



PALMDALE  
*a place to call home*

RECEIVED  
September 27, 2018  
Commission on  
State Mandates

JAMES C. LEDFORD  
Mayor

JUAN CARRILLO  
Mayor Pro Tem

LAURA BETTENCOURT  
Councilmember

AUSTIN BISHOP  
Councilmember

STEVEN D. HOFBAUER  
Councilmember

September 27, 2018

Ms. Heather Halsey  
Executive Director  
Commission on State Mandates  
980 Ninth Street, Suite 300  
Sacramento, CA 95814

**Response to State Controller's Office Late Comments dated August 31, 2018 on the CITY OF PALMDALE'S: INTERAGENCY CHILD ABUSE – INCORRECT REDUCTION CLAIM**

Dear Ms. Halsey,

Please accept this response to the State Controllers Office's August 31, 2018 comments to our response to the Commission's Draft Proposed Decision.

We would like to comment on the following SCO proposed reductions:

❖ **denying the inclusion of actual overhead costs incurred which were eligible for State reimbursement.**

Commission staff recommended denial of our request that indirect costs be allowed in our claims because:

- 1) "there is no evidence in the record that the claimant attempted to develop an indirect cost rate proposal, consistent with the Parameters and Guidelines."

We believe that we have shown in our August 24, 2018 response that the City had not only attempted, but had already developed and presented indirect cost rate proposals for FY

Auxiliary aids provided for

communication accessibility

upon 72 hours notice and request.

2006-07 through FY 2012-13 to the State Controller Office (SCO) auditors. These rates were computed for use in the preparation of other, prior State Mandate Reimbursement claims.

During the audit the City presented these rates as well as other new rates which were computed during the audit to show that the original rates were understated and could have included other eligible overhead costs, such as city-wide overhead, facility costs, and infrastructure improvements.

- 2) "The Parameters and Guidelines do not allow the claimant to use an indirect cost rate of 10 percent based on the contract costs. The ten percent rate is allowed when the claimant uses its own employees to perform the mandated activities."

The City did not know that the use of the default 10% ICRP rate was not allowable in the circumstance of cities contracting for law enforcement services. For all practical purposes, the City is "purchasing" employees from the County, so use of the 10% ICRP seemed logical and reasonable – particularly since the actual rates computed were very close to the default 10% rate.

- 3) "Therefore, the remaining option for the claimant would have been to develop an indirect cost rate proposal. There is no evidence that the claimant did so here."

The City did develop and had presented actual overhead rate computations to the SCO during the audit and has provided evidence of this in their August 24, 2018 response. These rates were prepared in compliance with Federal OMB and CRF guidelines and reflected actual allowable cost pursuant to the Parameters and Guidelines.

We request that actual overhead rates be allowed in our claims for State Reimbursement.

- ❖ **reducing eligible time per case for the eligible activity of report writing that was inadvertently omitted for some of the cases in the time study.**

Thought the State Controller's Office has shown that Deputy Reddy's recollection of meeting with the SCO auditor was incorrect, we still believe that Deputy Reddy's declaration that she did not included

report writing time for a number of cases is still accurate and valid. As a result, time allowed by the SCO was understated and should be corrected. We have attached evidence to support these contentions.

❖ *eligible time per case was reduced by incorrectly removing the largest case*

Due to the length of time that has transpired since the original preparation of the time logs (2013) and the difficulty in remembering exact details of specific cases, the City has decided not to pursue this issue.

❖ *whether certain preliminary investigative activities should be subject to reimbursement.*

We concur with the Commission's recommendation that they do not have the jurisdiction over this issue because it was not the subject of a reduction; therefore, we will not address this item.

Thank you for your time and consideration.

Sincerely,



Karen Johnson  
City of Palmdale, Finance Manager

## DECLARATION OF ANNETTE CHINN

I, Annette S. Chinn, declare as follows:

I am the owner and President of Cost Recovery System, Inc. a firm specializing in assisting cities and special districts to prepare and file State Mandate claims for reimbursement since 1999. Prior to founding Cost Recovery Systems Inc. I have been employed as a consultant in the State Mandates field since 1992.

