COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

HARBOR-UCLA MEDICAL CENTER

SUBJECT: SAFE SURRENDER POLICY NO. 376

PURPOSE:
To define the hospital procedures and staff responsibilities after receiving a surrendered infant (up to 72 hours old) under the Safely Surrendered Baby (SBB) Law.

DEFINITIONS:
Surrendered Newborn: A newborn infant (72 hours or younger) surrendered to a public or private hospital emergency department or other designated safe surrender site by a parent, or other person with custody.

Surrendering Individual: The surrendering individual(s) are a parent, or other person with custody of the newborn.

Surrendered Newborn Hospital Packet: A pre-assembled hospital packet to expedite the registration and processing of a surrendered newborn.

Confidential Newborn Family Medical History Questionnaire: In accordance with the SSB law, a "good faith" attempt must be made to give the surrendering individual a copy of the confidential "Safely Surrendered Baby" Medical Questionnaire to be completed at the time of surrender, or to also provide return envelope for surrendering individual to return the completed questionnaire at a later date.

DCFS: Department of Children and Family Services.

Petition for Dependency:
1. Adjudges a surrendered newborn a dependent child of the court.
2. Provides that such a child qualifies to be adjudged a dependent child of the court on the basis of such a surrender if not reclaimed within 14 days.
3. Also authorizes termination of dependency proceedings under specified circumstances.
4. Makes corresponding changes.

EFFECTIVE DATE: 1/01 **SUPERSEDES:**
REVISED: 4/03, 3/05, 10/06, 10/15, 12/18, 3/20
REVIEWED: 8/01, 4/03, 1/08, 5/14, 10/15, 12/18, 3/20
REVIEWED COMMITTEE:

APPROVED BY:

Kim McKenzie, RN, MSN, CPHQ
Chief Executive Officer

Anish Mahajan, MD
Chief Medical Officer

Nancy Blake, PhD, RN, NEA-BC, FAAN
Chief Nursing Officer

Safely Surrendered Baby Law (SSB law): Effective January 1, 2001, the SSB law provides criminal immunity for any person with legal custody of a newborn (72 hours old or younger) who voluntarily surrenders the newborn to any employee on duty at a California public or private hospital, designated fire station, or to another safe surrender site designated by the Board of Supervisors (CA Health & Safety Code Section 1255.7). This law was permanently extended by the Governor of California on January 1, 2006.

POLICY:

Harbor-UCLA Medical Center encourages parents who may decide to surrender their newborns to do so in the safest manner possible. The California Legislature passed a law eliminating criminal liability for child abandonment for persons surrendering newborns up to 72 hours old. As a designated safe surrender site, Harbor-UCLA Medical Center created the following policy to define hospital procedures that shall be followed for such newborn abandonment.

The employee who accepts the newborn must take the infant to the Pediatric Emergency Department (PED). A Registered Nurse in the PED will place a coded, confidential ankle bracelet on the newborn's wrist and ankle; provide the parent or surrendering person a copy of a unique, confidential coded bracelet in order to facilitate reclaiming the child; and provide a confidential "Safely Surrendered Baby" Medical Questionnaire to the person surrendering the newborn.

No person or entity that accepts a surrendered newborn will be subject to civil, criminal or administrative liability for accepting and caring for the infant in the "good faith belief" that accepting that action is required or authorized by the bill, including but not limited to, instances where the child is older than 72 hours, or the person surrendering the child did not have lawful physical custody of the newborn.

A resident in the Pediatric Emergency Department (supervised by the Attending Physician) must provide a medical examination and any necessary medical care. The PED physician/Clinical Social Worker must notify the Department of Children and Family Services (DCFS) immediately after taking physical custody of the newborn. DCFS shall assume temporary legal custody of the newborn immediately following notification and will place a Hospital Hold on the newborn to ensure that the surrendering individual cannot reclaim the newborn without a thorough safety evaluation by DCFS.

Newborns surrendered in accordance with the law are eligible for Medi-Cal.

PROCEDURE:

I. ARRIVAL/DISCOVERY OF SURRENDERED NEWBORN

A. **Any Harbor-UCLA Medical Center Employee will:**
Escort surrendering individual and newborn to a Pediatric ED Registered Nurse. If surrendering individual is unwilling to present newborn in person, take newborn directly to a Pediatric ED Registered Nurse.

