

APPENDIX 6

**CHILD ABUSE INVESTIGATION REPORT
DEPARTMENT OF JUSTICE (DOJ) FORM SS 8583
Guidelines for Use and Completion of Form SS 8583**

(For Specific Requirements Refer to the Child Abuse Reporting Law, California Penal Code Section 11165 through 11174.5)

For immediate information on potential suspects/victims, please contact the Child Abuse Unit at (916) 227-3285.

Who Must Report

Interagency Reporting

- . Any police or sheriff's department, county welfare department, or county probation department (if designated by the county to receive mandated reports) must report every suspected incident of child abuse it receives to:
 - . the law enforcement agency having jurisdiction over the case
 - . the agency responsible for investigations under Welfare and Institutions Code Section 300
 - . the district attorney's office

DOJ Reporting

- . An agency must report every incident of suspected child abuse for which it conducts an active investigation and determines not to be unfounded to DOJ on the Form SS 8583.

NOTE: Reports are not accepted from non-California agencies.

What Incidents Must Not Be Reported

Interagency Reporting

- . Incidents specifically exempted under cooperative arrangements with other agencies in your jurisdiction.

DOJ Reporting

- . Unfounded reports - Reports that are determined to be false, to be inherently improbable, to involve an accidental injury, or not to constitute child abuse or neglect, as defined in Section 11165.6 PC (Section 11165.12 PC).
- . Acts of nonexploitive, consensual sexual behavior between minors under the age of 14 years who are of similar age.
- . Acts of negligence by a pregnant woman or other person(s) which adversely affect the well-being of a fetus.
- . Past abuse of a child who is an adult at the time of disclosure.
- . Child stealing, as defined in Sections 277 PC and 278 PC, unless it involves sexual abuse, physical abuse, mental/emotional abuse, and/or severe neglect.
- . Reasonable and necessary force by school employees to quell a disturbance threatening physical injury to person or damage to property (Section 11165.4 PC).
- . Statutory rape, as defined in Section 261.5 PC, except Section 261.5(d) PC (Statutes of 1997).
- . Mutual fights between minors (Section 11165.6 PC).

What Incidents Must Be Reported

- . Abuse of a minor child, i.e., a person under the age of 18 years, involving any one of the below abuse types:

Interagency Reporting

- . sexual abuse
- . physical abuse
- . general neglect
- . mental/emotional abuse
- . severe neglect

(Refer to Section 11165.1 through 11165.6 PC for citations and definitions)

DOJ Reporting

- . All of the above, excluding general neglect.
- . Deaths of minors resulting from abuse or neglect.

When Must the Report be Submitted

Interagency Reporting

- . Telephone notification - immediately or as soon as practical.
- . Written notification - within 36 hours of receiving information concerning the incident.
- . When an agency takes a report for which it lacks jurisdiction the agency shall immediately refer the case by telephone, fax, or electronic transmission to an agency with proper jurisdiction.

DOJ Reporting

- . A Form SS 8583 must be submitted after an active investigation has been conducted and the incident has been determined not to be unfounded. DOJ defines "active investigation" as: the activities of an agency in response to a report of known or suspected child abuse. For purposes of reporting information to the Child Abuse Central Index, the activities shall include, at a minimum: assessing the nature and seriousness of the suspected abuse; conducting interviews of the victim(s), and any known suspect(s) and witness(es); gathering and preserving evidence; determining whether the incident is substantiated, inconclusive or unfounded; and preparing a report that will be retained in the files of the investigating agency.

NOTE: No other form will be accepted in lieu of the Form SS 8583.

The suspect(s) must be notified in writing that he/she has been reported to the Child Abuse Central Index per PC Section 11169(b).

What Information is Required

General Instructions

- . All information blocks contained on the Form SS 8583 should be completed by the investigating agency. If information is not available, indicate "UNK" in the applicable information block.

Specific Instructions

INFORMATION BLOCKS ON THE FORM SS 8583 WHICH ARE SHADED GRAY MUST BE COMPLETED. **THE SUBMITTED FORM WILL BE RETURNED TO THE CONTRIBUTOR WITHOUT FURTHER DEPARTMENT OF JUSTICE ACTION IF THE CONTRIBUTOR FAILS TO COMPLETE ANY OF THE FOLLOWING ITEMS:** the agency name and type, the agency's report number or case name; the action taken by the investigating agency; the specific type of abuse; the victim's name, birthdate or approximate age, and gender; and the suspect's name and birthdate or approximate age, and gender. If the suspect is not known, UNKNOWN must be entered. Verification must be provided that an active investigation was conducted, that victim(s), and any known suspect(s), and witness(es) were contacted. An explanation must be provided if these contacts were not made. Verification must be provided that the suspect was given written notification that he/she has been reported to the Child Abuse Central Index per Section 11169(b) PC. An explanation must be provided if there was no notification.