I have been assisting the City of Palmdale to prepare claims for State Reimbursement since FY 1999-00. During FY 2013-14 I helped prepare the FY 1999-00 through FY 2011-12 Interagency Child Abuse and Neglect Reports claims (now a subject of this Incorrect Reduction Claim (IRC)). I participated in the State Audit of this program and helped draft the IRC for the City.

State Controller's Office (SCO) Comments dated August 31, 2018 suggest I was present at a meeting that included Detective Reddy and Sergeant Zarris during the second week of fieldwork between April 7, 2015 and April 9, 2017.

I do not recall a meeting with Detective Reddy but apparently was aware that the meeting took place based on my email correspondence presented by the SCO (my apologies for my faulty memory). I went back through my calendar and determined during that week of SCO fieldwork, I was in Palmdale only on April 7<sup>th</sup>. (See attached car rental and travel documents TAB 1). It is not clear from the SCO documents what time and day they interviewed Deputy Reddy and whether or not I was present during that interview.

It is still my belief however, that the 2013 Time Study completed by Deputy Reddy inadvertently omitted report writing for the unfounded cases (noted with codes "-419" at the end of the case number) because I misinterpreted the Statement of Decision and Parameters and Guidelines (Ps and Gs,) and originally gave my clients instructions to only track report writing for cases that resulted in a form SS 8583 report being sent to the Department of Justice.

I began to ready my clients for preparation of the Interagency Child Abuse and Neglect claim in the summer of 2012, a year before final Parameters and Guidelines were adopted. I used the Statement of Decision as my guide to instruct them on what activities would be eligible for reimbursement. Attached are the copies of the "Data Request" forms that I prepared and provided to my clients to assist them in gathering the data I believed would be required to prepare the claims. (see TAB 2)

As can be seen in the first packet I provided to them in 2012 titled "Police Data Request for State Mandate Reimbursement Claims FY 11-12", the Time Log forms at the back include three forms to track the following activities: "INVESTIGATION"; "CHILD ABUSE REPORT PREP (SS 8583)"; and "CHILD ABUSE REPORT (SS 8583) REVIEW AND APPROVAL". (See TAB 2)

When I first reviewed the Commission documents, it was my understanding that these were the main components eligible for reimbursement. I didn't realize at the time the form SS 8583 would only apply to a tiny fraction of all the cases investigated (typically, less than 2% of the close to thousand cases investigated annually in the case of Palmdale). I didn't realize that all cases investigated qualified for reimbursement for the report writing component until this audit.

Deputy Reddy conducted her time study during September, 2013.

It is my belief that the City only gathered and tracked report writing for the founded cases of child abuse, as I originally instructed them to do. I don't believe it is coincidence that almost all of the "unfounded" cases (ending in a code "419") did not include an entry for activity 3 = "prepare a written report on Deputy Reddy's Time Log form.

The City of Palmdale was the first of my cities to be audited and until then, I did not know that the Report Writing component was eligible for all cases investigated until after the State Controller's Office initiated its audit on December, 2014.

As a result of this audit experience and my new understanding of the eligible report writing component (as well as other activities), the following year I amended the Interagency Child Abuse and Neglect claims for the City of Palmdale as well as almost all of my other clients claims (41 of my 42 clients) to include report writing for all cases investigated; not just the founded cases of child abuse which resulted in the submission of a form SS 8583.

I have attached copies of one of the City of Palmdale's computerized claim forms showing the computation of costs from both the original claim and then the amended claim. The sample provided is from FY 2006-07, but the other claims are all based on the same formulas and methodology. (See TAB 3).

As can be seen from the claim forms, I originally only included report writing for about 2% of the total cases investigated (38 cases in FY 2006-07). After amending the claims, I corrected the formulas to include report writing for all cases investigated.

