

ESCARS

**ELECTRONIC SUSPECTED CHILD ABUSE
REPORT SYSTEM**



**CHRISTINE VON HELMOLT
ESCARS DEPUTY-IN-CHARGE**

WHAT IS A SCAR?

Suspected Child Abuse Report (SCAR)
California Department of Justice form *SS8572*
Use is mandated throughout the state.
Guiding statutory scheme is

CANRA

Child Abuse and Neglect Reporting Act
Penal Code § 11164 *et. seq.*

Print **SUSPECTED CHILD ABUSE REPORT** Reset Form

To Be Completed by Mandated Child Abuse Reporters
Pursuant to Penal Code Section 11166
PLEASE PRINT OR TYPE

CASE NAME: _____
CASE NUMBER: _____

A. REPORTING PARTY

NAME OF MANDATED REPORTER: _____ TITLE: _____
REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS: _____ Street _____ City _____ Zip _____
REPORTER'S TELEPHONE (DAYTIME): _____ SIGNATURE: _____
MANDATED REPORTER CATEGORY: _____
DID MANDATED REPORTER WITNESS THE INCIDENT? ☐ YES ☐ NO
TODAY'S DATE: _____

B. REPORT NOTIFICATION

☐ LAW ENFORCEMENT ☐ COUNTY PROBATION AGENCY: _____
☐ COUNTY WELFARE / CPS (Child Protective Services) ADDRESS: _____ Street _____ City _____ Zip _____
DATE/TIME OF PHONE CALL: _____
TELEPHONE: _____
OFFICIAL CONTACTED - TITLE: _____

C. VICTIM
One report per victim

NAME (LAST, FIRST, MIDDLE): _____ Street _____ City _____ Zip _____
ADDRESS: _____
PRESENT LOCATION OF VICTIM: _____ SCHOOL: _____
TELEPHONE: _____
CLASS: _____ GRADE: _____
PHYSICALLY DISABLED? ☐ YES ☐ NO DEVELOPMENTALLY DISABLED? ☐ YES ☐ NO OTHER DISABILITY (SPECIFY): _____
PRIMARY LANGUAGE SPOKEN IN HOME: _____
IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: ☐ PHYSICAL ☐ MENTAL ☐ SEXUAL ☐ NEGLECT
☐ DAY CARE ☐ CHILD CARE CENTER ☐ FOSTER FAMILY HOME ☐ FAMILY FRIEND
TYPE OF ABUSE (CHECK ONE OR MORE):
☐ NO ☐ GROUP HOME OR INSTITUTION ☐ RELATIVE'S HOME
DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? ☐ YES ☐ NO ☐ UNKNOWN
RELATIONSHIP TO SUSPECT: _____ PHOTOS TAKEN? ☐ YES ☐ NO

D. INVOLVED PARTIES

VICTIMS

1. NAME: _____ BIRTHDATE: _____ SEX: _____ ETHNICITY: _____
2. NAME: _____ BIRTHDATE: _____ SEX: _____ ETHNICITY: _____
3. NAME: _____ BIRTHDATE: _____ SEX: _____ ETHNICITY: _____
4. NAME: _____ BIRTHDATE: _____ SEX: _____ ETHNICITY: _____

VICTIMS

NAME (LAST, FIRST, MIDDLE): _____ BIRTHDATE OR APPROX. AGE: _____ SEX: _____ ETHNICITY: _____
ADDRESS: _____ Street _____ City _____ Zip _____ HOME PHONE: _____ BUSINESS PHONE: _____

PARENTS/GUARDIANS

NAME (LAST, FIRST, MIDDLE): _____ BIRTHDATE OR APPROX. AGE: _____ SEX: _____ ETHNICITY: _____
ADDRESS: _____ Street _____ City _____ Zip _____ HOME PHONE: _____ BUSINESS PHONE: _____

SUSPECT

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 ☐ 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): _____

SS 8572 (Rev. 12/02)
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

CANRA

- Penal Code § 11164 et. seq.
- California legislature requires Department of Children and Family Services (DCFS) to cross-report allegations of suspected child abuse to each other and the District Attorney

WHY?

