

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



May 7, 1987

ALL COUNTY LETTER NO. 87-68

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REPORT FORM FOR SUSPECTED DEPENDENT ADULT AND ELDER
ABUSE (SOC 341)

REFERENCE: ALL COUNTY LETTER NO. 86-35

The attached Report of Suspected Dependent Adults/Elder Abuse (SOC 341, 3/87) and reporting instructions are required under Welfare and Institutions Code, Chapter 11, Division 9, Sections 15630(a-f) and 15633(b). This form is a revision of the current SOC 341 (4/86) and was adopted by the State Department of Social Services (SDSS) in consultation with various medical and nursing agencies, hospital associations, law enforcement agencies, county welfare departments and other State departments. The changes were necessitated by the provisions of Assembly Bill (AB) 3988 (Chapter 769, Statutes of 1986).

Under AB 3988, the mandated reporting of physical abuse of elders and dependent adults continues to be required for care custodians, health practitioners, and employees of county adult protective services (APS) agencies or local law enforcement agencies. Reporting of other types of abuse continues to be permissive for both mandated and non-mandated reporters.

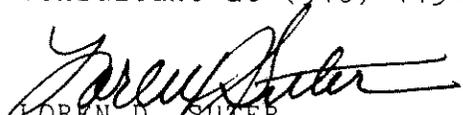
A significant change in the law requires reporting of elder and dependent abuse to the local long-term care (LTC) ombudsman coordinator when the abuse occurs in a LTC facility. Mandated reporters are required to report any suspected instance of physical abuse outside of a LTC facility by telephone to either a local law enforcement agency or the county adult protective services agency immediately or as soon as possible. A written report is to follow within 36 hours.

The SOC 341 (3/87) form is to be used for written reports of abuse. This form is also used by the receiving agency to document the information given by the reporting party on the incident of suspected abuse received through a telephone report. For telephone reports of abuse, the information required by statute and SDSS is contained in the shaded sections of the form. This form may also be used by mandated and non-mandated reporters for permissive reporting of each incident and each victim of suspected other types of abuse of an elder or dependent adult.

These forms are to be distributed by the county adult protective services agencies and the LTC ombudsman coordinators to responsible reporting agencies to ensure compliance with the law.

Attached is a sample of the revised SOC 341 (3/87). Forms will be available in the SDSS Warehouse by June 1, 1987, and may be ordered by writing to the following address: SDSS Warehouse, P.O. Box 22429, Sacramento, CA 95822-3799. Use of the current SOC 341 (4/86) should be discontinued upon receiving the revised forms.

If you have any questions about the reporting requirements or process, please contact your Adult and Family Services Operations Consultant at (916) 445-0623.


LOREN D. SUITER
Deputy Director
Adult and Family Services

Attachment

cc: Department of Aging, State Long-Term Care Office
CWDA

NOTE: Submit report within 36 hours of the telephone report to your county adult protective services (APS) agency or local long-term care ombudsman program or local law enforcement agency (See "GENERAL INSTRUCTIONS" on reverse side)

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

Chapter 769, Statutes of 1986

NOTE: Instructions on Reverse

TO BE COMPLETED BY REPORTING PARTY - (Please Print or Type)

TELEPHONE INFORMATION REQUIRED (See Shaded Areas)

FOR USE BY INVESTIGATING COUNTY APS. VICTIM NAME, SUSPECTED ABUSER NAME, REPORT NUMBER CASE NAME, DATE OF REPORT, CHECK IF REFERRED BY LONG-TERM CARE OMBUDSMAN, ACTION TAKEN (CHECK ONE) CONFIRMED ABUSE, UNCONFIRMED ABUSE (CHECK ONE).

A. REPORTING PARTY

NAME/TITLE OF REPORTING PARTY, SIGNATURE OF REPORTING PARTY, DATE OF THIS WRITTEN REPORT, TELEPHONE, RELATIONSHIP TO SUSPECTED VICTIM, ADDRESS/STREET, CITY.

B. VERBAL REPORT MADE TO

(CHECK ONE) COUNTY APS, OMBUDSMAN PROGRAM, ADDRESS/STREET, CITY, OFFICIAL CONTACTED, TELEPHONE, DATE/TIME OF TELEPHONE REPORT.

C. VICTIM

NAME (LAST NAME FIRST), AGE, SEX (M/F), RACE, ADDRESS/STREET, CITY, TELEPHONE, PRESENT LOCATION, CITY, TELEPHONE, Developmentally Disabled, Mentally Disabled, Physically Handicapped, Brain-impaired, Frail Elderly (Functionally Impaired).

D. INCIDENT INFORMATION

DATE/TIME OF INCIDENT, LEARNED OF INCIDENT BY (CHECK ONE) Verbal Report, Observation, PLACE OF INCIDENT (CHECK ONE) Long-term Care Facility, Own Home, Home of Offspring, Other Private Residence, Other (Specify).

TYPES OF ABUSE (CHECK ALL THAT APPLY)

Physical: Assault/Battery, Sexual, Neglect, Constraint or Deprivation, Other (Specify), Abandonment, Perpetrated by Others: Fiduciary, Mental Suffering, Other (Specify), Self-inflicted: Physical (neglect or other physical abuse), Suicidal, Fiduciary, Other (Specify).

ABUSE RESULTED IN (CHECK ALL THAT APPLY) No Injury, Minor Medical Care, Hospitalization, Care Provider Required, Death, Other (Specify).

