

San Diego-Imperial Counties Developmental Services, Inc.

4355 Ruffin Road, San Diego, California 92123 • (858) 576-2996 • www.sdrc.org

San Diego-Imperial Counties Developmental Services Inc. and San Diego Regional Center Zero Tolerance Policy

The San Diego-Imperial Counties Developmental Services, Inc. (SDICDSI), both members of the Board of Directors and employees, have zero tolerance for the abuse or neglect, in any form, of persons with developmental disabilities. This Zero Tolerance Policy regarding client abuse and neglect shall be posted on the San Diego Regional Center's (SDRC) website. The SDRC shall annually notify all its employees, service providers and long-term health care facilities serving SDRC clients of its Zero Tolerance Policy. The Zero Tolerance Policy notification shall specify:

- That all SDRC, service provider and long-term health care facility employees serving SDRC clients are required to report, pursuant to Welfare & Institutions Code Section 15630, to the appropriate entities any incident or allegation of suspected abuse or neglect.
- 2) The entities for reporting suspected abuse or neglect.
- 3) That upon becoming aware of a reportable incident or allegation of abuse or neglect of a client, pursuant to Welfare & Institutions Code Section 15630, SDRC employees and the associated service provider or long-term health care facility employees, shall take immediate action to protect the health and safety of the involved client and all other clients receiving services from SDRC, the associated service provider or long-term health care facility.
- 4) That the SDRC, its service providers and long-term health care facilities serving clients shall ensure its respective employees are fully informed upon hire and annually thereafter regarding the SDICDSI/SDRC Zero Tolerance Policy and mandatory abuse and neglect reporting laws. Each employee must be knowledgeable of their responsibility to protect consumers from abuse and neglect, the signs of abuse and neglect, the process for reporting suspected abuse or neglect, and the consequences of failing to follow the law and enforce the Zero Tolerance Policy.

This Zero Tolerance Policy shall be incorporated into any new or revised contract, vendorization or other agreement for client services. Existing service providers and long-term health care facilities serving SDRC clients shall be informed of this Zero Tolerance Policy and the expectation of compliance with this policy. Existing service providers and long-term health care facilities serving SDRC clients shall also be informed that the SDICDSI and SDRC will utilize all remedies available to it in statute and regulations to protect the health and safety of its clients.

Approved by the SDICDSI Board of Directors on September 10, 2013.

WELFARE AND INSTITUTIONS CODE SECTION 15630 AND 15630.1

15630. (a) Any person who has assumed full or intermittent responsibility for the care or custody of an elder or dependent adult, whether or not he or she receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter.

(b) (1) Any mandated reporter who, in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he or she has experienced behavior, including an act or omission, constituting physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, shall report the known or suspected instance of abuse by telephone or through a confidential Internet reporting tool, as authorized by Section 15658, immediately or as soon as practicably possible. If reported by telephone, a written report shall be sent, or an Internet report shall be made through the confidential Internet reporting tool established in Section 15658, within two working days:

(A) If the suspected or alleged abuse is physical abuse, as defined in Section 15610.63, and the abuse occurred in a long-term care facility, except a state mental health hospital or a state developmental center, the following shall occur:

(i) If the suspected abuse results in serious bodily injury, a telephone report shall be made to the local law enforcement agency immediately, and no later than within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse, and a written report shall be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within two hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse.

(ii) If the suspected abuse does not result in serious bodily injury, a telephone report shall be made to the local law enforcement agency within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse, and a written report shall be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within 24 hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse.

(iii) When the suspected abuse is allegedly caused by a resident with a physician's diagnosis of dementia, and there is no serious bodily injury, as reasonably determined by the mandated reporter, drawing upon his or her training or experience, the reporter shall report to the local ombudsman or law enforcement agency by telephone, immediately or as soon as practicably possible, and by written report, within 24 hours.

(iv) When applicable, reports made pursuant to clauses (i) and (ii) shall be deemed to satisfy the reporting requirements of the federal Elder Justice Act of 2009, as set out in Subtitle H of the

federal Patient Protection and Affordable Care Act (Public Law 111-148), Section 1418.91 of the Health and Safety Code, and Section 72541 of Title 22 of California Code of Regulations. When a local law enforcement agency receives an initial report of suspected abuse in a long-term care facility pursuant to this subparagraph, the local law enforcement agency may coordinate efforts with the local ombudsman to provide the most immediate and appropriate response warranted to investigate the mandated report. The local ombudsman and local law enforcement agencies may collaborate to develop protocols to implement this subparagraph.