II. DELIVERY/INPATIENT SURRENDER OF NEWBORN

A. If surrender is specified prior to or at delivery, OB or Pediatric staff will:
Take custody of surrendered newborn and follow procedures outlined in Section III below, registering the newborn as an Unidentified Patient (formerly "John/Jane Doe") pursuant to hospital policy #339.

B. If surrender occurs after newborn is already registered under the birth mother's name, but before the first 72 hours of life, Pediatric staff will:

- Take custody of the surrendered newborn
- Contact Registration (x65084) to immediately remove and replace the newborn identifiers (while keeping the same MRUN) as follows:
  - Remove the newborn's name and change to "John/Jane Doe."
  - Remove the next-of-kin information and change to "DCFS Safely Surrendered."
  - Remove the Guarantor's information. Clinical Social Work will follow up with DCFS to obtain a newly-assigned Medi-Cal insurance number and will provide this to Registration staff. Information may also be updated by Registration staff at the baby's first follow-up clinic appointment which is usually 48 hours after hospital discharge.
- Continue to follow procedures in Section III below after this registration process is complete.

OB Staff will:

- Remove any colored wristband from the newborn's biological mother prior to her hospital discharge but keep the white ID wristband on biological mother in case she returns to claim the newborn within the 14 days after surrender allowed by law.

III. CUSTODY, REGISTRATION AND MEDICAL EXAMINATION OF NEWBORN

A. Pediatric/Pediatric ED Registered Nurse:

Take custody of surrendered newborn from surrendering individual. Encourage the surrendering individual to stay in order to complete the confidential "Safely Surrendered Baby" Medical Questionnaire (Appendix 1a - English, Appendix 1b - Spanish).

Obtain the Surrendered Newborn Packet, which consists of the following documents:

- Newborn Surrender Checklist (Appendix 2)
- Newborn identification bracelets with band number (one for adult and two for infant)
- Confidential "Safely Surrendered Baby" Medical Questionnaire
- Stamped self-addressed envelope for return of questionnaire
- Suspected Child Abuse Report (Appendix 3)

Immediately place the Newborn Identification Bracelet with band number on the newborn's wrist and ankle (refer to Policy #452 - Patient Identification). Document the band identification number on the confidential "Safely Surrendered Baby" Medical Questionnaire, so that the form can be traced back to the patient and his/her medical record.

Obtain the hospital identification wristband, plastic identification card, and treatment packet from Registration (x65084) and apply the identification wristband with the MRUN to the newborn's wrist and ankle. Newborns surrendered without identification will be registered using the "John/Jane Doe" procedure (refer to Policy #339 - Identification of an Unidentified Patient).

Record the Identification Bracelet band number and MRUN in the Pediatric ED Log. Under the diagnosis field, enter "surrendered baby boy/girl."

Give the surrendering individual the adult size of the Newborn Identification Bracelet with unique band number. This unique band number will establish a link between the infant and the surrendering individual, if an attempt is made to reclaim the infant within 14 days of surrender.

Give the confidential "Safely Surrendered Baby" Medical Questionnaire to the surrendering individual and request form be completed. Give the surrendering individual a self-addressed, postage paid envelope to return the questionnaire in at a later date, if not completed in the Pediatric Emergency Department. The return envelope will be addressed to Clinical Social Work Department and flagged with the acronym "SSBMQ" ("Safely Surrendered Baby Medical Questionnaire).

B. Resident and Attending Physician, Pediatric ED

Provide an initial medical evaluation of the newborn and medical treatment, as appropriate. Arrange admission of the newborn based on the appropriate level of medical care required. Consent of the surrendering individual is not required.

C. Clinical Social Work Department

Obtain the return envelope with acronym "SSBMQ" from the surrendering individual and call the Pediatric ED to identify the newborn's unique identification number/MRUN, as appropriate. File the original document in the newborn's medical record. If the newborn is still an inpatient, notify the Physician caring for the newborn that the questionnaire has been filed in the chart. Submit a copy of the form to the Pediatrics Department Chair for review for significant findings. Forward a copy of the form with any comments to DCFS.

D. Clinical Social Worker

Route a copy of the completed confidential "Safely Surrendered Baby" Medical Questionnaire received from Medical Records to the appropriate DCFS Social Worker.

IV. LEGAL REPORTING AND DOCUMENTATION

A. Pediatric ED Physician/Nurse and/or Clinical Social Worker

Notify the Department of Children and Family Services (DCFS) 24-hour hotline **1-800-540-4000** immediately. Do not include identifying information that would make it possible to contact the surrendering party/ies.

