

# Community Transition Academy's Mandated Reporter Policy & Procedures

(Penal Code Sections 11165.7; 11166; 11166.5; 1116.7)

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**Purpose:** To ensure the safety and well-being of all students.

## **Policy:**

Law mandates the responsibility of all staff of the Community Transition Academy (CTA) to report child abuse and neglect. Employees of CTA are "Mandated Reporters." Being a mandated reporter means that **by law** they must report any suspected abuse immediately to the County Adult Protective Services (APS) or Children's Protective Services (CPS). The abuse might be of the consumer they serve, someone else in the consumer's home, or anyone else, whether they are working or not.

## **Procedures:**

- If seen or suspects abuse, staff should report **IMMEDIATELY**.
  - County Adult Protective Services (APS) - (800) 510-2020 (within SD County) / (800) 339-4661 (outside SD County)
  - San Diego Children's Protective Services (CPS) – (858) 560-2191 / (800) 344-6000
    - CPS - The call must be followed within 36 hours by a written report to the child protective or law enforcement agency to which the telephone report was made
    - The written report must be filed on Department of Justice Form SS 8572 (DOJ SS 8572), known as the Suspected Child Abuse Report (SCAR) form. (see attached form)
- Staff can report abuse any time, any day. The phone line is answered 24-hours a day, 7 days a week, 365 days a year.
- The county is responsible to investigate – that is not the staff's job. The report is confidential – neither the abused person nor the abuser will be told who made the report.

## **Samples:**

### **Adult Abuse**

Adult abuse happens when an elder or dependent adult:

- Is slapped, hit, choked, pinched, kicked, shoved, or given too much or too little medication
- Is constantly yelled at, threatened with physical harm or threatened to be left alone
- Is deserted by a caregiver when he/she cannot get necessary food, water, clothing, shelter or health care
- Is kept from getting mail, telephone calls or visitors or prevented from going outside or to public places
- Loses money, property or items of value by force or without their knowledge or approval
- Is neglected by someone who should be providing care, food, water, paying the rent or utilities or other bills
- Is taken from this state when the person is not capable of giving their consent
- Is raped or molested

Self-neglect of an elder or dependent adult is also abuse. An elder is anyone aged 65 or older. Dependent adult is anyone between the ages of 18 and 64 who has physical or mental limitations that keep them from carrying out normal daily activities or protecting their own rights.

### **Child Abuse**

Child abuse happens when a child:

- Has a physical injury by other than accidental means
- Is subjected to willful cruelty or unjustifiable punishment
- Is abused or exploited sexually
- Is neglected by a parent or caretaker who fails to provide adequate food, clothing, shelter, medical care or supervision

***By signing below:***

**MANDATED REPORTER CONT.**

***I confirm that I read, understood, received a copy of CTA's Mandated Policy and Procedures. I confirm I completed and understood the AB 1432 – California School Personnel: Mandated Reporter Training. I understand that as an employee, it is my responsibility to abide by CTA policy and procedures, in accordance with the training.***

***If I have questions about the training, materials presented or CTA policy and procedures, I understand it is my responsibility to seek clarification from the Human Resources Department.***

**Print name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Print

# SUSPECTED CHILD ABUSE REPORT

Reset Form

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

CASE NAME: \_\_\_\_\_

PLEASE PRINT OR TYPE

CASE NUMBER: \_\_\_\_\_

<b>A. REPORTING PARTY</b>	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY						
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS			Street	City	Zip	DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	REPORTER'S TELEPHONE (DAYTIME) ( )		SIGNATURE		TODAY'S DATE						
<b>B. REPORT NOTIFICATION</b>	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY								
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)										
	ADDRESS			Street	City	Zip	DATE/TIME OF PHONE CALL				
OFFICIAL CONTACTED - TITLE					TELEPHONE ( )						
<b>C. VICTIM</b> <small>One report per victim</small>	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY				
	ADDRESS			Street	City	Zip	TELEPHONE ( )				
	PRESENT LOCATION OF VICTIM			SCHOOL		CLASS	GRADE				
	PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER DISABILITY (SPECIFY)		PRIMARY LANGUAGE SPOKEN IN HOME						
	IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME			TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY)						
	RELATIONSHIP TO SUSPECT			PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
<b>D. INVOLVED PARTIES</b>	<b>VICTIMS SIBLINGS</b>										
	NAME		BIRTHDATE	SEX	ETHNICITY	NAME		BIRTHDATE	SEX	ETHNICITY	
	1. _____				3. _____						
	2. _____				4. _____						
	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'S NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY				
	ADDRESS			Street	City	Zip	TELEPHONE ( )				
OTHER RELEVANT INFORMATION											
<b>E. INCIDENT INFORMATION</b>	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> 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)										