“to prevent cases from falling through the cracks”

WHAT IS ESCARS

- LA County envisioned, created and currently utilizes ESCARS, which facilitates the mandated duty to cross-report allegations of suspected child abuse between all affected agencies in order to be in compliance with CANRA (PC §11166(a)).
- ESCARS assists in the elimination of errors and lengthy time delays that transpire when paper-based methods of reporting are employed, i.e., fax, mail, hand-sorting, etc.
- ESCARS also expedites the secure electronic transmission and receipt of SCARs amongst all relevant agencies.

WHAT GETS REPORTED

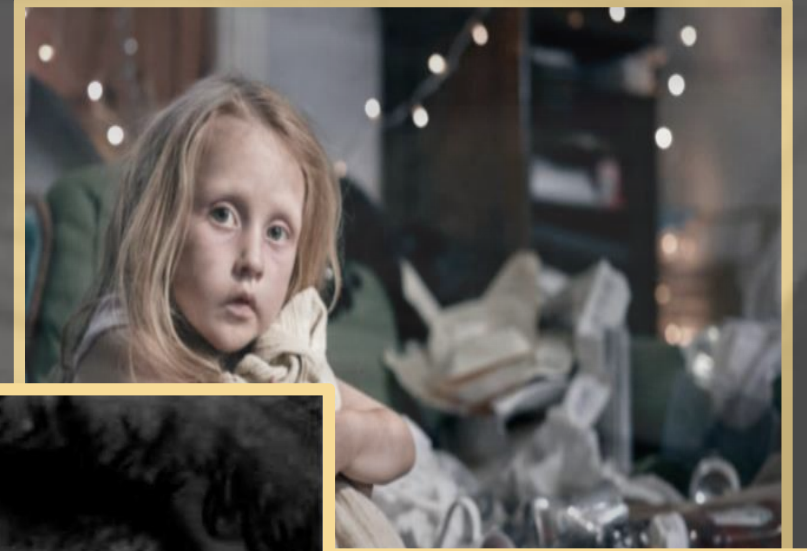
- Child victim
- Perpetrator is **ANY PERSON**
 - ✓ *This includes out-of-home suspect*
- Following types of abuse must be reported:
 - ✓ Physical Abuse
 - ✓ Sexual Abuse
 - ✓ Neglect
 - ✓ Emotional Abuse

