

**SAN BERNARDINO COUNTY
PROBATION DEPARTMENT PROCEDURE**

Inter-Bureau Procedure #02-11-89 - Suspected Dependent Adult/Elder Abuse

Authority: Raymond B. Wingerd, Chief Probation Officer
Welfare and Institutions Code Sections 15630,15610-15610.65 and
15610.45

The reporting of known or suspected dependent adult/elder abuse is the legal and department mandated responsibility of staff. Staff are required to follow procedures as set out below and are to remain alert to such illegal behavior. The terms listed below define the most frequently used language in the area of this procedure and define action that must be taken.

DEFINITIONS:

Abuse of an Elder or Dependent Adult

Means either of the following:

- (a) Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering.
- (b) The deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering.

Dependent Adult

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 also includes any person between the ages of 18 and 64 who is admitted to a 24 hour health facility as defined in Sections 1250,1250.2 and 1250.3 of the Health and Safety Code.

Elder

Any person residing in this state , 65 years of age or older

Abandonment

Means the desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody

Abduction

Means the removal from this state and the restraint from returning to this state, or the restraint from returning to this state, of any elder or dependent adult who does not have the capacity to consent to the removal from this state and the restraint from returning to this state, as well as the removal from this state or the restraint from returning to this state, of any conservator without the consent of the conservator or the court.

Financial Abuse

Takes, secretes, appropriates, or retains real or personal property of an elder or dependent adult to a wrongful use or with intent to defraud, or both.

Isolation

Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls.

Mental Suffering

Means fear, agitation, confusion, severe depression, or other forms of serious emotional distress that is brought about by forms of intimidating behavior, threats, harassment, or by deceptive acts performed or false or misleading statements made with malicious intent to agitate, confuse, frighten, or cause severe depression or serious emotional distress of the elder or dependent adult.

Neglect

The negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise.

Unlawful Corporal Punishment or Injury

Refers to a situation where any person willfully inflicts upon any dependent adult/elder cruel or inhuman corporal punishment or injury resulting in a traumatic condition.

Caretaker

Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation.

Reporting Responsibilities

Any Probation Officer or Probation Corrections Officer, 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 abuse or is told by an elder or dependent adult that he or she has experienced behavior, constituting abuse shall report the known or suspected instance of abuse to either Adult Protective Services (APS), long term care ombudsman coordinator, or to a local law enforcement agency when the abuse is alleged to have occurred, immediately or as soon as possible by telephone, and shall prepare and send a written report (SOC341) thereof within two (2) working days

If a caretaker is removed from a residence by Probation Staff, APS must be contacted prior to leaving the location. It is the responsibility of Probation Staff to ensure that the needs of the dependent adult/ elder are provided for prior to leaving the location.

Reasonable Suspicion

Means that it is objectively reasonable for a person to entertain such suspicion based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience to suspect dependent adult/elder abuse.

Objectively Reasonable

Refers to that which is learned from an examination of the facts presented to be evaluated (i.e. observable marks, scratches or bruises) as opposed to accepting subjective statements which are learned only from information the dependent adult/elder is reporting. The difference in time between occurrence of abuse and the reporting of abuse must be considered in evaluating the observable facts and their relevancy to alleged dependent adult/elder abuse. Occurrences of dependent adult/elder abuse will be evident if abuse was recent, in other cases there may be no observable indications of abuse.

RESPONSIBILITIES

Upon being advised of an allegation of dependent adult/elder abuse at the hands of a Probation Department employee, the staff member learning of the allegation shall immediately make available an citizen complaint form to the complaining party (Probation Department Citizen and Employee Complaint Process). Information received regarding the alleged abuse and/or sexual misconduct shall be turned over to the Division Director by the suspect employee's supervisor. The Division Director shall contact the Deputy Chief Probation Officer for arrangements to initiate any necessary "Internal Administrative Investigation". In the absence of any doubt that abuse and/or sexual misconduct may have been a possibility, the suspect employee's supervisor, after confirming with the Division Director, shall contact the local law enforcement agency of jurisdiction and request a criminal investigation be initiated. Copies of all incident reports and information obtained extraneous to an Administrative Hearing shall be turned over to the investigating law enforcement agency.