(B) Notwithstanding the rulemaking provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, or any other law, the department may implement subparagraph (A), in whole or in part, by means of all-county letters, provider bulletins, or other similar instructions without taking regulatory action.

(C) If the suspected or alleged abuse is abuse other than physical abuse, and the abuse occurred in a long-term care facility, except a state mental health hospital or a state developmental center, a telephone report and a written report shall be made to the local ombudsman or the local law enforcement agency.

(D) With regard to abuse reported pursuant to subparagraphs (A) and (C), the local ombudsman and the local law enforcement agency shall, as soon as practicable, except in the case of an emergency or pursuant to a report required to be made pursuant to clause (v), in which case these actions shall be taken immediately, do all of the following:

(i) Report to the State Department of Public Health any case of known or suspected abuse occurring in a long-term health care facility, as defined in subdivision (a) of Section 1418 of the Health and Safety Code.

(ii) Report to the State Department of Social Services any case of known or suspected abuse occurring in a residential care facility for the elderly, as defined in Section 1569.2 of the Health and Safety Code, or in an adult day program, as defined in paragraph (2) of subdivision (a) of Section 1502 of the Health and Safety Code.

(iii) Report to the State Department of Public Health and the California Department of Aging any case of known or suspected abuse occurring in an adult day health care center, as defined in subdivision (b) of Section 1570.7 of the Health and Safety Code.

(iv) Report to the Bureau of Medi-Cal Fraud and Elder Abuse any case of known or suspected criminal activity.

 $({\tt v})$ Report all cases of known or suspected physical abuse and financial abuse to the local district attorney's office in the county where the abuse occurred.

(E) If the suspected or alleged abuse occurred in a state mental hospital or a state developmental center, the report shall be made to designated investigators of the State Department of State Hospitals or the State Department of Developmental Services, or to the local law enforcement agency.

(i) Except in an emergency, the local law enforcement agency shall, as soon as practicable, report any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse.

(ii) Mandated reporters of the State Department of Developmental Services shall immediately report suspected abuse to the Office of Protective Services or to the local law enforcement agency.

(F) If the abuse has occurred any place other than one described

in subparagraph (A), the report shall be made to the adult protective services agency or the local law enforcement agency.

(2) (A) A mandated reporter who is a clergy member who acquires knowledge or reasonable suspicion of elder or dependent adult abuse during a penitential communication is not subject to paragraph (1). For purposes of this subdivision, "penitential communication" means a communication that is intended to be in confidence, including, but not limited to, a sacramental confession made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization is authorized or accustomed to hear those communications and under the discipline tenets, customs, or practices of his or her church, denomination, or organizations secret.

(B) This subdivision shall not be construed to modify or limit a clergy member's duty to report known or suspected elder and dependent adult abuse if he or she is acting in the capacity of a care custodian, health practitioner, or employee of an adult protective services agency.

(C) Notwithstanding any other provision in this section, a clergy member who is not regularly employed on either a full-time or part-time basis in a long-term care facility or does not have care or custody of an elder or dependent adult shall not be responsible for reporting abuse or neglect that is not reasonably observable or discernible to a reasonably prudent person having no specialized training or experience in elder or dependent care.

(3) (A) A mandated reporter who is a physician and surgeon, a registered nurse, or a psychotherapist, as defined in Section 1010 of the Evidence Code, shall not be required to report, pursuant to paragraph (1), an incident if all of the following conditions exist:

(i) The mandated reporter has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect.

(ii) The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred.

(iii) The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia.

(iv) In the exercise of clinical judgment, the physician and surgeon, the registered nurse, or the psychotherapist, as defined in Section 1010 of the Evidence Code, reasonably believes that the abuse did not occur.

(B) This paragraph shall not be construed to impose upon mandated reporters a duty to investigate a known or suspected incident of abuse and shall not be construed to lessen or restrict any existing duty of mandated reporters.

(4) (A) In a long-term care facility, a mandated reporter shall not be required to report as a suspected incident of abuse, as defined in Section 15610.07, an incident if all of the following conditions exist:

(i) The mandated reporter is aware that there is a proper plan of care.

(ii) The mandated reporter is aware that the plan of care was properly provided or executed.

(iii) A physical, mental, or medical injury occurred as a result of care provided pursuant to clause (i) or (ii).