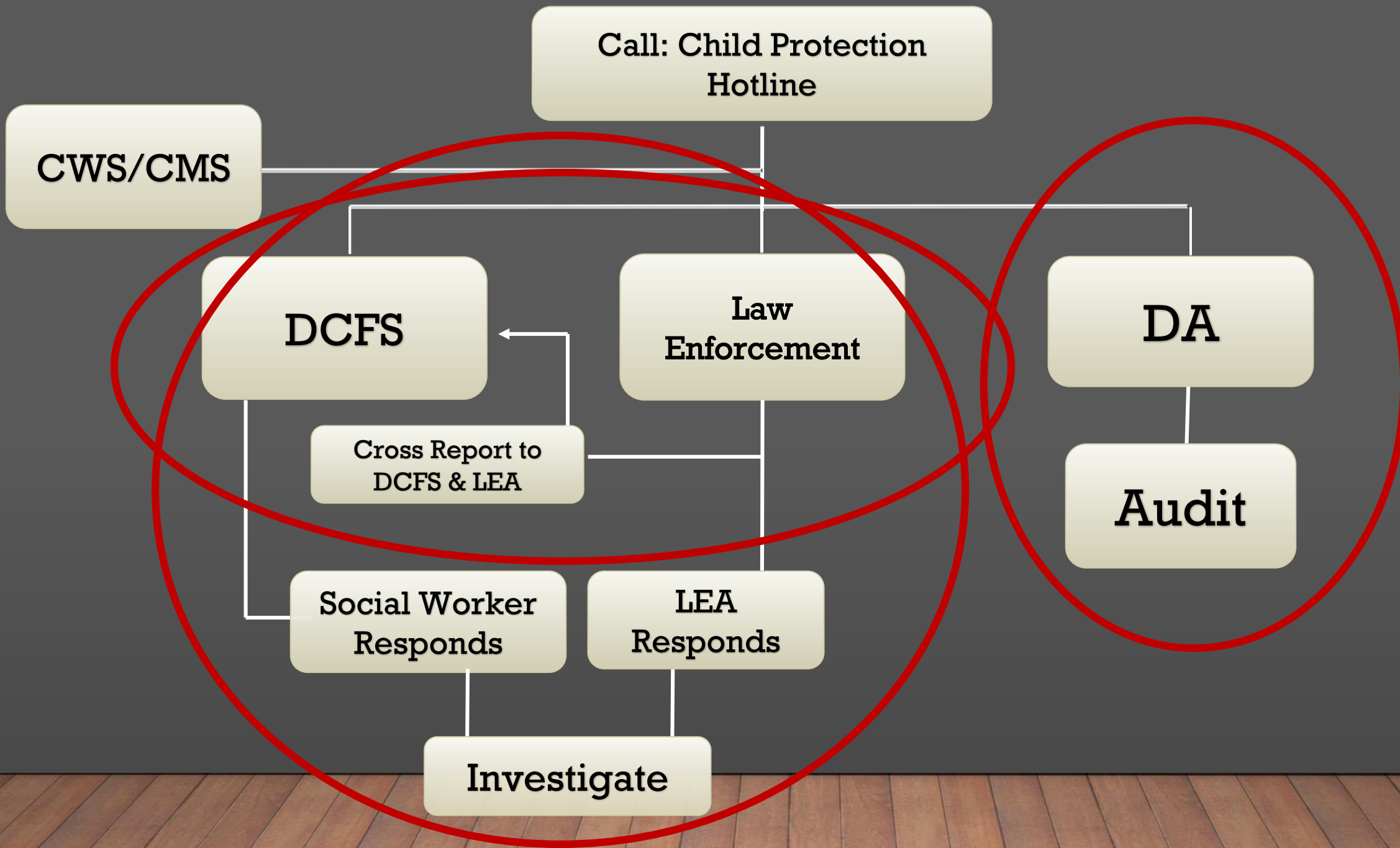
Penal Code § 11164



WHAT ELSE TRIGGERS A SCAR?

- Alcohol
- Drugs
- Guns
- Domestic Violence
 - ✓ Child present
- Child Endangerment
- Human Trafficking/CSEC





ESCARS PURPOSE

- The benefits of ESCARS include, but are not limited to:
 - ✓ Access to historical SCARs relating to either a victim/suspect from various jurisdictions within **LA County**
 - ✓ Ability to monitor the progress and status of a SCAR
 - ✓ Protect children by way of information sharing and teamwork
- Documents agency cross-reporting
 - ✓ Law Enforcement ↔ DCFS
 - ✓ Penal Code §§ 11164(j) & (k)

ESCARS PURPOSE

- Separate but parallel investigations
 - ✓ ESCARS aids in parallel investigations by facilitating the transfer of information between social workers and law enforcement
 - Potentially minimizes fewer victim interviews, as well as, more timely communication between relevant agencies
 - ✓ Provides an investigative tool for the victim and/or suspect
 - In-Home and Out-of-Home Abuse



ESCARS AND THE PROSECUTOR

DA RESPONSIBILITIES

- Locate SCAR
- Search ESCARS history on suspect and victim
- Update ESCARS
 - ✓ Assigned DA contact information and case number
- Check ESCARS periodically throughout the course of a case
 - ✓ New SCARs may have been generated during this time



ESCARS AND LAW ENFORCEMENT

LAW ENFORCEMENT RESPONSIBILITIES


- Receive SCAR
- Investigate SCAR
- Update ESCARS with investigation outcome
 - ✓ Crime Suspected
 - Assigned Investigator contact information
 - ✓ Crime Suspected – Not Child Abuse
 - ✓ i.e., Domestic Violence, Drug raid child present, etc.
 - ✓ No Crime Suspected
 - ✓ No Investigation

A photograph of two women sitting on a light-colored couch, looking at a document together. The woman on the left has long blonde hair and is wearing a grey blazer over a grey top. The woman on the right has dark hair pulled back and is wearing a light blue button-down shirt. They are both looking down at a document held by the blonde woman. The background shows horizontal window blinds. A vertical white line is positioned to the left of the text.