Complete the Suspected Child Abuse Report (Appendix 3) according to Penal Code 11166 and Policy 332B Child Abuse and Neglect, and document the **date, time, 19-digit DCFS reference number** and the **individual spoken with** on the report.

The Suspected Child Abuse and Neglect Report may be submitted in two ways:

1. Mail the original copy of the form to Department of Children and Family Services immediately at 1933 South Broadway, 5th Floor, Los Angeles, 90007. Place a copy of the form in the patient's medical record and send two copies to the Department of Clinical Social Work, Box #413. Document the activity on the progress notes in the newborn's medical record.

2. The report may be submitted electronically by accessing the Department of Children and Families Website: https://mandreptla.org. Select "Submit Follow-Up Suspected Child Abuse Report (SS 8572)." Continue as "Guest" and Select "Call Type - Referral." A screen will come up asking you for the 19-digit DCFS reference number you were given when the oral telephone report was made. When finished, print a copy of your report for filing in the patient's chart. Electronic reports do not need to be mailed to the Department of Children and Family Services. Send two copies to the Clinical Social Work Department, Box #413. Document the activity on the progress notes in the patient's medical record.

DCFS will take jurisdiction of the newborn and assume temporary legal custody upon notification by Harbor-UCLA. DCFS will file a petition in Juvenile Court to declare the infant a dependent of the court and they will cross report the action to the State Department of Social Services.

In the event that a prospective adoptive family is identified while the newborn remains an inpatient, and DCFS has consented to allow them to visit and/or receive medical information, one or both prospective adoptive parents shall be issued a wristband with the newborn's "John/Jane Doe" identifier and MRUN for visitation purposes.

At the time of discharge, DCFS will verbally notify medical or Clinical Social Work Staff of the name(s) of the approved caregivers. This information should be documented in the infant's medical record and a copy of the caregiver's identification should be placed in infant's medical chart. Acceptable identification includes: DCFS-issued employee badge or Driver's License/Identification Card issued by an official Government Agency.

***Note:** A Clinical Social Worker may be reached according to the following schedule:
8:00 a.m.-5:00 p.m.: Page ED Clinical Social Worker at (310) 501-1735 or call x64420 and ask for the ED Clinical Social Worker.
5:00 p.m.-8:00 a.m. (next day) Midnight: Page in-house Clinical Social Worker at (310) 501-1735. If in-house worker is out, contact the on-call Clinical Social Worker at (310) 501-7479.

B. Pediatrics ED Registered Nurse
Enter event into the Safety Intelligence (SI) system.

V. RETURN OF SURRENDERED NEWBORN TO PARENT(S)/LEGAL GUARDIAN

A. Pediatrics ED Provider on Duty
Connect the parent(s)/legal guardian to the Clinical Social Worker who will refer the person(s) to the Department of Children and Family Services. DCFS will conduct an assessment of the circumstances and ability to parent, and request that the Juvenile Court dismiss the petition for dependency and order the release of the child, if appropriate.

"SAFELY SURRENDERED BABY"
Medical Questionnaire

Appendix 1a

THANK YOU FOR CHOOSING TO GIVE THIS BABY A SAFE AND SECURE FUTURE

NOTICE: THE BABY YOU HAVE BROUGHT IN TODAY MAY HAVE SERIOUS MEDICAL NEEDS IN THE FUTURE THAT WE DON'T KNOW ABOUT TODAY. SOME ILLNESSES, INCLUDING CANCER, ARE BEST TREATED WHEN WE KNOW ABOUT FAMILY MEDICAL HISTORIES. IN ADDITION, SOMETIMES RELATIVES ARE NEEDED FOR LIFE-SAVING TREATMENTS. TO MAKE SURE THIS BABY WILL HAVE A HEALTHY FUTURE, YOUR ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE FULLY IS ESSENTIAL. THANK YOU.

Please remember that these questions will allow us to provide the best supportive care possible to the baby. If you need help answering any of the questions, please ask. If you are uncomfortable answering any of the questions, skip them and answer the rest. Any information you provide will benefit the baby.

ALL INFORMATION IS CONFIDENTIAL AND WILL BE USED ONLY TO HELP CARE FOR THE BABY.