Therefore, based on this evidence and my personal knowledge of the process, it is my belief that report writing time was not originally included in all of Deputy Reddy's cases logged, and that report writing should be allowed for those cases where it had been erroneously omitted.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own personal knowledge, unless stated on information and belief, in which case, I believe the facts to be true and correct. If so required, I could and would testify to the statements made herein.

Executed this 27 day of September in Folsom, California.



---

Annette S. Chinn  
President, Cost Recovery Systems Inc.

# TAB 1

RECEIPT

Rental Agreement Number: 578731226  
Vehicle Number: 67126673

SACRAMENTO INT'L  
AIRPORT

YOUR INFORMATION

CHINN, ANNETTE  
RAPID REZ: GU462U  
BUDGET DISC:  
COST RECOVERY SYSTEMS  
PAYMENT METHOD: MASTER XX2023

Card Account : XXXXXXXXXXXXX2023  
Card Type : CREDIT CARD  
Authorization Code : 00796C

YOUR RENTAL

Picked up: BUR  
Date/Time: APR 07, 2015@07:38AM  
Returned: BUR  
Date/Time: APR 07, 2015@06:42PM  
Veh Group: Full-Size  
Veh Charged: Full-Size  
Vehicle: FORD FUSION FWD  
Odometer Out: 26542  
Odometer In: 26651  
Fuel Reading: Full

Cashier : 0 Seq # 23351  
License Plate : NOPLATE  
Ent : 05:12 04/07/15 Lane 39  
Exit: 21:40 04/07/15 Lane 54  
Duration: 00(s) 16H(s) 23M(s)  
Rate Code: 36 Shift: 234

YOUR VEHICLE CHARGES

MINIMUM CHARGE 42.75  
YOUR TIME AND MILEAGE: 42.75

FEE \$ 17.00  
AMOUNT TEND \$ 17.00  
CASH \$ 0.00  
CREDIT CARD \$ 17.00  
CHECK \$ 0.00  
CHANGE \$ 0.00

YOUR TAXABLE FEES

\*\*11.11% FEE 4.86  
FTP SR\$ 1.00DY 1.00

\*\*\* Start Calculation Details \*\*\*  
1 Day(s) @ \$17.00 = \$17.00

YOUR SUBTOTAL  
TAXABLE SUBTOT 48.61  
TAX 9.000% 4.37

\*\*\* End Calculation Details \*\*\*

YOUR NON TAXABLE ITEMS  
#2.60% TAF 1.11  
CUST FAC CHARGE 6.00/DY 6.00

\*\*\* Thank You \*\*\*

TOTAL CHARGES 60.09  
NET CHARGES 60.09  
YOUR TOTAL DUE: 0.00

PAID ON MASTER XX2023  
\*\*CONCESSION RECOVERY FEE  
#TOURISM ASSESSMENT FEE

THANK YOU FOR RENTING WITH BUDGET

For inquiries or e-receipt visit  
www.budget.com





# Thank you for your purchase!

Burbank, CA

## New Purchases in Trip

**Car**

Confirmation #07284008US4

**Budget**  
 Pickup: Burbank, CA - BUR  
 Dropoff: Burbank, CA - BUR  
 Tuesday, April 7, 2015 - Tuesday, April 7, 2015

**Car Total: \$58.89**

Amount Paid  
**\$0.00**

Amount Remaining  
**\$58.89**

Trip Total  
**\$58.89**

APR 7  
TUE 04/07/15 - Burbank

## New purchases added to your trip.

**CAR**  
**Budget - Full-size - Burbank**  
 04/07/2015  
**Driver:** Annette Chinn  
**Rapid Rewards Number:** 00000033176640  
**Budget Customer #(BCN):** gu462u  
**Confirmation #**  
**07284008US4**

