

- I. Authority: Health and Safety code, Division 2.5, Section 1798 and; child abuse: California Penal Code, Article 2.5; and, Elder Abuse: Chapter 1273, Statutes of 1983, SB 1210, Sections 9381(a) and 9382. Welfare and Institutions Code Chapter II, Part 3, Division 9.
- II. Purpose: To establish a policy for identification and reporting of incidents of suspected child or elder abuse.
- III. Policy: All Imperial County pre-hospital care personnel are responsible for reporting incidents of suspected abusive behavior toward children, dependent adults and elders.

IV. Reporting Procedure:

A. Child Abuse:


1. Suspicion is to be reported by telephone to the local police department or sheriff's office, as soon as possible. Be prepared to give the following information:
 - a. Name of person making report;
 - b. Name of child;
 - c. Present location of the child;
 - d. Nature and extent of the injury;
 - e. Information that led reporting person to suspect Child abuse; and,
 - f. Other information as requested.
2. Phone report must be followed within thirty-six (36) hours by a written report on "Suspected Child Abuse Report" form #SS8572 (see attached).
3. The identity of all persons who report under this article shall be confidential and disclosed only between child protective agencies, or to counsel representing a child protective agency, or to the district attorney in a criminal prosecution or by court order.

- B. Dependent Adult and Elder Abuse:
1. Suspicion should be reported as soon as possible by telephone to the local police department or sheriff's office. Be prepared to give the following information:
 - a. Name of person making report;
 - b. Name, address, and age of the adult or elder;
 - c. Nature and extent of person's condition; and,
 - d. Other information, including information that led the person to suspect abuse.
 2. Telephone report must be followed by a written report within thirty-six (36) hours using "Report of Suspected Elder Abuse" form #04-5 DSS (see attached).
 3. The identity of all persons who report shall be confidential and disclosed only by court order or between elder protective agencies.
- C. When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of child or elder abuse, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by such selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make such report.
- D. The reporting duties are individual, and no supervisor, administrator may impede or inhibit such reporting duties and no person making such report shall be subject to any sanction for making such report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided they are not inconsistent with the provisions in this article.

V. Definitions:

Refer to attached copies of Authority.

APPROVAL



Bruce E. Haynes, M.D.
EMS Medical Director

SUSPECTED CHILD ABUSE REPORT (11166 PC)

TO BE COMPLETED BY REPORTING PARTY

CASE IDENTIFICATION

TO BE COMPLETED BY INVESTIGATING CPA

VICTIM NAME: _____

REPORT NO./CASE NAME: _____

DATE OF REPORT: _____

REPORTING PARTY

NAME/TITLE _____

ADDRESS _____

() _____

PHONE _____ DATE OF REPORT _____ SIGNATURE OF REPORTING PARTY _____

REPORT SENT TO

POLICE DEPARTMENT SHERIFF'S OFFICE COUNTY WELFARE COUNTY PROBATION

AGENCY _____ ADDRESS _____

OFFICIAL CONTACTED _____ () _____ PHONE _____ DATE/TIME _____

VICTIM

NAME (LAST, FIRST, MIDDLE) _____ ADDRESS _____ BIRTHDATE SEX RACE _____

PRESENT LOCATION OF CHILD _____ () _____ PHONE _____

SIBLINGS

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____
NAME BIRTHDATE SEX RACE	NAME BIRTHDATE SEX RACE

SUSPECTS

NAME (LAST, FIRST, MIDDLE) _____ BIRTHDATE SEX RACE _____	NAME (LAST, FIRST, MIDDLE) _____ BIRTHDATE SEX RACE _____
ADDRESS _____	ADDRESS _____
() _____ HOME PHONE _____ () _____ BUSINESS PHONE _____	() _____ HOME PHONE _____ () _____ BUSINESS PHONE _____

INCIDENT INFORMATION

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: _____

5. EXPLAIN KNOWN HISTORY OF SIMILAR INCIDENT(S) FOR THIS CHILD: _____

REPORT OF SUSPECTED
ABUSE

SUBMIT REPORT WITHIN 36 HOURS OF THE TELEPHONE
REPORT TO YOUR LOCAL ADULT PROTECTIVE AGENCY

Section 1273, Statutes of 1983 - SB1210
Sections 9381(a) and 9382 and Chapter 11
Part 3 of Division 9 of W and I Codes)

NOTE: INSTRUCTIONS ON REVERSE

FOR USE BY INVESTIGATING AGENCY	
VICTIM NAME:	
SUSPECTED ABUSER NAME:	
REPORT NUMBER/CASE NAME:	
DATE OF REPORT:	

TO BE COMPLETED BY REPORTING PARTY (PLEASE PRINT OR TYPE)

A. REPORTING PARTY

NAME/TITLE OF REPORTING PARTY:		SIGNATURE OF REPORTING PARTY:	DATE OF WRITTEN REPORT:
ADDRESS/STREET:		CITY:	TELEPHONE: ()

B. REPORT MADE TO

ADULT PROTECTIVE AGENCY:		ADDRESS/STREET:	
OFFICIAL CONTACTED:	TELEPHONE: ()	DATE/TIME OF TELEPHONE REPORT:	
CAL LAW ENFORCEMENT OR OTHER AGENCY CONTACTED (IF DIFFERENT FROM "OFFICIAL CONTACTED"):	TELEPHONE: ()	DATE/TIME OF TELEPHONE REPORT:	

C. VICTIM

NAME (LAST NAME FIRST):		AGE:	SEX:	RACE:
ADDRESS/STREET:		TELEPHONE: ()		
PRESENT ADDRESS/STREET OF ADULT (if different from above):		CITY:	TELEPHONE: ()	

D. INCIDENT INFORMATION

DATE/TIME OF INCIDENT:	PLACE OF INCIDENT:	LEARNED OF INCIDENT BY: (CHECK ONE) <input type="checkbox"/> VERBAL REPORT <input type="checkbox"/> OBSERVATION
INCIDENT OCCURRED IN AN OUT-OF-HOME CARE SETTING, CHECK TYPE OF CARE: <input type="checkbox"/> BOARD AND CARE <input type="checkbox"/> SKILLED NURSING FACILITY <input type="checkbox"/> OTHER PLACEMENT (SPECIFY):-----		
TYPE OF PHYSICAL ABUSE (CHECK ALL THAT APPLY): <input type="checkbox"/> BEATING <input type="checkbox"/> CONSTRAINT <input type="checkbox"/> SEXUAL <input type="checkbox"/> DEPRIVATION <input type="checkbox"/> OTHER (SPECIFY):-----		
OTHER TYPE OF ABUSE: <input type="checkbox"/> FIDUCIARY <input type="checkbox"/> NEGLIGENCE <input type="checkbox"/> ABANDONMENT <input type="checkbox"/> EMOTIONAL <input type="checkbox"/> OTHER (SPECIFY):-----		

E. COMMENTS

Please provide a brief narrative about any entries that you believe require explanation or clarification. Also add any additional information not requested above that you believe pertinent to the incident of physical abuse (e. g., what the victim said, known history of similar incidents for this adult, etc.).
