under the age of 14 years who are of similar age.
- Acts of negligence by a pregnant woman or other person(s) who adversely effect the well-being of a fetus.
- Child stealing as defined in Sections 277 PC and 278 PC, unless it involves sexual abuse, physical abuse, mental/emotional abuse, and/or severe neglect.
- Reasonable and necessary force by school employees to quell a disturbance threatening physical injury to person or damage to property (Section 11165.4 PC).
- Statutory rape, as defined in Section 261.5 PC, except violations of Section 261.5(d) PC.
- Mutual fights between minors (Section 11165.6 PC).

What Incidents Must Be Reported

• Abuse of a minor child, i.e., a person under the age of 18 years, involving any one of the below abuse types:

Interagency Reporting

- sexual abuse
- physical abuse
- general neglect
- mental/emotional abuse
- severe neglect

(Refer to Section 11165.1 through 11165.6 PC for PC citations and definitions)

DOJ Reporting

- All of the above, excluding general neglect.
- Deaths of minors resulting from abuse or neglect.

When Must the Report Be Submitted

Interagency Reporting

- Telephone notification - immediately or as soon as practical.
- Written notification - within 36 hours of receiving information concerning the incident.
- When an agency takes a report for which it lacks jurisdiction the agency shall immediately refer the case by telephone, fax, or electronic transmission to an agency with proper jurisdiction.

DOJ Reporting

- A Form SS 8583 must be submitted after an active investigation has been conducted and the incident has been determined not to be unfounded. DOJ defines "active investigation" as: the activities of an agency in response to a report of known or suspected child abuse. For purposes of reporting information to the Child Abuse Central Index, the activities shall include, at a minimum: assessing the nature and seriousness of the suspected abuse; conducting interviews of the victim(s) and any known suspect(s) and witness(es); gathering and preserving evidence; determining whether the incident is substantiated, inconclusive or unfounded; and preparing a report that will be retained in the files of the investigating agency.

NOTE: No other form will be accepted in lieu of the Form SS 8583.

The suspect(s) must be notified in writing that he/she has been reported to the Child Abuse Central Index per PC Section 11169(b).

What Information is Required

General Instructions

• All information blocks contained on the Form SS 8583 should be completed by the investigating agency. If information is not available, indicate "UNIK" in the applicable information block.

Specific Instructions

INFORMATION BLOCKS ON THE FORM SS 8583 WHICH ARE SHADED GRAY MUST BE COMPLETED. **THE SUBMITTED FORM WILL BE RETURNED TO THE CONTRIBUTOR WITHOUT FURTHER DEPARTMENT OF JUSTICE ACTION IF THE CONTRIBUTOR FAILS TO COMPLETE ANY OF THE FOLLOWING ITEMS:** the agency name and type; the agency's report number or case name; the action taken by the investigating agency; the specific type of abuse; the victim's name, birthdate or approximate age, and gender; and the suspect's name and birthdate or approximate age, and gender. If the suspect is not known, UNKNOWN must be entered. Verification must be provided that an active investigation was conducted, that victim(s), and any known suspect(s), and witness(es) were contacted. An explanation must be provided if these contacts were not made. Verification must be provided that the suspect was given written notification that he/she has been reported to the Child Abuse Central Index per Section 11169(b) PC. An explanation must be provided if there was no notification.

Section A. "INVESTIGATING AGENCY," information block 10, "ACTION TAKEN" or 10A, "SUPPLEMENTAL INFORMATION" must be completed in accordance with the following definitions (Check one of the boxes):

<p>10. ACTION TAKEN (check only one box):</p> <p><input type="checkbox"/> (1) SUBSTANTIATED (Abuse more likely than not to have occurred)</p> <p><input type="checkbox"/> (2) INCONCLUSIVE (Insufficient evidence of abuse, not unfounded)</p>	<p>10A. SUPPLEMENTAL INFORMATION (Attach copy of original report)</p> <p><input type="checkbox"/> (a) INCONCLUSIVE <input type="checkbox"/> (c) ADDITIONAL INFORMATION</p> <p><input type="checkbox"/> (b) UNFOUNDED (false report, accidental, improbable)</p>
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10. ACTION TAKEN

- ① SUBSTANTIATED - Abuse, as defined in Section 11165.6 PC, determined to have more likely than not occurred.
- ② INCONCLUSIVE - Report determined not to be unfounded, but there is insufficient evidence to determine whether child abuse or neglect, as defined in Section 11165.6 PC, occurred.

10A. SUPPLEMENTAL INFORMATION - Only use this section to update information previously submitted on Form SS 8583.

- Ⓐ INCONCLUSIVE - A previously submitted Form SS 8583 indicated as "SUBSTANTIATED" is being reclassified to "INCONCLUSIVE".
- Ⓑ UNFOUNDED - A previously submitted Form SS 8583 indicated as "SUBSTANTIATED," "UNSUBSTANTIATED," or "INCONCLUSIVE" is being reclassified to "UNFOUNDED."
- Ⓒ ADDITIONAL INFORMATION - Supplementary information is being provided for a previously submitted Form SS 8583.

Where To Send The Report, Form SS 8583

(For DOJ reporting only)

Department of Justice
Bureau of Criminal Information and Analysis
P. O. Box 903387
Sacramento, CA 94203-3870
ATTENTION: Child Abuse Unit

REMEMBER

Submit completed Form SS 8583 to DOJ as soon as possible after completion of the investigation because the case information may contribute to the success of another investigation. It is essential that the report be complete, accurate and timely to provide the maximum benefit in protecting children and identifying and prosecuting suspects. If you have questions about DOJ REPORTING or need a victim or suspect name check, call the DOJ Child Abuse Unit at (916) 227-3285 or CALNET 498-3285.

SS 8583 (Rev. 06/05)