**Pickup**  
 APR 7  
 Burbank, CA - BUR  
 Tuesday, April 7, 2015  
 8:00 AM

**Dropoff**  
 APR 7  
 Burbank, CA - BUR  
 Tuesday, April 7, 2015  
 7:30 PM

**Budget**  
 Rental Counter and Car are both at the Airport Terminal.  
 Rapid Rewards Partner

**Rental Car Codes**  
 Budget Customer #(BCN): gu462u  
 Budget Customer Discount (BCD): Z218506

**Car Description**  
 Full-size car: Group E - FORD FUSION FWD or similar

Rate Breakdown	Base Rate	Mileage	Taxes & Fees
Special Rate Daily Rate: 1 day(s) @ \$42.75	\$42.75	Unlimited	\$16.14

Earn at least 600 Rapid Rewards Points for this car rental.

**Car Total**



# TAB 2

# Police Data Request for State Mandate Reimbursement Claims

**FY 11-12 (7/1/11– 6/30/12)**

Please send back to Annette Chinn, Cost Recovery Systems, Inc.

**BY September 15, 2012**

**Mail:**

Cost Recovery Systems, Inc.  
705-2 East Bidwell Street, #294  
Folsom, CA 95630

**Phone:** (916) 939-7901

**Fax:** (916) 939-7801

**Email:** [ACHinnCRS@aol.com](mailto:ACHinnCRS@aol.com)

*Please contact Annette Chinn with questions at (916) 939-7901*

---

**Cost Recovery Systems, Inc.**

705-2 East Bidwell Street, #294

Folsom, CA 95630

Phone (916) 939-7901

Fax (916) 939-7801

Email: [ACHinnCRS@aol.com](mailto:ACHinnCRS@aol.com)

## Interagency Child Abuse & Neglect Reports (NEW PROGRAM)

### STATISTICAL DATA NEEDED:

Fiscal Year	1999- 2000	2000- 2001	2001- 2002	2002- 2003	2003- 2004	2004- 2005	2005- 2006	2006- 2007	2007- 2008	2008- 2011	2009- 2010	2010- 2011	2011- 2012
<i>Number of Substantiated Reports</i>													
<i>Number of Unfounded or Inconclusive Reports</i>													
<b>TOTAL REPORTS</b>													

### On-Going Mandated Activities:

- 1) ACCEPT AND REFER INITIAL CHILD ABUSE REPORTS WHEN A DEPARTMENT LACKS JURISDICTION: Local agencies are required to transfer a call electronically or immediately refer the case by telephone, fax, or electronic transmission, to an agency with proper jurisdiction, whenever the department lacks subject matter or geographical jurisdiction over an incoming report of suspected child abuse or neglect.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- 2) CROSS-REPORTING OF SUSPECTED CHILD ABUSE OR NEGLECT CASES:

- Report by telephone immediately or ASAP, to the agency given responsibility for investigation of cases under Welfare and Institutions Code Section 300 and to the DA's Office every know or suspected instance of child abused report to it, except acts or omissions coming within Penal Code Section 12165.2, subd. (b), which shall only be reported to the County welfare department.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

**Cost Recovery Systems, Inc.**

705-2 East Bidwell Street, #294

Folsom, CA 95630

Phone (916) 939-7901

Fax (916) 939-7801

Email: AChinnCRS@aol.com

- Report to the county welfare department every know or suspected instance of child abuse reported to it which is alleged to have occurred as a result of the action of a person responsible for the child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child knew or reasonably should have known that the minor was in danger. (Pen. Code Section 12166 subd. (i), now subd. (k))

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Send a written report within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

(As of 1/1/2006, the initial reports may be made by fax or electronic transmission instead of by telephone and will satisfy the requirement of a written report within 36 hours (Pen Code Section 12166, subd. (i) now subd. (k))

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Title of position(s) that provides clerical support for this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases in each fiscal year:* \_\_\_\_\_

### 3) REPORTING OF SUSPECTED CHILD ABUSE TO LICENSING AGENCIES:

Report by telephone immediately or ASAP, to the appropriate licensing agency every know or suspected instance of child abuse or neglect when the instance of abuse or neglect occurs while the child is being cared for in a child day care facility, involves a child day care license staff person or occurs while the child is under the supervision of a community care facility or staff person.