(iv) The mandated reporter reasonably believes that the injury was

not the result of abuse.

(B) This paragraph shall not be construed to require a mandated reporter to seek, nor to preclude a mandated reporter from seeking, information regarding a known or suspected incident of abuse prior to reporting. This paragraph shall apply only to those categories of mandated reporters that the State Department of Public Health determines, upon approval by the Bureau of Medi-Cal Fraud and Elder Abuse and the state long-term care ombudsman, have access to plans of care and have the training and experience necessary to determine whether the conditions specified in this section have been met.

(c) (1) Any mandated reporter who has knowledge, or reasonably suspects, that types of elder or dependent adult abuse for which reports are not mandated have been inflicted upon an elder or dependent adult, or that his or her emotional well-being is endangered in any other way, may report the known or suspected instance of abuse.

(2) If the suspected or alleged abuse occurred in a long-term care facility other than a state mental health hospital or a state developmental center, the report may be made to the long-term care ombudsman program. Except in an emergency, the local ombudsman shall report any case of known or suspected abuse to the State Department of Public Health and any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse, as soon as is practicable.

(3) If the suspected or alleged abuse occurred in a state mental health hospital or a state developmental center, the report may be made to the designated investigator of the State Department of State Hospitals or the State Department of Developmental Services or to a local law enforcement agency. Except in an emergency, the local law enforcement agency shall report any case of known or suspected criminal activity to the Bureau of Medi-Cal Fraud and Elder Abuse, as soon as is practicable.

(4) If the suspected or alleged abuse occurred in a place other than a place described in paragraph (2) or (3), the report may be made to the county adult protective services agency.

(5) If the conduct involves criminal activity not covered in subdivision (b), it may be immediately reported to the appropriate law enforcement agency.

(d) If two or more mandated reporters are present and jointly have knowledge or reasonably suspect that types of abuse of an elder or a dependent adult for which a report is or is not mandated have occurred, and there is agreement among them, the telephone report or Internet report, as authorized by Section 15658, may be made by a member of the team selected by mutual agreement, and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(e) A telephone report or Internet report, as authorized by Section 15658, of a known or suspected instance of elder or dependent adult abuse shall include, if known, the name of the person making the report, the name and age of the elder or dependent adult, the present location of the elder or dependent adult, the names and addresses of family members or any other adult responsible for the elder's or dependent adult's care, the nature and extent of the elder' s or dependent adult's condition, the date of the incident, and any other information, including information that led that person to suspect elder or dependent adult abuse, as requested by the agency receiving the report.

(f) The reporting duties under this section are individual, and no supervisor or administrator shall impede or inhibit the reporting duties, and no person making the report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting, ensure confidentiality, and apprise supervisors and administrators of reports may be established, provided they are not inconsistent with this chapter.

(g) (1) Whenever this section requires a county adult protective services agency to report to a law enforcement agency, the law enforcement agency shall, immediately upon request, provide a copy of its investigative report concerning the reported matter to that county adult protective services agency.

(2) Whenever this section requires a law enforcement agency to report to a county adult protective services agency, the county adult protective services agency shall, immediately upon request, provide to that law enforcement agency a copy of its investigative report concerning the reported matter.

(3) The requirement to disclose investigative reports pursuant to this subdivision shall not include the disclosure of social services records or case files that are confidential, nor shall this subdivision be construed to allow disclosure of any reports or records if the disclosure would be prohibited by any other provision of state or federal law.

(h) Failure to report, or impeding or inhibiting a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, is a misdemeanor, punishable by not more than six months in the county jail, by a fine of not more than one thousand dollars (\$1,000), or by both that fine and imprisonment. Any mandated reporter who willfully fails to report, or impedes or inhibits a report of, physical abuse, as defined in Section 15610.63, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult, in violation of this section, if that abuse results in death or great bodily injury, shall be punished by not more than one year in a county jail, by a fine of not more than five thousand dollars (\$5,000), or by both that fine and imprisonment. If a mandated reporter intentionally conceals his or her failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until a law enforcement agency specified in paragraph (1) of subdivision (b) of Section 15630 discovers the offense.

(i) For purposes of this section, "dependent adult" shall have the same meaning as in Section 15610.23.

15630.1. (a) As used in this section, "mandated reporter of suspected financial abuse of an elder or dependent adult" means all officers and employees of financial institutions.