Section A, "INVESTIGATING AGENCY," information block 10. "ACTION TAKEN" or 10A. "SUPPLEMENTAL INFORMATION" must be completed in accordance with the following definitions (Check one of the boxes):

| | |
|---|--|
| <p align="center">①</p> <p>10. ACTION TAKEN (check only one box):</p> <p><input type="checkbox"/> (1) SUBSTANTIATED (Credible evidence of abuse)</p> <p><input type="checkbox"/> (2) INCONCLUSIVE (Insufficient evidence of abuse, not unfounded)</p> | <p align="center">a</p> <p>10A. SUPPLEMENTAL INFORMATION (Attach copy of original report)</p> <p><input type="checkbox"/> (a) INCONCLUSIVE <input type="checkbox"/> (c) ADDITIONAL INFORMATION</p> <p><input type="checkbox"/> (b) UNFOUNDED (false report, accidental, improbable)</p> |
|---|--|

10. ACTION TAKEN

- ① **SUBSTANTIATED** - Acts determined, based upon some credible evidence, to constitute child abuse or neglect, as defined in Section 11165.6 PC.
- ② **INCONCLUSIVE** - Acts determined not to be unfounded, but there is insufficient evidence to determine whether child abuse or neglect, as defined in Section 11165.6 PC, has occurred.

10A. SUPPLEMENTAL INFORMATION - Only use this section to update information previously submitted on Form SS 8583.

- a **INCONCLUSIVE** - A previously submitted Form SS 8583 indicated as "SUBSTANTIATED" is being reclassified to "INCONCLUSIVE."
- b **UNFOUNDED** - A previously submitted Form SS 8583 indicated as "SUBSTANTIATED," "UNSUBSTANTIATED" or "INCONCLUSIVE" is being reclassified to "UNFOUNDED."
- c **ADDITIONAL INFORMATION** - Supplementary information is being provided for a previously submitted Form SS 8583.

**Where To Send The Report Form SS 8583
(For DOJ reporting only)**

Department of Justice
Bureau of Criminal Information and Analysis
P. O. Box 903387
Sacramento, CA 94203-3870
ATTENTION: Child Abuse Unit

REMEMBER

Submit completed Form SS 8583 to DOJ as soon as possible after completion of the investigation because the case information may contribute to the success of another investigation. It is essential that the report be complete, accurate and timely to provide the maximum benefit in protecting children and identifying and prosecuting suspects. If you have questions about DOJ REPORTING or need a victim or suspect name check, call the DOJ Child Abuse Unit at (916) 227-3285 or CALNET 498-3285.

CHILD ABUSE INVESTIGATION REPORT

To be Completed by Investigating Child Protective Agency Pursuant to Penal Code Section 11169 (SHADED AREAS MUST BE COMPLETED)

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FOR DOJ USE ONLY

A. INVESTIGATING AGENCY

| | |
|---|---|
| 1. INVESTIGATING AGENCY (Enter complete name and check type): <input type="checkbox"/> POLICE <input type="checkbox"/> WELFARE <input type="checkbox"/> SHERIFF <input type="checkbox"/> PROBATION | 2. AGENCY REPORT NO./CASE NAME: |
| 3. AGENCY ADDRESS: Street City Zip Code | 4. AGENCY TELEPHONE: () EXT: () |
| 5. NAME OF INVESTIGATING PARTY: TITLE | 6. DATE REPORT COMPLETED: MO DA YR |
| 7. AGENCY CROSS-REPORTED TO: | 8. PERSON CROSS-REPORTED TO: |
| 9. DATE CROSS-REPORTED: MO DA YR | |
| 10. ACTION TAKEN (check only one box): <input type="checkbox"/> (1) SUBSTANTIATED (Credible evidence of abuse) <input type="checkbox"/> (2) INCONCLUSIVE (Insufficient evidence of abuse, not unfounded) | 10A. SUPPLEMENTAL INFORMATION (Attach copy of original report.) <input type="checkbox"/> (a) INCONCLUSIVE <input type="checkbox"/> (c) ADDITIONAL INFORMATION <input type="checkbox"/> (b) UNFOUNDED (false report, accidental, improbable) |
| 11. Active investigation conducted per PC 11169(a)? <input type="checkbox"/> Yes <input type="checkbox"/> No* Victim(s) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* Suspect(s) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> No Suspects Witness(es) contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> No witnesses *Explain in comments field A.12. | |
| 12. COMMENTS: | |