The agency shall also send, fax or electronic transmission of a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

The agency shall also send the licensing agency a copy of its investigative report or any other pertinent materials.

---

*Cost Recovery Systems, Inc.*

705-2 East Bidwell Street, #294

Folsom, CA 95630

Phone (916) 939-7901

Fax (916) 939-7801

Email: AChinnCRS@aol.com

---

(As of 7/31/2001, the initial reports may be made by fax or electronic transmission instead of by telephone and will satisfy the requirement of a written report within 36 hours (Pen Code Section 12166, subd. (i) now subd. (k))

*Title of position(s) that performs this activity:* \_\_\_\_\_  
*Time for this activity per report (gather info & draft):* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_  
*Time for this activity per report:* \_\_\_\_\_

*Number of cases in each fiscal year:* \_\_\_\_\_

4) ADDITIONAL CROSS REPORTING IN CASES OF CHILD DEATH:

Cross report all cases of child death suspected to be related to child abuse or neglect to the county welfare agency.

*Title of position(s) that performs this activity:* \_\_\_\_\_  
*Time for this activity per report (gather info & draft):* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_  
*Time for this activity per report:* \_\_\_\_\_

*Number of cases in each fiscal year:* \_\_\_\_\_

5) INVESTIGATION FOLLOWING REPORT TO THE CENTRAL CHILD ABUSE INDEX:

- Complete an investigation to determine whether a report of suspected child abuse or severe neglect is unfounded, substantiated or inconclusive, as defined in Penal Code section 12165.12 for purposes of preparing and submitting the state "Child Abuse Investigation Report" Form SS 8583, or subsequent designated form, to the Dept of Justice (Pen. Code Section 12169, subd. (a); Cal Code Regs Tit, 12 section 903)

*Title of position(s) that performs this activity:* \_\_\_\_\_  
*Time for this activity per report (gather info & draft):* \_\_\_\_\_

*Title of position(s) that provides clerical support for this activity:* \_\_\_\_\_  
*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_  
*Time for this activity per report:* \_\_\_\_\_

*Number of investigations in each fiscal year:* \_\_\_\_\_

---

**Cost Recovery Systems, Inc.**  
705-2 East Bidwell Street, #294  
Folsom, CA 95630

Phone (916) 939-7901

Fax (916) 939-7801

Email: AChinnCRS@aol.com

- Forward to the Department of Justice a report in writing for every case it investigates of known or suspected child abuse or severe neglect which is determined to be substantiated or inconclusive, as defined in Penal Code section 12165.12. Unfounded reports shall not be filed with the DOJ. If a report that has previously been filed which subsequently proves to be unfounded, the DOPJ shall be notified in writing of that fact. The reports, required by this section shall be in a form approved by the DOJ and may be sent by fax or electronic transmission.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report (gather info & draft):* \_\_\_\_\_

*Title of position(s) that provides clerical support for this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of reports forwarded in each fiscal year:* \_\_\_\_\_

6) NOTIFICATION FOLLOWING REPORTS TO THE CENTRAL CHILD ABUSE INDEX:

- Notify in writing the known or suspected child abuser that he or she has been reported to the Child Abuse Central Index, in any form approved by the Dept. of Justice, at the time the "Child Abuse Investigation Report" is filed with the Department of Justice.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Make relevant information available, when received from the Department of Justice, to the child custodian, guardian ad litem appointed under section 326, or counsel appointed, or the appropriate licensing agency, if he or she is treating or investigating a case of known or suspected child abuse or severe neglect.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

