



Social Services

Reporting | Report Abuse | Child Protective Services | Report Child Abuse

Report Suspected Child Abuse or Neglect

If you suspect that a child's health or safety is jeopardized due to abuse or neglect by parents or other caretaker who has custody of the child, contact the child protective services agency in your county. These 24-hour Hotlines are staffed by trained social workers.

If you are reporting suspected child abuse or neglect regarding children in another county please contact that county's child protective services agency.

California County Emergency Response Child Abuse Reporting Telephone Numbers

Alameda County	(510)-259-1800
Alpine County	(530)-694-2235
Amador County	(209)-223-6550 – Mon thru Thurs 8:00-5:00 (209)-223-1075 – After hours
Butte County	(530)-538-7882 (800)-400-0902 – 24 hours
Calaveras County	(209)-754-6452 (209)-754-6500 – After hours
Colusa County	(530)-458-0280
Contra Costa County	(877)-881-1116
Del Norte County	(707)-464-3191
El Dorado County	(530)-642-7100 – Placerville (530)-573-3201 – South Lake Tahoe
Fresno County	(559)-255-8320
Glenn County	(530)-934-6520 (530)-934-6519 (530)-934-1429 – Intake
Humboldt County	(707)-445-6180



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Kern County	(661)-631-6011 (760)-375-6049
Kings County	(559)-582-3241 – 8:00-5:00 (559)-582-8776 – After hours (866)-582-8776
Lake County	(707)-262-0235 (800)-386-4090
Lassen County	(530)-251-8277 (530)-257-6121 (530) 260-8131 – After hours
Los Angeles County	(800)-540-4000 – Within CA (213)-639-4500 – Outside CA (800)-272-6699 – TDD Online Reporting: https://reportChildAbuseLA.org
Madera County	(559)-675-7829 (800)-801-3999
Marin County	(415)-473-7153
Mariposa County	(209)-742-0900 – Daytime (209)-966-7000 – After hours
Mendocino County	(707)-463-7992 – Ukiah (707)-962-1100 – Fort Bragg (866)-263-0368 – Toll free
Merced County	(209)-385-3104
Modoc County	(530)-233-6602 (866)-233-4424
Mono County	(760)-924-1770 (760)-932-7549 – Sheriff Office (800)-340-5411 – Hot Line



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Napa County	(707)-253-4202 (707)-253-4261 (800)-464-4216
Nevada County	(530)-273-4291 – 24 hour
Orange County	(714)-940-1000 (800)-207-4464
Placer County	(916)-872-6549 (866)-293-1940
Plumas County	(530)-283-6300 – Sheriff Office (530)-283-6350 (800)-242-3338 – Toll free
Riverside County	(800)-442-4918 (877)-922-4453
Sacramento County	(916)-875-5437
San Benito County	(831)-636-4190 (831)-636-4330 – After hours Police
San Bernardino County	(909)-384-9233 (800)-827-8724
San Diego County	(858)-560-2191 (800)-344-6000
San Francisco County	(415)-558-2650 (800)-856-5553
San Joaquin County	(209)-468-1333
San Luis Obispo County	(805)-781-5437 (800)-834-5437
San Mateo County	(650)-595-7922 (650)-802-7922 (800)-632-4615
Santa Barbara County	(800)-367-0166
Santa Clara County	(650)-493-1186 – North



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Sanja Cruz County	(531)-454-2215 (877)-505-3299
Shasta County	(530)-225-5144
Sierra County	(530)-289-3720 (530)-993-6720
Siskiyou County	(530)-841-4200 (530)-842-7009 – 24 hour hot line
Solano County	(800)-544-8696
Sonoma County	(707)-565-4304 (800) 870-7064
Stanislaus County	(209)-558-3665 (800)-558-3665
Sutter County	(530)-822-7227
Tehama County	(530)-527-1911 (800)-323-7711
Trinity County	(530)-623-1314
Tulare County	(800)-331-1585
Tuolumne County	(209)-533-5717 (209)-533-4357 – After hours
Ventura County	(805)-654-3200
Yolo County	(530)-669-2345 (530)-669-2346 (888)-400-0022 – After hours
Yuba County	(530)-749-6288



Social Services



SUSPECTED CHILD ABUSE REPORT (Pursuant to Penal Code section 11166)