(b) As used in this section, the term "financial institution" means any of the following:

(1) A depository institution, as defined in Section 3(c) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(c)).

(2) An institution-affiliated party, as defined in Section 3(u) of the Federal Deposit Insurance Act (12 U.S.C. Sec. 1813(u)).

(3) A federal credit union or state credit union, as defined in Section 101 of the Federal Credit Union Act (12 U.S.C. Sec. 1752),

including, but not limited to, an institution-affiliated party of a credit union, as defined in Section 206(r) of the Federal Credit Union Act (12 U.S.C. Sec. 1786(r)).

(c) As used in this section, "financial abuse" has the same meaning as in Section 15610.30.

(d) (1) Any mandated reporter of suspected financial abuse of an elder or dependent adult who has direct contact with the elder or dependent adult or who reviews or approves the elder or dependent adult's financial documents, records, or transactions, in connection with providing financial services with respect to an elder or dependent adult, and who, within the scope of his or her employment or professional practice, has observed or has knowledge of an incident, that is directly related to the transaction or matter that is within that scope of employment or professional practice, that reasonably appears to be financial abuse, or who reasonably suspects that abuse, based solely on the information before him or her at the time of reviewing or approving the document, record, or transaction in the case of mandated reporters who do not have direct contact with the elder or dependent adult, shall report the known or suspected instance of financial abuse by telephone or through a confidential Internet reporting tool, as authorized pursuant to Section 15658, immediately, or as soon as practicably possible. If reported by telephone, a written report shall be sent, or an Internet report shall be made through the confidential Internet reporting tool established in Section 15658, within two working days to the local adult protective services agency or the local law enforcement agency.

(2) When two or more mandated reporters jointly have knowledge or reasonably suspect that financial abuse of an elder or a dependent adult for which the report is mandated has occurred, and when there is an agreement among them, the telephone report or Internet report, as authorized by Section 15658, may be made by a member of the reporting team who is selected by mutual agreement. A single report may be made and signed by the selected member of the reporting team. Any member of the team who has knowledge that the member designated to report has failed to do so shall thereafter make that report.

(3) If the mandated reporter knows that the elder or dependent adult resides in a long-term care facility, as defined in Section 15610.47, the report shall be made to the local ombudsman or local law enforcement agency.

(e) An allegation by the elder or dependent adult, or any other person, that financial abuse has occurred is not sufficient to trigger the reporting requirement under this section if both of the following conditions are met:

(1) The mandated reporter of suspected financial abuse of an elder or dependent adult is aware of no other corroborating or independent evidence of the alleged financial abuse of an elder or dependent adult. The mandated reporter of suspected financial abuse of an elder or dependent adult is not required to investigate any accusations.

(2) In the exercise of his or her professional judgment, the mandated reporter of suspected financial abuse of an elder or dependent adult reasonably believes that financial abuse of an elder or dependent adult did not occur.

(f) Failure to report financial abuse under this section shall be subject to a civil penalty not exceeding one thousand dollars (\$1,000) or if the failure to report is willful, a civil penalty not exceeding five thousand dollars (\$5,000), which shall be paid by the financial institution that is the employer of the mandated reporter to the party bringing the action. Subdivision (h) of Section 15630 shall not apply to violations of this section.

(g) (1) The civil penalty provided for in subdivision (f) shall be recovered only in a civil action brought against the financial institution by the Attorney General, district attorney, or county counsel. No action shall be brought under this section by any person other than the Attorney General, district attorney, or county counsel. Multiple actions for the civil penalty may not be brought for the same violation.

(2) Nothing in the Financial Elder Abuse Reporting Act of 2005 shall be construed to limit, expand, or otherwise modify any civil liability or remedy that may exist under this or any other law.

(h) As used in this section, "suspected financial abuse of an elder or dependent adult" occurs when a person who is required to report under subdivision (a) observes or has knowledge of behavior or unusual circumstances or transactions, or a pattern of behavior or unusual circumstances or transactions, that would lead an individual with like training or experience, based on the same facts, to form a reasonable belief that an elder or dependent adult is the victim of financial abuse as defined in Section 15610.30.

(i) Reports of suspected financial abuse of an elder or dependent adult made by an employee or officer of a financial institution pursuant to this section are covered under subdivision (b) of Section 47 of the Civil Code.

