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 (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 county welfare or probation 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