

SIR TIP Sheet
Changes to Mandated Reporting Law (effective 1-1-13) WIC 15610.67*

****WIC15630.67 "Serious bodily injury" means an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of a bodily member, organ or of a mental faculty, or requiring medical intervention, including, but not limited to hospitalization, surgery, or physical rehabilitation.****

1. When you become aware of a special incident or suspect abuse

Notify the Regional Center by phone or fax and must complete initial written SIR within **24 hours**.

Ph: 310-258-4000 **SIR FAX : 1-877-254-6903**

***If substantial physical or financial abuse a report must be made to police within 2 hours. All other reports within 24 hours**

2. When to call Ombudsman- If Abuse* or neglect is suspected to have occurred in a Long-term care facility: (*Physical, sexual, abandonment, isolation, financial abuse and neglect)

If a consumer resides in a Long Term Care Facility (ADHC, ICF, SNF, CCF & B&C). A report must be made by phone and in writing using form SOC341 (rev.6/04) to Local Law Enforcement agency (**AND respective Licensing agency**). ***If substantial physical or financial abuse a report must be made to police within 2 hours. All other reports within 24 hours**

Long-term Care Ombudsman
Santa Monica- Wise Senior Services
1527 4th Street, Suite 250
Santa Monica, CA 90401
(310) 899-1483 or (310) 393-2405
Fax: (310) 394-1631

Phone: (800) 334-9473 after hours: (800) 231-4024

<http://wiseandhealthyaging.org/city-and-county-of-los-angeles-long-term-care-ombudsman>

Suspected Abuse report: <http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC341.pdf>

Financial Abuse report <http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/soc342.pdf>

3. When to call Adult Protective Services (APS)- When abuse , neglect or self-neglect is suspected to have occurred in the community, a report must be made by phone and in writing using form SOC341 (rev.6/06) to local law enforcement agency **OR to APS.**

***If substantial physical or financial abuse a report must be made to police within 2 hours. All other reports within 24 hours.**

Adult Protective Services
Centralized Intake Unit
3333 Wilshire Blvd., Ste 400
Los Angeles, CA 90010
Telephone: (888) 202-4248 after hours (877) 477-3646

or through a secured internet reporting tool, which can be accessed at
<https://apslive.lacss.harmonyis.net/LACSSLiveIntake/>

4. Department of Children and Family Services -Reporting should be done when a person either knows or has a "reasonable suspicion" that a child has been or is in danger of abuse or neglect. If you have any doubts about whether to report a particular situation, simply call the **DCFS Child Abuse Hotline (1-800-540-4000) and discuss the situation. Complete and mail the Suspected Child Abuse Reporting form (SS8572) within 36 hours or receiving information regarding incident. (Form available from DCFS or online submission: <https://mandreptla.org> Mail the Suspected Child Abuse Reporting form (SS8572) form to: Child Protective Services Hotline
3075 Wilshire Blvd. 5th Floor
Los Angeles, CA 90010**

6. Licensing: Adult and children Consumers residing in Long term Health Care Facilities **or attending** Adult Day Health Centers (**SNF, ICF**)- **a verbal and written report must also be made to Health Care Licensing (On duty-; Toll Free: (800) 228-1019 Fax: (562) 409-5096. Los Angeles District Offices** <http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx#la>

Complaints: Adult Day Health Centers (ADHC) call: 714-567-2906

For complaints, incidents, and survey issues, contact:

Los Angeles District Offices:

For complaints, incidents, and survey issues, contact:

**Administrative Headquarters Staff
Health Facilities Inspection Division Administration
12440 E. Imperial Highway, Room 522
Norwalk, CA 90650**

Ernest Pooleon, Chief
Suzette Leverette Clark, Program Chief

Toll Free: 1-800-228-1019
Phone: (562) 345-6884 Gen. #
Fax: (562) 409-5096

**Health Facilities Inspection Division Operations
600 Commonwealth Avenue, Room 903
Los Angeles, CA 90005**

Toll Free: (800) 228-1019
Fax: (213) 351-0768

ICF Division fax 626-927-9842

- **Dept. of Health Services (DHS)** Complaint number for **SNF's** West District Office v:(310) 665-8400; Fax: (310) 348-6404
- **Complaint for DHS Hospitals/ Acute Care:** 323-869-8210

7.Licensing Adult Consumers residing in Community Care Facilities, or attending a Center Based (licensed) Adult (B&C, vendored and RCFE) a verbal and written report must be made to Community Care Licensing <http://www.cclcd.ca.gov/PG408.htm> (On duty) Phone: (323) 980-4934 option 7 reception ask for On duty. Fax: (323) 980-4912

LA Tri-County Adult Care Licensing Office
1000 Corporate Center Dr. Ste 500
Monterey Park, CA 91754

8. Children residing in a Children's Residential Facility- a verbal and written report must be made to **Community Care Licensing** (On duty) (310) 568-1807 Fax: (310) 417-3680

9. Children attending a licensed day care or after school program- a verbal and written report must be made to **Community Care Licensing** (on duty) (310) 342-6846 fax: (310) 342-6849 <http://www.cclcd.ca.gov/PG408.htm>

10. Refer to **W.R.C. Internal Support Systems:** as a resource for follow up and problem solving. (310) 258-4000.