The Division Director and Supervisor will determine if administrative leave is necessary and provide a written directive to the suspect employee prohibiting contact with any alleged victims during the course of any investigation and any subsequent court proceeding. A temporary reassignment of the suspect employee may be necessary to ensure no job contact with any alleged victim.

Each Division Director will ensure that all supervisors assigned to their division, institution or official area, have read and understand the definitions of dependent adult/elder abuse, physical injury, sexual abuse, willful cruelty or unjustifiable punishment, corporal punishment or injury, self neglect, financial exploitation, neglect and abuse in out-of-home care.

Each supervisor will ensure that each person assigned to his or her respective unit is fully aware of those definitions.

All probation staff who, in the course of their probation department duties, receive or discover information regarding suspected dependent adult/elder abuse should first question the informant as thoroughly as possible regarding the type of abuse and location of observable evidence confirming such allegation .

When the employee has evaluated the subjective and the objective information available to him or her and the information is such that the employee reasonably suspects that there is dependent adult/elder abuse at issue, the employee shall report the suspicion as provided in this procedure.

The employee shall report known or suspected dependent adult/elder to County Adult Protective Services (APS) immediately or as soon as practically possible by telephone (1-877-565-2020). Within 48 hours of observing or receiving information, prepare and distribute a written report to the APS (See Attachment) of the information.

If there is reason to believe that the suspected abuse was caused by an employee of this Department, the Division Director and/or the Office of the Chief Probation Officer will be notified at the earliest time possible by telephone.

All copies of the dependent adult/elder abuse reporting document shall be treated as confidential between the author and the recipient.

In transmitting copies of the reports, a sealed envelope marked "confidential" shall be used. Placement of the reporting document in any location other than described above jeopardizes the confidential aspect of the report and should be avoided.

Failure to report known or suspected dependent adult/elder abuse is a misdemeanor and is punishable by a term in jail not to exceed six months or by a fine not to exceed \$1,000 or by both (WIC 15634(d))

Welfare and Institutions Code 15634 provides mandated reporters with immunity from criminal and civil liability for reporting as required. In the event that a civil action is brought against a mandated reporter, the State Board of Control is legally authorized to reimburse the reporter for attorney's fees up to a maximum of \$50,000. Any other person who reports a known or suspected case of dependent adult/elder abuse is also protected from civil and criminal liability unless it can be proven that the person deliberately made a false report.

Issued by: _____
Raymond B. Wingerd , Chief Probation Officer

Date: November 19, 2002

Revised:

Policy Reference(s):

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE. SEE GENERAL INSTRUCTIONS ON REVERSE SIDE.

RECEIVING AGENCY USE ONLY

County APS/Ombudsman Case Number _____ SSN _____
 Law Enforcement Case/File Number _____

A. VICTIM

NAME (LAST NAME, FIRST)	AGE	DATE OF BIRTH:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	RACE:	LANGUAGE (✓ CHECK ONE) <input type="checkbox"/> NON-VERBAL <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER (SPECIFY)
ADDRESS (IF FACILITY, INCLUDE NAME)	CITY		TELEPHONE ()		
PRESENT LOCATION (IF DIFFERENT FROM ABOVE)	CITY		TELEPHONE ()		

DEVELOPMENTALLY DISABLED MENTALLY DISABLED PHYSICALLY HANDICAPPED BRAIN IMPAIRED FRAIL/ELDERLY (Functionally Impaired) HOSPITALIZED ADULT UNKNOWN