1. What were the date, time and place of the baby's birth?
   Date: _____ Time: _____ ☐ a.m. ☐ p.m. Place: _____
2. Was the baby born early (premature)? _____ Late? _____ Unknown Due Date? _____
3. Did the baby have any trouble starting to breathe? ☐ Yes ☐ No
4. Has the baby been breast fed? ☐ Yes ☐ No
   If yes, how long? _____ When was the baby last fed? _____ ☐ a.m. ☐ p.m.
5. Has the baby been fed formula? ☐ Yes ☐ No
   If yes, how long? _____ When was the baby last fed? _____ ☐ a.m. ☐ p.m.
6. Did the birth mother see a doctor during pregnancy? ☐ Yes ☐ No
   If yes, when did she first see the doctor? _____
   How many times did she see the doctor during pregnancy? _____
7. Was the birth attended by a physician, midwife, nurse or other health care professional? ☐ Yes ☐ No
8. Has a doctor seen the baby since birth? ☐ Yes ☐ No
   If yes, when? _____
9. Did the birth mother smoke cigarettes during the pregnancy? ☐ Yes ☐ No
   If yes, how often? _____
10. Did the birth mother drink alcohol during the pregnancy? ☐ Yes ☐ No
    If yes, how often? _____
11. Did the birth mother take over the counter or prescription medication during the pregnancy? ☐ Yes ☐ No
    If yes, what type? _____ How often? _____
12. Did the birth mother take recreational or "street" drugs during the pregnancy? ☐ Yes ☐ No
    If yes, what type? _____ How often? _____
13. Has the birth mother been pregnant before? ☐ Yes ☐ No
    If yes, how many times? _____
    Were there any problems with any of those pregnancies or births? ☐ Yes ☐ No
    Please explain _____
14. Race/ethnicity of the baby's parents: Mother _____ Father _____
15. Does the baby have any Native American ancestry? ☐ Unknown ☐ Yes ☐ No
    If yes, what is the name of the tribe? _____ From what state? _____

Please tell us if the birth mother, birth father, or any of their relatives had or now have any of the medical conditions listed below.

TYPE OF ILLNESS	RELATIONSHIP TO THE CHILD (Mother, Father, Grandparent, Aunt, Uncle) Please state if relative is mother's or father's	AGE ILLNESS BEGAN
☐ HIV or AIDS	☐ Mother's ☐ Father's	
☐ Sexually Transmitted Disease What kind?	☐ Mother's ☐ Father's	
☐ Cancer What kind? _____	☐ Mother's ☐ Father's	
☐ Epilepsy	☐ Mother's ☐ Father's	
☐ Mental illness What kind? _____	☐ Mother's ☐ Father's	
☐ High Blood Pressure	☐ Mother's ☐ Father's	
☐ Heart Disease	☐ Mother's ☐ Father's	
☐ Diabetes	☐ Mother's ☐ Father's	
☐ Cystic Fibrosis	☐ Mother's ☐ Father's	
☐ Kidney Problems What kind? _____	☐ Mother's ☐ Father's	
☐ Hearing, vision, or speech problems What kind? _____	☐ Mother's ☐ Father's	
☐ Asthma	☐ Mother's ☐ Father's	
☐ Tuberculosis	☐ Mother's ☐ Father's	
☐ Sickle Cell Disease	☐ Mother's ☐ Father's	
☐ Learning delay/special education	☐ Mother's ☐ Father's	
☐ Allergies What kind? _____	☐ Mother's ☐ Father's	
☐ Arthritis What kind? _____	☐ Mother's ☐ Father's	
☐ Other What kind? _____	☐ Mother's ☐ Father's	

Please provide any additional information that might help us provide the baby with the best health care now or in the future. (You may use an additional page) Appendix 1A

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CÓMO ENTREGAR A SU BEBÉ SIN NINGÚN PELIGRO *(SAFELY SURRENDERED BABY)*

Cuestionario Médico

GRACIAS POR ESCOGER EL DARLE A ESTE BEBÉ UN FUTURO SEGURO Y FUERA DE PELIGRO.

AVISO: ES POSIBLE QUE EL BEBÉ QUE USTED HA TRAÍDO HOY TENGA GRAVES NECESIDADES MÉDICAS EN EL FUTURO, LA CUALES NO CONOCEMOS HOY. ALGUNAS ENFERMEDADES, INCLUYENDO EL CÁNCER, SE PUEDEN TRATAR MEJOR CUANDO SABEMOS ACERCA DEL HISTORIAL MÉDICO DE LA FAMILIA. ADEMÁS, A VECES SE NECESITAN A LOS PARIENTES PARA TRATAMIENTOS PARA SALVAR LA VIDA. PARA ASEGURARSE QUE ESTE BEBÉ TENDRÁ UN FUTURO SALUDABLE, SU AYUDA EN LLENAR COMPLETAMENTE ESTE CUESTIONARIO ES ESENCIAL. GRACIAS.

