

MAKING A CHILD ABUSE REPORT

For the General Public

- Contact the Children's System of Care/Family and Children's Services at **916-872-6549** or **Toll Free at 866-293-1940** to make a report if you have knowledge of, or suspect a child is being abused or neglected. A report can be made regardless of how much time has passed since the suspected abuse.
- Please have as much information available regarding the child and family; such as names, addresses, and ages, to ensure that CPS staff may respond to the family's needs quickly and accurately.

For Mandated Reporters

- **Call immediately**
- **Fill out report**
- **Mail, fax or email report within 36 hours**
- If you are a mandated reporter you must call **916-872-6549** or **Toll Free at 866-293-1940** to initiate your report.
- Additionally, you must also send a written report within 36 hours of the telephonic report.
- The written report must be on the State of California's "Suspected Child Abuse Report" form found at <http://www.placer.ca.gov/departments/hhs/children/child-protective-services>
- Submit the Suspected Child Abuse Report in one of the following ways.
 - Mail: Family and Children's Services 1000 Sunset Blvd. Ste. 140, Rocklin, CA 95765
 - Fax: 916-784-6400
 - Email: pc_scar@placer.ca.gov (see specific directions below)
- Should you choose to send your report via e-mail, to address confidentiality you must include the following language in your e-mail.
 - **CONFIDENTIALITY NOTICE:** This communication contains legally privileged and confidential information sent solely for the use of the intended recipient. If you are not the intended recipient of this communication, you are not authorized to use it in any manner, except to immediately destroy it and notify the sender.
- Please call 916-872-6549 or Toll Free at 866-293-1940 if you have any questions regarding the reporting of child abuse.
- Intake Staff are available 24 hours a day to speak with you.

Other contact numbers

If your life is in danger or you need to report an emergency situation, call 9-1-1.

- Auburn Police Department Non-Emergency: (530) 823-4234
- Roseville Police Department Non-Emergency: (916) 774-5000
- Rocklin Police Department Non-Emergency: (916) 625-5400
- Lincoln Police Department Non-Emergency: (916) 645-4040
- Placer County Sheriff Office: (530) 889-7800



SUSPECTED CHILD ABUSE REPORT

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

CASE NAME: _____

PLEASE PRINT OR TYPE

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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	REPORTER'S TELEPHONE (DAYTIME) ()		SIGNATURE		TODAY'S DATE			
B. REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY					
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)		ADDRESS		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		
	ADDRESS			Street	City	Zip		
	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			
D. INVOLVED PARTIES	VICTIM'S SIBLINGS							
	NAME		BIRTHDATE	SEX	ETHNICITY	NAME		
	1. _____		3. _____		2. _____		4. _____	
	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								
E. INCIDENT INFORMATION	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)							