Print

Print SUSPECTED CHILD ABUSE REPORT To Be Completed by Mandated Child Abuse Reporters Pursuant to Penal Code Section 11166

		PLEASE PRIM	NT OR T	YPE			CASE NUM	MBER:				
NG	NAME OF MANDATED REPORTER			TITLE				MANDATED REPORTER CATEGORY				
A. REPORTING	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS			Street City Zip				DID MANDATED REPORTER WITNESS THE INCIDENT?				
REP	REPORTER'S TELEPHON	NE (DAYTIME)	SIGNATURE					TODAY'S	DATE			
LZ	T LAW ENFORCEMENT T COUNTY PROBATION AGENCY											
8 E	COUNTY WELFARE /	CPS (Child Protective Ser	vices)									
B. REPORT NOTIFICATION	ADDRESS	Street		City			Zip			DATE/TIM	E OF PHONE CALL	
B. F NOTI	OFFICIAL CONTACTED -	TITLE						TELE	PHONE			
C. VICTIM One report per victim	NAME (LAST, FIRST, MIDDLE)						BIRTHDATE	ATE OR APPROX. AGE SEX ETHNICITY				
	ADDRESS	City	Zip				PHONE					
	PRESENT LOCATION OF		SCHOOL				CLAS	S		GRADE		
	PHYSICALLY DISABLED?	DEVELOPMENTALLY DISABLED? OTHER DISABILITY (SI						PRIMARY LANGUAGE SPOKEN IN HOME				
	IN FOSTER CARE?	IF VICTIM WAS IN OUT	OF-HOME CA	ARE AT TIME OF IN	CIDENT, CHE	CK TYPE OF C	ARE:	TYPE	OF ABUSE (CHECK ONE	OR MORE)	
	T YES	DAY CARE CHILD CARE CENTER FAMILY HOME FAMILY FRIEND PHYSICAL MENTAL SEXUAL NEGLE								EXUAL I NEGLECT		
	□ NO □ GROUP HOME OR INSTITUTION □ RELATIVE'S HOME							□ OTHER (SPECIFY)				
ស្ត	RELATIONSHIP TO SUSPECT PHOTOS TAKEN? DID THE INCIDENT RESULT IN THIS									THIS		
					ЧΥ	S INO		VICT	M'S DEATH?	T YES		
က ကိ	NAME	BIRTHDATE		SEX ETHNICITY			NAME		BIRTHDA	TE	SEX ETHNICITY	
VICTIM'S	1					3						
	2					4						
D. INVOLVED PARTIES VICTIM'S T PARENTS/GUARDIANS							BIRTHDATE	ATE OR APPROX. AGE SEX ETHNICITY				
	ADDRESS	Street	City	Zip	HOME PHO	DNE		BUSI	NESS PHONE	1		
	NAME (LAST, FIRST, MID		BI			BIRTHDATE	IRTHDATE OR APPROX. AGE			ETHNICITY		
	ADDRESS Street City			Zip HOME PHONE				BUSINESS PHONE				
	SUSPECT'S NAME (LAST, FIRST, MIDDLE) BIRT						BIRTHDATE	DATE OR APPROX. AGE SEX			ETHNICITY	
SUSPEC	ADDRESS Street			City Zip				TELEPHONE				
ŝ	OTHER RELEVANT INFORMATION											
	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX IF MULTIPLE VICTIMS, INDICATE NUMBER:											
NO				IF FORM(S) AND CHECK THIS BOX I IF MULTIPLE VICTIMS, INDICATE NUMBER:								
T												
INCIDENT INFORMATION	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)									victim(s) or suspect)		
E. INCIDEN												

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

CONFIDENTIAL REPORT-

DATE COMPLETED:

-			
NOT SUB	BJECT TO	PUBLIC	DISCLOSURE

NAME OF SUSPECTED ABUSER ADDRESS *ZI C. REPORTING PARTY: Check appropriat NAME (PRINT) RELATION TO VICTIM/HOW KNOWS OF ABUSE (ST D. INCIDENT INFORMATION Address v	Consents to disclo *AGE SIMAN MENTALLY ILUDISABLE Self-Neglect CARE CUS HEALTH PP CODE FCODE CARE CUS HEALTH PP CODE CARE CUS CARE CUS CARE CUS CARE CUS CARE CUS CARE CUS CARE CUS CARE CUS CARE CUS CARE CUS CARE CUS CARE CUS CARE CUS CARE CUS CARE CUS CARE CUS CARE CUS CARE CUS CARE	DATE OF BIRT	ormation [Or TH SSN SIGALLY DISABLED DB) GENDER	mbudsm	CONVECTION CONVECTI CONVECTION CONVECTION CONVECTION CONVECTION CONVECTION CO		TELEPHONE () LIVES ALOP OTHER	SUAGE (/ CHECK ON NON-VERBAL I ENG DTHER (SPECIFY)	SLISH	
NAME (LAST NAME FIRST) ADDRESS (IF FACILITY, INCLUDE NAME AND NOTIFY OMBUD PRESENT LOCATION (IF DIFFERENT FROM ABOVE) ELDERLY (65+) DEVELOPMENTALLY DISABLED B. SUSPECTED ABUSER / Check if [IAME OF SUSPECTED ABUSER DDRESS *ZII DDRESS *ZII DAME (PRINT) ELATION TO VICTIM/HOW KNOWS OF ABUSE (ST D. INCIDENT INFORMATION - Address v	*AGE *AGE *AGE	DATE OF BIRT	SICALLY DISABLED	PARENT SPOUSE			TELEPHONE () LIVES ALOP OTHER	NON-VERBAL HENG	SLISH	
PRESENT LOCATION (IF DIFFERENT FROM ABOVE) ELDERLY (65*) DEVELOPMENTALLY DISABLED 3. SUSPECTED ABUSER ✓ Check if [AME OF SUSPECTED ABUSER ✓ Check if [DDRESS *ZII C. REPORTING PARTY: Check appropriate VAME (PRINT) ELATION TO VICTIM/HOW KNOWS OF ABUSE (ST D. INCIDENT INFORMATION Address v	MENTALLY ILUDISABLE Self-Neglect CARE CUS HEALTH PR P CODE TELI te box if reporting party SIGNATURE	*CITY ED PHYS TODIAN (type) RACTITIONER (typ .EPHONE	00) GENDER MF			VDAUGHTER IER RELATIONSH	TELEPHONE () TELEPHONE () LIVES ALOP OTHER IP		H OTHERS	
ELDERLY (65+) DEVELOPMENTALLY DISABLED B. SUSPECTED ABUSER ✓ Check if B. AME OF SUSPECTED ABUSER ✓ Check if DDRESS *ZII C. REPORTING PARTY: Check appropriate VAME (PRINT) ELATION TO VICTIM/HOW KNOWS OF ABUSE O. INCIDENT INFORMATION Address v	P CODE TELL te box if reporting party SIGNATURE	ED PHYS	00) GENDER MF			I/DAUGHTER IER RELATIONSH			H OTHERS	
B. SUSPECTED ABUSER / Check if [AME OF SUSPECTED ABUSER DDRESS 'ZI C. REPORTING PARTY: Check appropriat HAME (PRINT) ELATION TO VICTIM/HOW KNOWS OF ABUSE (ST D. INCIDENT INFORMATION - Address v	P CODE TELL te box if reporting party SIGNATURE	TODIAN (type) RACTITIONER (type EPHONE Waives confid	00) GENDER MF			ER RELATIONSH			H OTHERS	
C. SUSPECTED ABUSER ✓ Check if [AME OF SUSPECTED ABUSER DDRESS *ZII C. REPORTING PARTY: Check appropriat AME (PRINT) ELATION TO VICTIM/HOW KNOWS OF ABUSE (ST D. INCIDENT INFORMATION - Address v	CARE CUS HEALTH PR P CODE TELI	RACTITIONER (type EPHONE	GENDER	SPOUSE	ОТН	ER RELATIONSH	IP			
DDRESS *ZI C. REPORTING PARTY: Check appropriat NAME (PRINT) ELATION TO VICTIM/HOW KNOWS OF ABUSE (ST D. INCIDENT INFORMATION - Address v	HEALTH PR P CODE TELI	RACTITIONER (type EPHONE	GENDER	SPOUSE	ОТН	ER RELATIONSH	IP			
C. REPORTING PARTY: Check appropriat NAME (PRINT) ELATION TO VICTIM/HOW KNOWS OF ABUSE (ST INCIDENT INFORMATION - Address v	P CODE TELI	EPHONE waives confid			··· · · ·					