Por favor, recuerde que estas preguntas nos permitirán proporcionar el mejor cuidado de apoyo posible al bebé. Si necesita ayuda para contestar alguna de estas preguntas, por favor pida ayuda. Si usted no se siente cómodo en contestar alguna de las preguntas, deje esa pregunta y continúe con el resto. Cualquier información que proporcione le beneficiará al bebé.

TODA LA INFORMACIÓN ES CONFIDENCIAL Y SOLAMENTE SE USARÁ PARA AYUDAR A CUIDAR AL BEBÉ.

1. ¿Cuál es la fecha, hora, y lugar de nacimiento del bebé?
   Fecha:_____ Hora: _____ ☐ a.m. ☐ p.m. Lugar: _____
2. ¿Nació el bebé antes de tiempo (prematuro)? _____ ¿Tardío? _____ ¿No sabe la fecha que se esperaba naciera? _____
3. ¿Tuvo el bebé algún problema para empezar a respirar? ☐ Sí ☐ No
4. ¿Ha sido el bebé amamantado? ☐ Sí ☐ No
   Si contestó "Sí", ¿por cuánto tiempo? _____ ¿Cuándo fue la última vez que se alimentó al bebé? _____ ☐ a.m. ☐ p.m.
5. ¿Han alimentado al bebé con fórmula? ☐ Sí ☐ No
   Si contestó "Sí", ¿por cuánto tiempo? _____ ¿Cuándo fue la última vez que se alimentó al bebé? _____ ☐ a.m. ☐ p.m.
6. ¿Vio a un doctor la madre durante el embarazo? ☐ Sí ☐ No
   Si contestó "Sí", ¿cuándo fue la primera vez que vió al doctor? _____
   ¿Cuántas veces vió ella al doctor durante su embarazo? _____
7. ¿Fue el parto atendido por un doctor, una partera, una enfermera, u otro profesional del cuidado de la salud? ☐ Sí ☐ No
8. ¿Después de nacido, ha visto el bebé a un doctor? ☐ Sí ☐ No
   Si contestó "Sí", ¿cuándo? _____
9. ¿Fumó cigarros la madre biológica durante el embarazo? ☐ Sí ☐ No
   Si contestó "Sí", ¿con qué frecuencia? _____
10. ¿Tomó alcohol la madre biológica durante el embarazo? ☐ Sí ☐ No
    Si contestó "Sí", ¿con qué frecuencia? _____
11. ¿Tomó medicamentos recetados o sin receta la madre biológica durante el embarazo? ☐ Sí ☐ No
    Si contestó "Sí", ¿qué clase? _____ ¿Con qué frecuencia? _____
12. ¿Consumió la madre biológica drogas de recreación o de "la calle" durante el embarazo? ☐ Sí ☐ No
    Si contestó "Sí", ¿qué clase? _____ ¿Con qué frecuencia? _____
13. ¿Ha estado embarazada la madre biológica antes? ☐ Sí ☐ No
    Si contestó "Sí", ¿cuántas veces? _____
    ¿Hubo algún problema con los otros embarazos o partos? ☐ Sí ☐ No
    Por favor explique _____
14. Raza/etnia de los padres del bebé: Madre _____ Padre _____
15. ¿Tiene el bebé ascendencia India (Indígena de los Estados Unidos de América)? ☐ No se sabe ☐ Sí ☐ No
    Si contestó "Sí", ¿cuál es el nombre de la tribu? _____ ¿De cuál estado? _____

Por favor, diganos si la madre biológica, el padre biológico, o cualquiera de sus parientes tuvo, o tiene ahora, alguna de las condiciones médicas indicadas a continuación.