ESCARS AND DCFS

DCFS RESPONSIBILITIES

- Child Protection Hotline
 - ✓ Create and upload SCAR to system
- CSW receives SCAR
- Investigate SCAR
- Update ESCARS with investigation outcome
 - ✓ Substantiated
 - ✓ Inconclusive
 - ✓ Unfounded



ESCARS AND THE DA'S ESCARS UNIT



ESCARS 2018

Los Angeles County

56,025

Every SCAR is a call for service

ESCARS UNIT RESPONSIBILITIES

- Deputy-in-Charge and four paralegals
- Audit SCARs
- Conducts trainings throughout Los Angeles County
 - ✓ Law enforcement and district attorney's
 - CANRA
 - Using ESCARS as an investigative tool
 - Updating Requirements
 - Navigating through the system
- Compile yearly law enforcement statistics of ESCARS
- Steering Committee Chair

ESCARS UNIT RESPONSIBILITIES

- Deputy-in-Charge and four paralegals
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 - Using ESCARS as an investigative tool
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- Compile yearly law enforcement statistics of ESCARS
- Steering Committee Chair

The image features a group of approximately ten people in silhouette, seated around a long table in a meeting room. The room has large windows that look out onto a city skyline at dusk or dawn. The silhouettes of the people and the table are reflected on the polished floor. The overall color palette is a warm, monochromatic brown. A vertical white line is positioned to the left of the text.

ESCARS STEERING COMMITTEE MEETING

The background of the slide features a silhouette of a group of people sitting around a large conference table in a modern office setting with large windows. The scene is dimly lit, with light coming from the windows, creating a professional and collaborative atmosphere.

STEERING COMMITTEE

- Committee meets monthly
- Topics discussed
 - ✓ Policy/Legal Questions
 - ✓ Fixes/Issues
 - ✓ Upgrade Suggestions
 - ✓ Training and Seminar planning

HISTORY OF SCARS

| Print | | SUSPECTED CHILD ABUSE REPORT | | | | Reset Form | |
|--|--|-------------------------------------|---|--|--|--|--|
| To Be Completed by Mandated Child Abuse Reporters Pursuant to Penal Code Section 11166 <i>(PLEASE PRINT OR TYPE)</i> | | | | | | CASE NAME: _____ CASE NUMBER: _____ | |
| A. REPORTING PARTY | NAME OF MANDATED REPORTER | | TITLE | | MANDATED REPORTER CATEGORY | | |
| | REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS _____ City _____ Zip _____ | | | | DO MANDATED REPORTER WITNESS THE INCIDENT? (YES YES) NO NO FOOTY'S DATE _____ | | |
| B. REPORT NOTIFICATION | REPORTER'S TELEPHONE (DAYTIME) () | | SIGNATURE _____ | | | | |
| | I AM EMPLOYMENT - IF COUNTY PROTECTION AGENCY | | | | | | |
| | COUNTY WELFARE / CPS (CPS Protective Services) | | ADDRESS _____ City _____ Zip _____ | | DATE/TIME OF PHONE CALL _____ | | |
| | OFFICIAL CONTACTED - TITLE _____ | | | | TELEPHONE () _____ | | |
| C. VICTIM <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? (YES YES) NO NO | | DEVELOPMENTALLY DISABLED? (YES YES) NO NO | | OTHER DISABILITY (SPECIFY) _____ | | PRIMARY LANGUAGE (SPOKEN IN HOME) _____ |
| | IN FOSTER CARE? (YES YES) NO NO | | IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: (YES YES) DAY CARE (YES YES) CHILD-CARE CENTER (YES YES) FOSTER FAMILY HOME (YES YES) GROUP HOME OR INSTITUTION (YES YES) RELATIVE'S HOME | | TYPE OF ABUSE (CHECK ONE OR MORE) (YES YES) PHYSICAL (YES YES) EMOTIONAL (YES YES) SEXUAL (YES YES) NEGLECT (YES YES) OTHER (SPECIFY) _____ | | |
| | RELATIONSHIP TO SUSPECT _____ | | PHOTO TAKEN? (YES YES) NO NO | | DOES THE INCIDENT RESULT IN VICTIMS DEATH? (YES YES) NO NO SUICIDE | | |
| D. INVOLVED PARTIES <small>VICTIMS PARENTS/GUARDIANS</small> | NAME _____ | | BIRTHDATE _____ | | SEX _____ | | ETHNICITY _____ |
| | 1. _____ | | 2. _____ | | 3. _____ | | 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 () _____ | | |
| E. INCIDENT INFORMATION | SUSPECT'S NAME (LAST, FIRST, MIDDLE) | | BIRTHDATE OR APPROX. AGE | | SEX | | ETHNICITY |
| | ADDRESS _____ Street _____ City _____ Zip _____ | | | | TELEPHONE () _____ | | |
| OTHER RELEVANT 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 incident(s) substantiated the mandated reporter/denied person accompanying the victim(s), substantiator or past incidents involving the victim(s) or suspect.) _____ _____ _____ | | | | | | | |