B. INCIDENT INFORMATION

| | | |
|---|----------------------|--------------------------|
| 1. DATE OF INCIDENT: MO DA YR | 2. TIME OF INCIDENT: | 3. LOCATION OF INCIDENT: |
| 4. NAME OF PARTY REPORTING INCIDENT: TITLE: | 5. EMPLOYER: () | 6. TELEPHONE: () |
| 7. TYPE OF ABUSE (check one or more): <input type="checkbox"/> (1) PHYSICAL <input type="checkbox"/> (2) MENTAL <input type="checkbox"/> (3) SEXUAL <input type="checkbox"/> (4) SEVERE NEGLECT <input type="checkbox"/> (5) GENERAL NEGLECT | | |
| 8. IF ABUSE OCCURRED IN OUT-OF-HOME CARE, CHECK TYPE <input type="checkbox"/> (1) FAMILY DAY CARE <input type="checkbox"/> (2) CHILD CARE CENTER <input type="checkbox"/> (3) FOSTER FAMILY HOME <input type="checkbox"/> (4) SMALL FAMILY HOME <input type="checkbox"/> (5) GROUP HOME OR INSTITUTION-Enter name and address: | | |

VICTIMS

| | | | | | |
|---|---|---|--|------|---|
| 1. NAME: Last First Middle AKA | DOB: MO DA YR | APPROX. AGE: | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | RACE | * |
| ADDRESS: Street City Zip Code | DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| PRESENT LOCATION OF VICTIM: | TELEPHONE NUMBER: | IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) W&I]? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| NATURE OF INJURIES: | | | | | |
| 2. NAME: Last First Middle AKA | | | | | |
| DOB: MO DA YR | | | | | |
| APPROX. AGE: | | | | | |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | | | | |
| RACE | | | | | |
| * | | | | | |
| ADDRESS: Street City Zip Code | | | | | |
| DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| PRESENT LOCATION OF VICTIM: | | | | | |
| TELEPHONE NUMBER: | | | | | |
| IS VICTIM DEVELOPMENTALLY DISABLED [4512(a) W&I]? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| NATURE OF INJURIES: | | | | | |

C. INVOLVED PARTIES

SUSPECTS

| | | | | | | |
|--|---------------|--------------|--|------|-------------------------|--------------------------|
| 1. NAME: Last First Middle AKA | DOB: MO DA YR | APPROX. AGE: | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | RACE | * | |
| ADDRESS: Street City Zip Code | HGT | WGT | EYES | HAIR | SOCIAL SECURITY NUMBER: | DRIVER'S LICENSE NUMBER: |
| RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER | | | | | | |
| Suspect given written notice per PC 11169(b) <input type="checkbox"/> Yes <input type="checkbox"/> No Date notice given: MO DA YR If notice not given, explain in comments field A.12. | | | | | | |
| 2. NAME: Last First Middle AKA | | | | | | |
| DOB: MO DA YR | | | | | | |
| APPROX. AGE: | | | | | | |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | | | | | |
| RACE | | | | | | |
| * | | | | | | |
| ADDRESS: Street City Zip Code | | | | | | |
| HGT | | | | | | |
| WGT | | | | | | |
| EYES | | | | | | |
| HAIR | | | | | | |
| SOCIAL SECURITY NUMBER: | | | | | | |
| DRIVER'S LICENSE NUMBER: | | | | | | |
| RELATIONSHIP TO VICTIM: <input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING <input type="checkbox"/> (3) OTHER RELATIVE <input type="checkbox"/> (4) FRIEND/ACQUAINTANCE <input type="checkbox"/> (5) STRANGER | | | | | | |
| Suspect given written notice per PC 11169(b) <input type="checkbox"/> Yes <input type="checkbox"/> No Date notice given: MO DA YR If notice not given, explain in comments field A.12. | | | | | | |

OTHER

| | | | | | | |
|--|--|---------------|--------------|--|------|---|
| 1. NAME: Last First Middle | <input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING | DOB: MO DA YR | APPROX. AGE: | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | RACE | * |
| 2. NAME: Last First Middle | | | | | | |
| <input type="checkbox"/> (1) PARENT/STEPPARENT <input type="checkbox"/> (2) SIBLING | | | | | | |
| DOB: MO DA YR | | | | | | |
| APPROX. AGE: | | | | | | |
| <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | | | | | |
| RACE | | | | | | |
| * | | | | | | |

*RACE CODES: W-White, B-Black, H-Hispanic, I-American Indian, F-Filipino, P-Pacific Islander, C-Chinese, J-Japanese, A-Other Asian, Z-Asian Indian, D-Cambodian, G-Guamanian, U-Hawaiian, K-Korean, L-Laotian, S-Samoan, V-Vietnamese, O-Other, X-Unknown CHECK HERE IF ADDITIONAL SHEET(S) IS ATTACHED.