



**PECHANGA BAND OF LUISEÑO INDIANS
CHILD & FAMILY SERVICES**

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PECHANGA INDIAN RESERVATION

(Name of Reporter) *required

(Job Title)

(Department)

MANDATED REPORTER FORM
(Suspected Child Abuse Report)

Report No: _____
(To be filled out by PCFS Staff)

DUTY TO REPORT SUSPECTED CHILD ABUSE AND NEGLECT:

- Any Person who has a reasonable cause to suspect that a child has been abused, neglected, abandoned or is otherwise in need of care shall immediately report the abuse, neglect or abandonment on this Mandated Reporter Form and submit the completed form to Pechanga Child and Family Services. *Pechanga Family Code, Title I, Section 7(A)*

IMMUNITY:

- All persons or agencies reporting, in good faith, known or suspected instances of abuse or neglect shall be immune from civil liability and criminal prosecution for such good faith reporting. *Pechanga Family Code, Title I, Section 7(C)*

PENALTY FOR NOT REPORTING:

- Those persons who fail to report any case of known or suspected abuse or neglect, or willfully prevent someone else from doing so may be subject to immediate removal/termination from their position and/or such other penalties including:
 - a) A fine of up to \$500.00; and
 - b) Any damages as may be allowed under Tribal Law, including proceedings in the form of private civil action in Pechanga Tribal Court. *Pechanga Family Code, Title I, Section 7(D)*

INFORMATION TO REPORT:

- Is this report about **SUSPECTED** / **KNOWN** (circle one) **CHILD ABUSE** and/or **NEGLECT**? (circle one or both)
- If known, did you witness any incident of Child Abuse or Neglect? **YES** / **NO** (circle one)
 - If **YES**, then please write the date and approximation of the time when you witnessed the incident of Child Abuse or Neglect:
Date: _____ Time: _____
(mm/dd/yyyy) (approximation)
- Has any Tribal or non-Tribal agency been contacted about the suspected/known Child Abuse/Neglect? **YES** / **NO** (circle one).
 - If yes, then write the: Name of Agency: _____ and the person contacted: _____
and Date: _____ Time: _____
(mm/dd/yyyy) (approximation)
- Do you have any photographs or other materials to help substantiate your report? **YES** / **NO** (circle one)
 - If **YES**, then specify: _____

5. Are you willing to produce the photographs/materials for a PCFS Social Worker? **YES / NO** (circle one)

INFORMATION ABOUT THE MINOR CHILD(REN) INVOLVED:

1. Please write the following information of the child(ren) involved in the incident:

| Name of Child | DOB (mm/dd/yyyy) | Tribal Affiliation (if known) |
|---------------|------------------|-------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

2. Is the present location of the child(ren) known? **YES / NO** (circle one). If **YES**, then write the name(s) of the child(ren) and the address(es) of the know location for the child(ren):

| Name of Child | Address (address, street, city, state, zip) | Name of Known Current Location |
|---------------|---|--------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

3. Is/Are any of the child(ren) Physically Disabled and/or Developmentally Disabled? **YES / NO** (circle one or both)

• If **YES**, then write the name of child, type of disability and name of disability:

| Name of Child | Physically Disabled and/or Developmentally Disabled | Name(s) of known disability(ies) |
|---------------|---|----------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

4. Is/Are the child(ren) currently in foster care? **YES / NO** (circle one)

5. Is/Are the child(ren) under the care of a relative other than biological parent(s)? **YES / NO** (circle one)

6. Type of abuse suspected/witnessed (circle all that apply below):

• Physical / Mental / Sexual / Neglect / Abandonment / Other (specify): _____.

7. What is the nature of the relationship between the child(ren) and the alleged wrongdoer? (specify) _____.

INFORMATION ABOUT THE INVOLVED PARTIES IN SAME HOUSEHOLD:

1. Does/Do the child(ren) involved have any known siblings of the same household whom are not involved in the incident of known or suspected abuse/neglect? **YES / NO** (circle one).

2. If **YES**, then please list name, DOB of siblings and if they are enrolled/eligible for enrollment in the Pechanga Band:

| Sibling Name | DOB (mm/dd/yyyy) | Enrolled/Eligible in Pechanga? YES or NO or Name of Tribal Affiliation |
|--------------|------------------|--|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