---

**Cost Recovery Systems, Inc.**

705-2 East Bidwell Street, #294

Folsom, CA 95630

Phone (916) 939-7901

Fax (916) 939-7801

Email: AChinnCRS@aol.com

- Inform the mandated reporter of the results of the investigation and of any action the agency is taking with regard to the child or family, upon completion of the child abuse investigation or after there has been a final disposition in the matter.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Notify, in writing, the person listed in the Child Abuse Central Index, that he or she is in the index, upon receipt of relevant information concerning child abuse or neglect investigation reports contained in the index from the Department of Justice when investigating a home for the placement of dependent children. The notification shall include the name of the reporting agency and the date of the report.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Obtain the original investigative report from the reporting agency, and draw independent conclusions regarding the quality of the evidence disclosed, and its sufficiency for making decisions regarding investigation, prosecution, licensing, or placement of a child, when a report is received from the Child Abuse Central Index.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

### **Records Retention:**

*In case of State audit, please retain copies of all support documentation. Also, track time for the eligible activities listed above. (see attached forms). Time studies are acceptable and can be used for two years. Claims can be audited for three years after the date the first payment is made on claim.*

---

**Cost Recovery Systems, Inc.**

705-2 East Bidwell Street, #294  
Folsom, CA 95630

Phone (916) 939-7901

Fax (916) 939-7801

Email: AChinnCRS@aol.com



# TIME LOG

CITY OF: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PROCESS: CHILD ABUSE INVESTIGATION

**NOTE: Please track time to the nearest 6 minute increment. DO NOT round to quarter or half hour.**

DATE	NAME/TITLE	ACTIVITY	AMOUNT OF TIME	CASE NUMBER
		Child Abuse Investigation		

**Certification:**

I hereby certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon my personal knowledge.

Prepared by: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# TIME LOG

CITY OF: \_\_\_\_\_

DEPARTMENT:: \_\_\_\_\_

PROCESS: CHILD ABUSE REPORT PREP (SS 8583)

NOTE: Please track time to the nearest 6 minute increment. DO NOT round to quarter or half hour.

DATE	NAME/TITLE	ACTIVITY	AMOUNT OF TIME	CASE NUMBER
		Child Abuse Report Prep (SS 8583)		

**Certification:**

I hereby certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon my personal knowledge.

Prepared by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## TIME LOG

CITY OF: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PROCESS: CHILD ABUSE REPORT (SS 8593) REVIEW & APPROVE

NOTE: Please track time to the nearest 6 minute increment. DO NOT round to quarter or half hour.

DATE	NAME/TITLE	ACTIVITY	AMOUNT OF TIME	CASE NUMBER

**Certification:**

I hereby certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon my personal knowledge.

**Prepared by:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Police Data Request for  
State Mandate Reimbursement Claims  
FY 12-13 (7/1/12– 6/30/13)**

Please send back to Annette Chinn, Cost Recovery Systems, Inc.

**BY July 1, 2013**

**Mail:**

Cost Recovery Systems, Inc.  
705-2 East Bidwell Street, #294  
Folsom, CA 95630

**Phone:** (916) 939-7901

**Fax:** (916) 939-7801

**Email:** [ACHinnCRS@aol.com](mailto:ACHinnCRS@aol.com)

*Please contact Annette Chinn with questions at (916) 939-7901*

---

**Cost Recovery Systems, Inc.**

705-2 East Bidwell Street, #294  
Folsom, CA 95630

Phone (916) 939-7901

Fax (916) 939-7801

Email: [ACHinnCRS@aol.com](mailto:ACHinnCRS@aol.com)

## Interagency Child Abuse & Neglect Reports (NEW PROGRAM)

### STATISTICAL DATA NEEDED:

Fiscal Year	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10	10-11	7/1/11- 12/31/11
<i>Number of Substantiated Reports</i>													
<i>Number of Unfounded or Inconclusive Reports</i>													
<b>TOTAL REPORTS</b>													