IAME (PRINT) ELATION TO VICTIMHOW KNOWS OF ABUSE (ST . INCIDENT INFORMATION Address V	SIGNATURE					D.O.B.	HEIGHT	WEIGHT EYES	HAIR	
IAME (PRINT) ELATION TO VICTIMHOW KNOWS OF ABUSE (ST . INCIDENT INFORMATION Address V	SIGNATURE		lentiality to:] 🗸 Ali	🗆 🗸 All b	ut victim	All but	t perpetrator		
. INCIDENT INFORMATION Address v	TREED	00	CCUPATION			AGENCY/NAM	OF BUSINESS			
	RELATION TO VICTIM/HOW KNOWS OF ABUSE (STREET) (CITY			(ZIP CODE) (E-MAIL ADDRESS)				PHONE)		
	where incident occurr	ed:								
	CE OF INCIDENT (CHECK C	ONE)			_					
	OWN HOME HOME OF ANOTHER		TY CARE FACILITY		HOSPITAL	ACUTE CARE HO	SPITAL			
REPORTED TYPES OF ABUSE (/ CH			AGILIT TOYAING BEI							
PERPETRATED BY OTHERS (WIC 15				0	SELE-N	EGLECT (V	VIC 15610	57 (b)(5))		
PHYSICAL										
□ ASSAULT/BATTERY b. □ □ CONSTRAINT OR DEPRIVATION c. □ □ SEXUAL ASSAULT d. □ □ CHEMICAL RESTRAINT e. □	g. D OTHER (deprivation	OTHER (Non-Mandated: e.g., deprivation of goods and services: psychological/mental) b. MEDIC/ d. MEALTH d. MALNU			CAL CARE (e.g., personal hygiene, food, clothing, shelter) AL CARE (e.g., physical and mental health needs) TH and SAFETY HAZARDS JTRITION/DEHYDRATION < (Non-Mandated e.g., financial)					
OVER OR UNDER MEDICATION BUSE RESULTED IN (✓ CHECK ALL THAT APPLY)	NO PHYSICAL		MINOR MEDIC	,		(Non-Mandate		I) CARE PROVIDER R	FOURED	
INFORMATION IS ATTACHED).									_	
TARGETED ACCOUNT										
CCOUNT NUMBER (LAST 4 DIGITS):										
	TYPE OF ACCOUNT:									
	DIRECT DEPOSIT:	YES	NO NO			OTHER ACC				
AME	ADDRESS	F ABUSE. (f	amily, significa	nt others,	neighbors, i	nedical provid		RELATIONSHIP	c.)	
						()				
FAMILY MEMBER OR OTHER PERSO	N RESPONSIBLE F					person) Y ✓ CHECK	*RELATIO	ONSHIP		
*ADDRESS						IP CODE	*TELEPHONE ()			
DDRESS		w Enforcement	Local Ombu	udsman [Calif. Dept	of Mental Hea	th 🗌 Calif. I	Dept. of Developmen	ntal Service	
. TELEPHONE REPORT MADE TO:	Local APS 🗌 Local Lav									
TELEPHONE REPORT MADE TO:			the state of the state of the		()					
TELEPHONE REPORT MADE TO:	about the agency reco		port. Do not s	submit rej	│ () port to Calit					
TELEPHONE REPORT MADE TO:			port. Do not s	submit re	() port to Cali		tment of Soc	cial Services Add		
TELEPHONE REPORT MADE TO: MINE OF OFFICIAL CONTACTED BY PHONE WRITTEN REPORT Enter information Bureau. SENCY NAME	about the agency reco			submit re	() port to Calif					
TELEPHONE REPORT MADE TO: IME OF OFFICIAL CONTACTED BY PHONE WRITTEN REPORT Enter information Bureau. SENCY NAME RECEIVING AGENCY USE ONLY	about the agency rec	#		submit rej						
TELEPHONE REPORT MADE TO: AME OF OFFICIAL CONTACTED BY PHONE WRITTEN REPORT Enter information Bureau. SENCY NAME RECEIVING AGENCY USE ONLY Report Received by:	about the agency reconnected address or FAX for a difference of the second seco	#				Date/Time:		DATE		
AME OF OFFICIAL CONTACTED BY PHONE AME OF OFFICIAL CONTACTED BY PHONE AME OF OFFICIAL CONTACTED BY PHONE AME AME AME AME AME AME AME A	about the agency reco ADDRESS OR FAX #] Telephone Report Ten-day Response tt.;] CDSS-CCL;] C	Written I No Initial Fa	Report ace-To-Face Req Assigned n; 🗌 Bureau of	uired I to (option	Not APS all): raud & Elder A	Date/Time:	DATE MAILED:			