E. RELATIONSHIP OF SUSPECTED ABUSER TO THE VICTIM

Health Practitioner Or Care Custodian, If Health Practitioner Specify Type, Spouse, Parent, Offspring, Other Relation (Specify), No Relation, Unknown.

F. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR ABUSED

NAME, RELATIONSHIP, ADDRESS, TELEPHONE.

Please provide a brief narrative about any entries that you believe require explanation or clarification. Also add any additional information not requested above that you believe pertinent to the incident of physical abuse (e.g., what the victim said, known history of similar incidents). (You may attach medical notes or other information.)

General Instructions

- Complete this form for each incident and each victim of suspected physical abuse of a dependent adult or elder person. This form may also be used by mandated and non-mandated reporters for permissive reporting of each incident and each victim of suspected other types of abuse of a dependent adult or elder person.
- If any item of information is unknown, write unknown beside the item.
- Mandated Reporters (see below) are required to give their names.
- Send one copy of this report to the county adult protective services agency* or local law enforcement agency or if the abuse occurred in a long-term care facility (i.e. nursing home, community care facility, adult day care center, residential care facility for the elderly, adult day health care center) send one copy of this report to the local long-term care ombudsman or a local law enforcement agency.
- The investigating agency is to enter on this form known items of requested information not provided by the reporter of dependent adult/elder abuse.
- This form is also to be used by the receiving agency to record information received through a telephone report of dependent adult/elder abuse. Complete shaded sections on the form when a telephone report of abuse is received as required by statute.

Reporting Instructions

Purpose

This form, as adopted by the Department of Social Services, is required under Welfare and Institutions Code, Chapter 11, Division 9, Sections 15630(a) and 15633(b). Also, this form serves to document the information given by the reporting party on the suspected incident of physical abuse of an elder and dependent adult. "Elder" means any person residing in this state, 65 years of age or older. "Dependent adult" means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. "Dependent adult" includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code.

Reporting Responsibilities

Any elder or dependent adult care custodian, health practitioner, or employee of a county adult protective services agency* or a local law enforcement agency, who in his or her professional capacity or within the scope of his or her employment, either has observed an incident that reasonably appears to be physical abuse, has observed a physical injury where the nature of the injury, its location on the body, or the repetition of the injury, clearly indicates that physical abuse has occurred, or is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, shall report the known or suspected instance of physical abuse either to the long-term care ombudsman coordinator or to a local law enforcement agency when the physical abuse is alleged to have occurred in a long-term care facility, or to either the county adult protective services agency* or to a local law enforcement agency when the physical abuse is alleged to have occurred anywhere else, immediately or as soon as possible by telephone, and shall prepare and send a written report (SOC 341) thereof within 36 hours.

When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of elder abuse or abuse of a dependent adult and when there is agreement among them, the telephone report 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 members of the reporting teams. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make the report.

Any person knowingly failing to report, when required, an instance of elder or dependent adult abuse is guilty of a misdemeanor punishable by imprisonment in the county jail for a maximum of six months or fined \$1,000 or both imprisonment and fine.

The identity of all persons who report under Chapter 11 shall be confidential and disclosed only between adult protective services agencies,* local law enforcement agencies, long-term care ombudsman coordinators, licensing agencies, or their counsel, the district attorney in a criminal prosecution, or upon waiver of confidentiality by the reporter, or by court order.

Reporting Party Definitions (Mandated Reporters)

Any elder or dependent adult care custodian, health practitioner or employee of a county adult protective services agency* or a local law enforcement agency.

"Care custodian" is defined as an administrator or an employee of any of the following public or private facilities which provide care for elders and dependent adults except persons who do not work directly with elder and dependent adults as part of their official duties (including support and maintenance staff):

24-hour health facilities (as defined in Health & Safety (H&S) Code 1250, 1250.2, 1250.3)

Clinics

Home health agencies

Adult day health care centers

Sheltered workshops

Camps

Respite care facilities

Residential care facilities for the elderly (H&S Code 1569.2)

Community care facilities including foster homes (H&S Code 1502)

Regional center for persons with developmental disabilities

State Departments of Social Services and Health Services licensing divisions

County Welfare Departments

Patient's rights advocate offices

Office of the long-term care ombudsman

Offices of public guardians and conservators

Secondary schools serving 18-22 year old dependent adults and postsecondary educational institutions which serve dependent adults or elders

Any other protective or public assistance agency which provides health or social services to elders or dependent adults

(WIC Section 15610(h), AB 3988)

"Health Practitioner" means:

Physician and surgeon

Psychologist

Resident

Intern

Chiropractor

Dental hygienist

A marriage, family and child counselor trainee or unlicensed person under Division 2.5 of the Business and Professions Code.

Marriage, family, and child counselor or any other person licensed under Division 2.5 of the Business and Professions Code, Section 500 of the Business and Professions Code.

Any emergency medical technician I or II.

Any person certified pursuant to Division 2.5 (commencing with Section 1797) of the Business and Professions Code.

State or county public health or social service employee who treats an elder or dependent adult for any condition.

Coroner.

Religious practitioner who diagnoses, examines or treats elders or dependent adults.

(WIC Section 15610(i), AB 3988)

Licensed clinical social worker

Psychiatrist

Podiatrist

Registered nurse

Speech therapist

Therapist

Trained nurse

Unlicensed person

*"Adult protective service agency" means a county welfare department except persons who do not work directly with elders or dependent adults as part of their official duties including support and maintenance staff. [WIC Section 15610 (j), AB 3988]