### On-Going Mandated Activities:

- 1) ACCEPT AND REFER INITIAL CHILD ABUSE REPORTS WHEN A DEPARTMENT LACKS JURISDICTION: Local agencies are required to transfer a call electronically or immediately refer the case by telephone, fax, or electronic transmission, to an agency with proper jurisdiction, whenever the department lacks subject matter or geographical jurisdiction over an incoming report of suspected child abuse or neglect.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- 2) CROSS-REPORTING OF SUSPECTED CHILD ABUSE OR NEGLECT CASES:

- Report by telephone immediately or ASAP, to the agency given responsibility for investigation of cases under Welfare and Institutions Code Section 300 and to the DA's Office every know or suspected instance of child abused report to it, except acts or omissions coming within Penal Code Section 12165.2, subd. (b), which shall only be reported to the County welfare department.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Report to the county welfare department every know or suspected instance of child abuse reported to it which is alleged to have occurred as a result of the action of a person responsible

**Cost Recovery Systems, Inc.**

705-2 East Bidwell Street, #294  
Folsom, CA 95630

Phone (916) 939-7901

Fax (916) 939-7801

Email: AChinnCRS@aol.com

for the child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child knew or reasonably should have known that the minor was in danger. (Pen. Code Section 12166 subd. (i), now subd. (k))

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Send a written report within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

(As of 1/1/2006, the initial reports may be made by fax or electronic transmission instead of by telephone and will satisfy the requirement of a written report within 36 hours (Pen Code Section 12166, subd. (i) now subd. (k))

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Title of position(s) that provides clerical support for this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases in each fiscal year:* \_\_\_\_\_

### 3) REPORTING OF SUSPECTED CHILD ABUSE TO LICENSING AGENCIES:

Report by telephone immediately or ASAP, to the appropriate licensing agency every know or suspected instance of child abuse or neglect when the instance of abuse or neglect occurs while the child is being cared for in a child day care facility, involves a child day care license staff person or occurs while the child is under the supervision of a community care facility or staff person.

The agency shall also send, fax or electronic transmission of a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

The agency shall also send the licensing agency a copy of its investigative report or any other pertinent materials.

(As of 7/31/2001, the initial reports may be made by fax or electronic transmission instead of by telephone and will satisfy the requirement of a written report within 36 hours (Pen Code Section 12166, subd. (i) now subd. (k))

---

*Cost Recovery Systems, Inc.*  
705-2 East Bidwell Street, #294  
Folsom, CA 95630

Phone (916) 939-7901

Fax (916) 939-7801

Email: [ACHimCRS@aol.com](mailto:ACHimCRS@aol.com)



*Title of position(s) that performs this activity:* \_\_\_\_\_  
*Time for this activity per report (gather info & draft):* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_  
*Time for this activity per report:* \_\_\_\_\_

*Number of cases in each fiscal year:* \_\_\_\_\_

4) ADDITIONAL CROSS REPORTING IN CASES OF CHILD DEATH:

Cross report all cases of child death suspected to be related to child abuse or neglect to the county welfare agency.

*Title of position(s) that performs this activity:* \_\_\_\_\_  
*Time for this activity per report (gather info & draft):* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_  
*Time for this activity per report:* \_\_\_\_\_

*Number of cases in each fiscal year:* \_\_\_\_\_

5) INVESTIGATION FOLLOWING REPORT TO THE CENTRAL CHILD ABUSE INDEX:

- Complete an investigation to determine whether a report of suspected child abuse or severe neglect is unfounded, substantiated or inconclusive, as defined in Penal Code section 12165.12 for purposes of preparing and submitting the state "Child Abuse Investigation Report" Form SS 8583, or subsequent designated form, to the Dept of Justice (Pen. Code Section 12169, subd. (a); Cal Code Regs Tit, 12 section 903)

*Title of position(s) that performs this activity:* \_\_\_\_\_  
*Time for this activity per report (gather info & draft):* \_\_\_\_\_