CLASE DE ENFERMEDAD	PARENTESCO CON EL NIÑO (Mamá, papá, abuela, abuelo, tía, tío) Por favor indique si es por el lado de la mamá o del papá	EDAD CUANDO EMPEZÓ LA ENFERMEDAD
☐ Virus de inmunodeficiencia humana (HIV) o síndrome de inmunodeficiencia adquirida (SIDA)	☐ De la mamá ☐ Del papá	
☐ Enfermedad transmitida sexualmente ¿Qué clase? _____	☐ De la mamá ☐ Del papá	
☐ Cáncer ¿Qué clase? _____	☐ De la mamá ☐ Del papá	
☐ Epilepsia	☐ De la mamá ☐ Del papá	
☐ Enfermedad mental ¿Qué clase? _____	☐ De la mamá ☐ Del papá	
☐ Alta presión de la sangre	☐ De la mamá ☐ Del papá	
☐ Enfermedad del corazón	☐ De la mamá ☐ Del papá	
☐ Diabetes	☐ De la mamá ☐ Del papá	
☐ Fibrosis cística	☐ De la mamá ☐ Del papá	
☐ Problemas del riñón ¿Qué clase? _____	☐ De la mamá ☐ Del papá	
☐ Problemas de audición, de la vista, del habla ¿Qué clase? _____	☐ De la mamá ☐ Del papá	
☐ Asma	☐ De la mamá ☐ Del papá	
☐ Tuberculosis	☐ De la mamá ☐ Del papá	
☐ Enfermedad de células falciformes	☐ De la mamá ☐ Del papá	
☐ Retrazo en el aprendizaje/educación especial	☐ De la mamá ☐ Del papá	
☐ Alergias ¿Qué clase? _____	☐ De la mamá ☐ Del papá	
☐ Artritis ¿Qué clase? _____	☐ De la mamá ☐ Del papá	
☐ Otra ¿Qué clase? _____	☐ De la mamá ☐ Del papá	

Por favor proporcione cualquier información adicional que pueda ayudarnos a proporcionar al bebé el mejor cuidado de salud ahora o en el futuro. (Usted puede usar hojas adicionales.)

Appendix 1B

County of Los Angeles Department of Health Services

HARBOR-UCLA MEDICAL CENTER

Pediatric Emergency Department
Newborn Abandonment Check Sheet

Date:_____ **Time:**_____

Steps		Initial when completed
1.	Take custody of the newborn.	
2.	Place Newborn Identification bracelets with band number on the newborn's ankle and wrist.	
3.	Provide the parent or surrendering person with the adult portion of the Newborn Identification bracelets.	
4.	Provide a Confidential Newborn Family Medical History questionnaire and self-addressed, stamped envelope to the person surrendering the newborn. (Attempt to get questionnaire completed while surrendering person is still in hospital, if possible.)	
5.	Obtain the newborn's hospital identification wristband, plastic identification card and treatment packet from Registration and apply hospital identification wristband with MRUN to the newborn's wrist. (Newborn's surrendered without identification will be registered using the "John/Jane Doe" procedure.)	
6.	Provide medical screening examination and necessary medical care.	
7.	Record the Newborn Identification bracelet band number and MRUN on the Pediatric Emergency Department Log Book.	
8.	Call the Clinical Social Work Department immediately to report the abandoned newborn immediately, or report the abandoned newborn to the Department of Children Family Services and complete the Suspected Child Abuse form (according to Penal Code 11166) in the absence of a Clinical Social Worker.	
9.	Complete an Event Notification Report.	
Signature(s)		**Initial (s)**
1.		
2.		
3.		

Print

SUSPECTED CHILD ABUSE REPORT

Reset Form

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

PLEASE PRINT OR TYPE

CASE NAME: _____

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? ¬ YES ¬ NO
REPORTER'S TELEPHONE (DAYTIME) ( )	SIGNATURE	TODAY'S DATE

B. REPORT NOTIFICATION

¬ LAW ENFORCEMENT ¬ COUNTY PROBATION ¬ COUNTY WELFARE / CPS (Child Protective Services) — AGENCY

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? ¬ YES ¬ NO	DEVELOPMENTALLY DISABLED? ¬ YES ¬ NO	OTHER DISABILITY (SPECIFY)	PRIMARY LANGUAGE SPOKEN IN HOME
IN FOSTER CARE? ¬ YES ¬ NO	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 ¬ GROUP HOME OR INSTITUTION ¬ RELATIVE'S HOME		TYPE OF ABUSE *(CHECK ONE OR MORE)* ¬ PHYSICAL ¬ MENTAL ¬ SEXUAL ¬ NEGLECT ¬ OTHER (SPECIFY)
RELATIONSHIP TO SUSPECT	PHOTOS TAKEN? ¬ YES ¬ NO		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? ¬ YES ¬ NO ¬ 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 ☐ — *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