SS 8572 rev. 12/03 **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 8553 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.

| | | | | | | | | | | | | | | | | |
|--|---|--|--------------|--|-------------------------|--|----------------------|--|--------------------------------|--|--------------------------------|--|-----------------|--|-----------------|--|
| D. INVOLVE VICTIM PARTIES SUBJECT | STREET _____ | | CITY _____ | | ZIP _____ | | HOME PHONE () _____ | | BIRTHDATE OR APPROX. AGE _____ | | SEX _____ | | ETHNICITY _____ | | | |
| | SUSPECT'S NAME (LAST, FIRST, MIDDLE) _____ | | | | | | | | BUSINESS PHONE () _____ | | BIRTHDATE OR APPROX. AGE _____ | | SEX _____ | | ETHNICITY _____ | |
| | ADDRESS _____ | | STREET _____ | | CITY _____ | | ZIP _____ | | TELEPHONE () _____ | | | | | | | |
| | OTHER RELEVANT INFORMATION _____ | | | | | | | | | | | | | | | |
| E. INCIDENT INFORMATION | IF NECESSARY, ATTACH EXTRA SHEETS OR OTHER FORMS AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER _____ | | | | | | | | | | | | | | | |
| | DATE / TIME OF INCIDENT _____ | | | | PLACE OF INCIDENT _____ | | | | | | | | | | | |
| | NARRATIVE DESCRIPTION (Initial victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/initial or past incidents involving the victim(s) or suspect(s) _____ | | | | | | | | | | | | | | | |

SS 8572 (Rev. 12/08)

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 8653 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-Distict Attorney's Office. YELLOW COPY-Reporting Party.

Print

SUSPECTED CHILD ABUSE REPORT

To Be Completed by **Mandated Child Abuse Reporters**

Pursuant to Penal Code Section 11166

PLEASE PRINT OR TYPE

Reset Form

| A REPORTING PARTY | NAME OF MANDATED REPORTER | TITLE | MANDATED REPORTER CATEGORY |
|-------------------------|---|-----------|---|
| 1 CITY CLERK | REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS | Street | DID MANDATED REPORTER WITNESS THE INCIDENT? (YES) (NO) TODAY'S DATE |
| | REPORTER'S TELEPHONE (DAYTIME) | SIGNATURE | |
| | IS LAW ENFORCEMENT () COUNTY RESIDENCY | AGENCY | |
| | ADDRESS | City | |
| | | | DATE/TIME OF PHONE CALL |

ABUSE REPORT

Reset Form

reporters

Reset Form

| CASE NAME: | MANDATED REPORTER CATEGORY |
|---------------------|----------------------------|
| CASE NUMBER: | |

| | | | | |
|------|-----|---|--------------|--|
| City | Zip | DID MANDATED REPORTER WITNESS THE INCIDENT? (YES) (NO) | TODAY'S DATE | |
|------|-----|---|--------------|--|

| | | | |
|--|-------|-----------|-------------------------|
| BIRTHDATE OR APPROX. AGE () Zip | SEX | ETHNICITY | TELEPHONE () Zip |
| SCHOOL | CLASS | GRADE | |

| | |
|--|--|
| Y (SUSPECT) GENDER: CHECK TYPE OF CARE: FAMILY HOME () FAMILY FRIEND () | PRIMARY LANGUAGE SPOKEN IN HOME TYPE OF ABUSE (CHECK ONE OR MORE) 3 PHYSICAL / 3 EMOTIONAL / 3 SEXUAL / 3 OTHER (SPECIFY) |
|--|--|