Print Form **Clear Form**

To Be Completed by Mandated Child Abuse Reporters
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? <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			Street	City	Zip	DATE/TIME OF PHONE CALL	
OFFICIAL CONTACTED - NAME AND 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		
	<input type="checkbox"/> PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER DISABILITY (SPECIFY)		PRIMARY LANGUAGE SPOKEN IN HOME			
	<input type="checkbox"/> 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			
	VICTIM'S SIBLINGS		NAME		BIRTHDATE	SEX	ETHNICITY	
1. _____		3. _____						
2. _____		4. _____						
D. INVOLVED PARTIES	VICTIM'S PARENTS/GUARDIANS		NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY
			ADDRESS			Street	City	Zip
	SUSPECT		NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY
			ADDRESS			Street	City	Zip
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 incident's involving the victim(s) or suspect)							

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 or Severe Neglect Indexing Form BCIA 8583 if (1) an active investigation was conducted and (2) the incident was determined to be substantiated.



SUSPECTED CHILD ABUSE REPORT (Pursuant to Penal Code section 11166)

DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM BCIA 8572

All Penal Code (PC) references are located in Article 2.5 of the California PC. This article is known as the Child Abuse and Neglect Reporting Act (CANRA). The provisions of CANRA may be viewed at: <http://leginfo.legislature.ca.gov/faces/codes.xhtml> (specify "Penal Code" and search for sections 11164-11174.3). A mandated reporter must complete and submit form BCIA 8572 even if some of the requested information is not known. (PC section 11167(a).)

I. MANDATED CHILD ABUSE REPORTERS

Mandated child abuse reporters include all those individuals and entities listed in PC section 11165.7.

II. TO WHOM REPORTS ARE TO BE MADE ("DESIGNATED AGENCIES")

Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff's department (not including a school district police or security department), the county probation department (if designated by the county to receive mandated reports), or the county welfare department. (PC section 11165.9.)

III. REPORTING RESPONSIBILITIES

Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof **within 36 hours** of receiving the information concerning the incident. (PC section 11166(a).)

No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by CANRA. Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC section 11172(a).)

IV. INSTRUCTIONS

SECTION A – REPORTING PARTY: Enter the mandated reporter's name, title, category (from PC section 11165.7), business/agency name and address, daytime telephone number, and today's date. Check yes/no whether the mandated reporter witnessed the incident. The signature area is for either the mandated reporter or, if the report is telephoned in by the mandated reporter, the person taking the telephoned report.

IV. INSTRUCTIONS (continued)

SECTION B – REPORT NOTIFICATION: Complete the name and address of the designated agency notified, the date/time of the phone call, and the name, title, and telephone number of the official contacted.

SECTION C – VICTIM (One Report per Victim): Enter the victim's name, birthdate or approximate age, sex, ethnicity, address, telephone number, present location, and, where applicable, enter the school, class (indicate the teacher's name or room number), and grade. List the primary language spoken in the victim's home. Check the appropriate yes/no box to indicate whether the victim may have a developmental disability or physical disability and specify any other apparent disability. Check the appropriate yes/no box to indicate whether the victim is in foster care, and check the appropriate box to indicate the type of care if the victim was in out-of-home care. Check the appropriate box to indicate the type of abuse. List the victim's relationship to the suspect. Check the appropriate yes/no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in the victim's death.

SECTION D – INVOLVED PARTIES: Enter the requested information for Victim's Siblings, Victim's Parents/Guardians, and Suspect. Attach extra sheet(s) if needed (provide the requested information for each individual on the attached sheet(s)).

SECTION E – INCIDENT INFORMATION: If multiple victims, indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

V. DISTRIBUTION

Reporting Party: After completing form BCIA 8572, retain a copy for your records and submit copies to the designated agency.

Designated Agency: **Within 36 hours** of receipt of form BCIA 8572, the initial designated agency will send a copy of the completed form to the district attorney and any additional designated agencies in compliance with PC sections 11166(j) and 11166(k).

ETHNICITY CODES

1 Alaskan Native	6 Caribbean	11 Guamanian	16 Korean	22 Polynesian	27 White-Armenian
2 American Indian	7 Central American	12 Hawaiian	17 Laotian	23 Samoan	28 White-Central American
3 Asian Indian	8 Chinese	13 Hispanic	18 Mexican	24 South American	29 White-European
4 Black	9 Ethiopian	14 Hmong	19 Other Asian	25 Vietnamese	30 White-Middle Eastern
5 Cambodian	10 Filipino	15 Japanese	21 Other Pacific Islander	26 White	31 White-Romanian