B. REPORTING PARTY

NAME (PRINT)	SIGNATURE	OCCUPATION	DATE OF THIS WRITTEN REPORT
RELATION TO VICTIM	WHERE TO CONTACT: (STREET)	(CITY)	(ZIP CODE)
			TELEPHONE ()

C. INCIDENT INFORMATION

DATE/TIME OF INCIDENT(S)	PLACE OF INCIDENT (✓ CHECK ONE) <input type="checkbox"/> OWN HOME <input type="checkbox"/> COMMUNITY CARE FACILITY <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME OF ANOTHER <input type="checkbox"/> NURSING FACILITY <input type="checkbox"/> OTHER	ADDRESS	LEARNED OF INCIDENT BY (✓ CHECK ONE) <input type="checkbox"/> VERBAL REPORT <input type="checkbox"/> OBSERVATION
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D. REPORTED TYPES OF ABUSE (✓ CHECK ALL THAT APPLY)

1. PERPETRATED BY OTHERS		2. SELF-INFLICTED	
a. PHYSICAL <input type="checkbox"/> ASSAULT/BATTERY <input type="checkbox"/> CONSTRAINT OR DEPRIVATION <input type="checkbox"/> SEXUAL	<input type="checkbox"/> PHYSICAL AND/OR CHEMICAL RESTRAINT, MEDICATION, ISOLATION (CIRCLE ONE OR MORE)	b. <input type="checkbox"/> NEGLECT c. <input type="checkbox"/> ABANDONMENT d. <input type="checkbox"/> MENTAL SUFFERING e. <input type="checkbox"/> FIDUCIARY f. <input type="checkbox"/> OTHER (SPECIFY)	a. PHYSICAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> SUBSTANCE ABUSE <input type="checkbox"/> OTHER PHYSICAL ABUSE
DIED RESULTED IN (✓ CHECK ALL THAT APPLY) <input type="checkbox"/> PHYSICAL INJURY <input type="checkbox"/> MINOR MEDICAL CARE <input type="checkbox"/> HOSPITALIZATION <input type="checkbox"/> CARE PROVIDER REQUIRED <input type="checkbox"/> DEATH <input type="checkbox"/> OTHER (SPECIFY)		d. <input type="checkbox"/> SUICIDAL c. <input type="checkbox"/> FIDUCIARY d. <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN	

E. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE (LIST ANY POTENTIAL DANGER FOR INVESTIGATOR.) (ATTACH ADDITIONAL INFORMATION)

F. COLLATERAL CONTACTS (INCLUDE PERSONS BELIEVED TO HAVE KNOWLEDGE OF VICTIM OR ABUSE, IF AVAILABLE)

NAME	ADDRESS	TELEPHONE NO.	RELATIONSHIP

G. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM. (IF UNKNOWN, LIST CONTACT PERSON)

NAME	IF CONTACT PERSON ONLY ✓ CHECK <input type="checkbox"/>	RELATIONSHIP
ADDRESS	TELEPHONE ()	

H. RELATIONSHIP OF SUSPECTED ABUSER TO THE VICTIM

NAME OF SUSPECTED ABUSER _____
 CARE CUSTODIAN (type) _____ PARENT OFFSPRING OTHER
 HEALTH PRACTITIONER (type) _____ SPOUSE OTHER RELATION (Specify) _____

ADDRESS	TELEPHONE ()	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	AGE	D.O.B.	HEIGHT	WEIGHT	EYES	HAIR
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I. VERBAL REPORT MADE (Check one Reported to Agency (See No. 1-5 on reverse side) Received by Agency (See No. 6 on reverse side).

ADDRESS _____ OFFICIAL CONTACTED: _____ TELEPHONE () DATE: _____ TIME: _____

AGENCY USE ONLY

Evaluated/Investigation not warranted By: _____

2. Assigned ER Non-ER To: _____

3. Cross-Reported to: Ombudsman Law Enforcement CCL or Health Lic. Professional Board BMF & PA APS Other (Specify) _____