| Print | | SUSPECTED CHILD ABUSE REPORT | | | | Reset Form | | |
|--|--|---|--|------|--|--|--|---------------------------------------|
| To Be Completed by Mandated Child Abuse Reporters | | | | | | | | |
| Pursuant to Penal Code Section 11166 | | | | | | | | |
| | | | | | | CASE NAME: CASE NUMBER: | | |
| | | | | | | MANDATED REPORTER CATEGORY | | |
| A. REPORTING PARTY | NAME OF MANDATED REPORTER | | | | | | | |
| | REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS | | Street | City | Zip | DO MANDATED REPORTER WITNESS THE INCIDENT? | | |
| | REPORTER'S TELEPHONE (DAYTIME) | | SIGNATURE | | 1 YES / NO 2 TODAY'S DATE | | | |
| B. REPORT INFORMATION | 1 CITY EMPLOYMENT / 2 COUNTY PRESENTATION | | AGENCY | | | | | |
| | 3 COUNTY WELFARE / CPS (Child Protective Services) | | Address | | Zip | DATE/TIME OF PHONE CALL | | |
| | OFFICIAL CONTACTED - TITLE | | | | TELEPHONE | | | |
| C. VICTIM <small>Designate per Section 11166.2</small> | NAME (LAST, FIRST, MIDDLE) | | BIRTHDATE OR APPROX. AGE | | SEX | ETHNICITY | | |
| | ADDRESS | | Street | City | Zip | TELEPHONE | | |
| | PRESENT LOCATION OF VICTIM | | | | CLASS | GRADE | | |
| | PHYSICALLY DISABLED? | | OTHER DISABILITY (SPECIFY) | | PRIMARY LANGUAGE | | | |
| | 1 YES / NO | | 2 YES / NO | | SPOKEN IN HOME | | | |
| | IF REPORTER CARE? | | IF VICTIM WAS OUT OF HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: | | TYPE OF ABUSE (CHECK ONE OR MORE) | | | |
| | | | 1 FAY CARE / 2 ONLY GATE CENTER / 3 FOSTER FAMILY HOME / 4 FAMILY FRIEND | | 1 PHYSICAL / 2 EMOTIONAL / 3 SEXUAL / 4 NEGLECT | | | |
| | | | 12 GROUP HOME OR RESIDENTIAL / 13 RELATIVE'S HOME | | 5 OTHER (SPECIFY) | | | |
| | RELATIONSHIP TO SUSPECT | | | | 6 DID THE INCIDENT RESULT IN A SUICIDE (SEARLY) 7 YES / NO / 8 UNKNOWN | | | |
| | | | PHOTOS (FACED) | | | | | |
| D. INVOLVED PARTIES <small>Section 11166.2</small> | NAME | | BIRTHDATE | SEX | ETHNICITY | NAME | | |
| | 1 | | 2 | 3 | 4 | 5 | | |
| | NAME (LAST, FIRST, MIDDLE) | | BIRTHDATE OR APPROX. AGE | | SEX | ETHNICITY | | |
| | ADDRESS | | Street | City | Zip | TELEPHONE | | |
| | NAME (LAST, FIRST, MIDDLE) | | BIRTHDATE OR APPROX. AGE | | SEX | ETHNICITY | | |
| | ADDRESS | | Street | City | Zip | TELEPHONE | | |
| | SUSPECT NAME (LAST, FIRST, MIDDLE) | | BIRTHDATE OR APPROX. AGE | | SEX | ETHNICITY | | |
| | ADDRESS | | Street | City | Zip | TELEPHONE | | |
| | OTHER RELEVANT INFORMATION | | | | | | | |
| | E. INCIDENT INFORMATION | IF NEEDED, ATTACH EXTRA SHEETS (IF OTHER FORMS) AND CHECK THIS BOX <input type="checkbox"/> | | | | | | IF MULTIPLE VICTIMS, INDICATE NUMBER: |
| DATE / TIME OF INCIDENT | | PLACE OF INCIDENT | | | | | | |
| NARRATIVE DESCRIPTION (What occurred) narrated the mandated reporter observed/heard person accompanying the victim(s) and/or past incidents involving the victim(s) or suspect(s). | | | | | | | | |

SDS 0012-0000-10000

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 SD 8653.3 (1) an active investigation was conducted and (2) the incident was determined not to be unfounded.

with the California or Sheriff's Department. BLUE COPY County Welfare or Protection Department. GREEN COPY District Attorney's Office. YELLOW COPY reporting agency.

| | | | |
|--|--|-------------------|---|
| Print SUSPECTED CHILD ABUSE REPORT To Be Completed by Mandated Child Abuse Reporters Pursuant to Penal Code Section 11166 PLEASE PRINT OR TYPE | | Reset Form | |
| STING ITING | NAME OF MANDATED REPORTER REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS Street City Zip | | CASE NAME: CASE NUMBER: |
| | TELEPHONE (DAYTIME) SIGNATURE PRINTED NAME (PLEASE PRINT) LNAME / CPS (Child Protective Services) Street City Zip | | MANDATED REPORTER CATEGORY DID MANDATED REPORTER WITNESS THE INCIDENT? YES YES NO NO TODAY'S DATE DATE/TIME OF PHONE CALL |
| CATEGORY WITNESS THE INCIDENT | VOTED - TITLE 20 - MIDDLE Street City Zip | | TELEPHONE BIRTHDATE OR APPROX. AGE SEX ETHNICITY CLASS GRACE |
| | AID OF VICTIM SCHEDULED SCHEDULED (SPECIFY) YES YES NO NO IF VICTIM WAS IN OUT OF HOME CARE AT TIME OF INCIDENT, PROVIDE DETAILS: DAY CARE CHILD CARE CENTER 3 POST GROUP HOME OR INSTITUTION 3 RELATIVE | | PRIMARY LANGUAGE SPOKEN IN HOME |
| SEX ETHNICITY | 20 - BIRTHDATE SEX ETHNICITY 20 - MIDDLE Street City Zip | | REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS Street TELEPHONE (DAYTIME) SIGNATURE |
| CHECK ONE (OR MORE) A. SERIAL B. SERIAL C. SERIAL | 20 - MIDDLE Street City Zip | | REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS Street TELEPHONE (DAYTIME) SIGNATURE |

[illegible]

Print

SUSPECTED CHILD ABUSE REPORT

Reset Form

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

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 |
| | REPORTER'S TELEPHONE (DAYTIME) | SIGNATURE | | DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO TODAY'S DATE |

REPORT

Reset Form

| | | | |
|---|--|---------------------------------|---|
| NAME: | | DATE/TIME OF PHONE CALL | |
| NUMBER: | | | |
| MANDATED REPORTER CATEGORY | | TELEPHONE () | |
| Zip | DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO TODAY'S DATE | BIRTHDATE OR APPROX. AGE | SEX ETHNICITY |
| City | | Zip | TELEPHONE () |
| | SCHOOL | CLASS | GRADE |
| DATE/TIME OF PHONE CALL | | PRIMARY LANGUAGE SPOKEN IN HOME | |
| TELEPHONE () | PHOTO TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO | | NAME |
| BIRTHDATE OR APPROX. AGE SEX ETHNICITY | TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> EMOTIONAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY) | | DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN |
| CLASS GRADE | SEX ETHNICITY BIRTHDATE OR APPROX. AGE SEX ETHNICITY | | BIRTHDATE OR APPROX. AGE SEX ETHNICITY |
| PRIMARY LANGUAGE SPOKEN IN HOME TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> EMOTIONAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY) | DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | | BIRTHDATE OR APPROX. AGE SEX ETHNICITY |
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ITIONS AND INSTRUCTIONS ON REVERSE
of Justice (DOJ). The investigating agency is required under Penal Code Section 11169 to submit to DOJ a
an active investigation was conducted and (2) the incident was determined not to be unfounded.
County Welfare or Probation Department; GREEN COPY- District Attorney's Office; YELLOW COPY-Reporting Party

SCAR HISTORY

- The impact of ESCARS on discovery investigation and prosecution of child abuse is tremendous, when you consider how child abuse is perpetrated
- In an effort to prevent discovery of the abuse, abusers frequently:
 - ✓ Go to different hospitals
 - ✓ Change school districts
 - ✓ Move residences

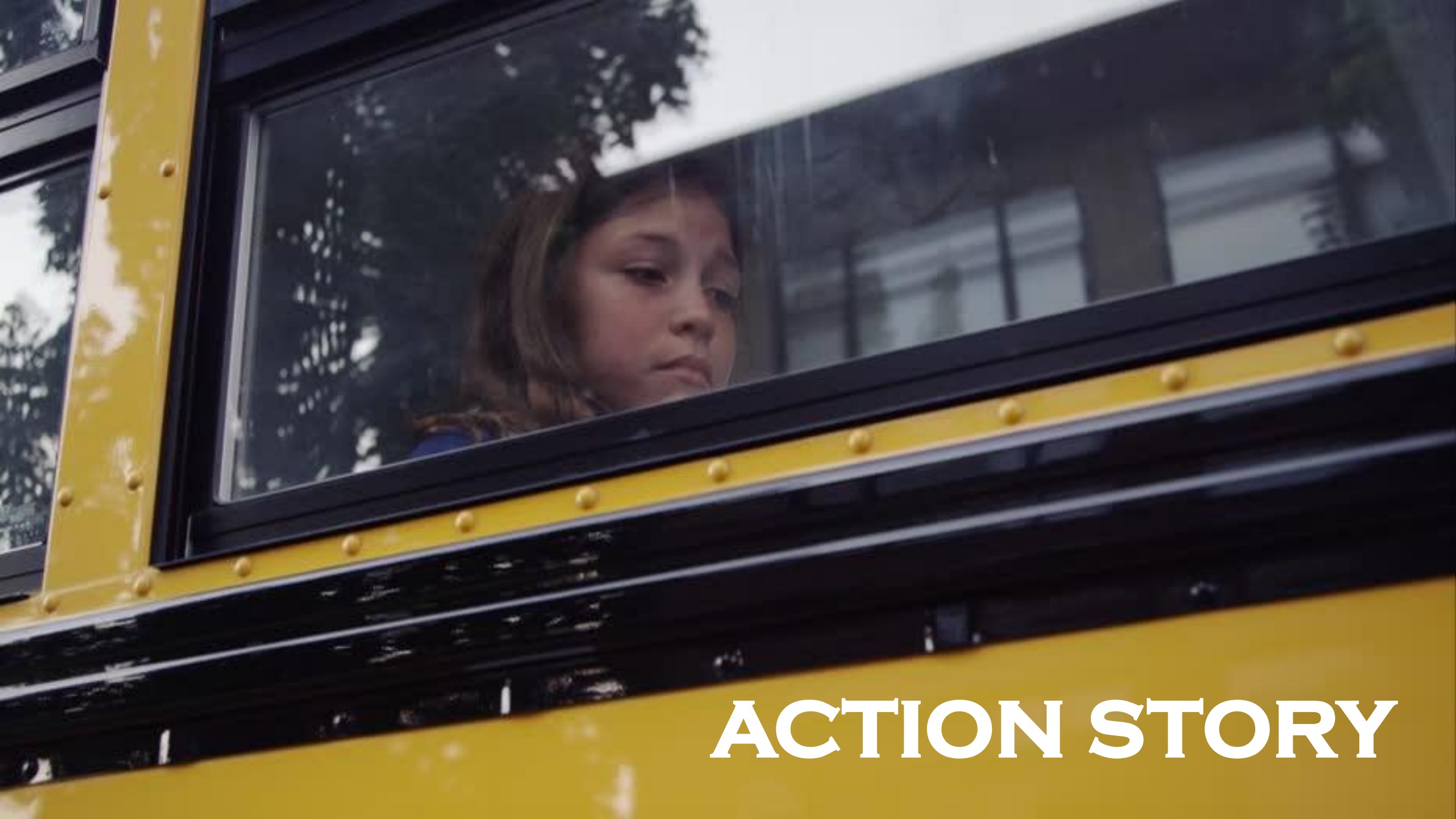


*Up close it looks like
nothing.....*

From above it's everything...

*Allegations that don't make it onto a RAP
sheet.....*

may make it into ESCARS



ACTION STORY

He made
stops
along
the
way...







IF THERE WAS NO ESCARS

- The DA would not have known of the prior history
 - ✓ There was no RAP sheet
 - ✓ There were no cases
- The second and third victim would never have been re-interviewed
- The suspect may not have been charged with multiple counts

This story may have had a different ending

ESCARS UNIT



Christine Von Helmolt

Deputy-in-Charge

213-257-2351

cvonhelmolt@da.lacounty.gov

Christopher Chung

Paralegal/Auditor

213-257-2051

cchung@da.lacounty.gov

Tiffany Jimenez

Paralegal/Auditor

213-257-2181

tjimenez@da.lacounty.gov

Vanessa Rizzo

Paralegal/Auditor

213-257-2178

vrizzo@da.lacounty.gov

Lori Sri-Ampai

Paralegal/Auditor

213-257-2180

lmaleerat@da.lacounty.gov