*Title of position(s) that provides clerical support for this activity:* \_\_\_\_\_  
*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_  
*Time for this activity per report:* \_\_\_\_\_

*Number of investigations in each fiscal year:* \_\_\_\_\_

- Forward to the Department of Justice a report in writing for every case it investigates of known or suspected child abuse or severe neglect which is determined to be substantiated or inconclusive, as defined in Penal Code section 12165.12. Unfounded reports shall not be filed with the DOJ. If a report that has previously been filed which subsequently

---

**Cost Recovery Systems, Inc.**  
705-2 East Bidwell Street, #294  
Folsom, CA 95630

Phone (916) 939-7901

Fax (916) 939-7801

Email: AChinnCRS@aol.com



proves to be unfounded, the DOPJ shall be notified in writing of that fact. The reports, required by this section shall be in a form approved by the DOJ and may be sent by fax or electronic transmission.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report (gather info & draft):* \_\_\_\_\_

*Title of position(s) that provides clerical support for this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of reports forwarded in each fiscal year:* \_\_\_\_\_

6) NOTIFICATION FOLLOWING REPORTS TO THE CENTRAL CHILD ABUSE INDEX:

- Notify in writing the known or suspected child abuser that he or she has been reported to the Child Abuse Central Index, in any form approved by the Dept. of Justice, at the time the "Child Abuse Investigation Report" is filed with the Department of Justice.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Make relevant information available, when received from the Department of Justice, to the child custodian, guardian ad litem appointed under section 326, or counsel appointed, or the appropriate licensing agency, if he or she is treating or investigating a case of known or suspected child abuse or severe neglect.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Inform the mandated reporter of the results of the investigation and of any action the agency is taking with regard to the child or family, upon completion of the child abuse investigation or after there has been a final disposition in the matter.

---

**Cost Recovery Systems, Inc.**

705-2 East Bidwell Street, #294

Folsom, CA 95630

Phone (916) 939-7901

Fax (916) 939-7801

Email: AChinnCRS@aol.com

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Notify, in writing, the person listed in the Child Abuse Central Index, that he or she is in the index, upon receipt of relevant information concerning child abuse or neglect investigation reports contained in the index from the Department of Justice when investigating a home for the placement of dependent children. The notification shall include the name of the reporting agency and the date of the report.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Obtain the original investigative report from the reporting agency, and draw independent conclusions regarding the quality of the evidence disclosed, and its sufficiency for making decisions regarding investigation, prosecution, licensing, or placement of a child, when a report is received from the Child Abuse Central Index.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

### **Records Retention:**

*In case of State audit, please retain copies of all support documentation. Also, track time for the eligible activities listed above. (see attached forms). Time studies are acceptable and can be used for two years. Claims can be audited for three years after the date the first payment is made on claim.*

---

**Cost Recovery Systems, Inc.**

705-2 East Bidwell Street, #294  
Folsom, CA 95630

Phone (916) 939-7901

Fax (916) 939-7801

Email: AChinnCRS@aol.com

## TIME LOG

CITY OF: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PROCESS: Child Abuse

NOTE: Please track time to the nearest 6 minute increment. DO NOT round to quarter or half hour.

DATE	NAME/TITLE	ACTIVITY	AMOUNT OF TIME

**Certification:**

I hereby certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon my personal knowledge.

**Prepared by:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Police Data Request for  
State Mandate Reimbursement Claims  
FY 13-14 (7/1/13– 6/30/14)**

Please send back to Annette Chinn, Cost Recovery Systems, Inc.

**BY Sept 30, 2014**

**Mail:**

Cost Recovery Systems, Inc.  
705-2 East Bidwell Street, #294  
Folsom, CA 95630

**Phone:** (916) 939-7901

**Fax:** (916) 939-7801

**Email:** [ACHinnCRS@aol.com](mailto:ACHinnCRS@aol.com)

*Please contact Annette Chinn with questions at (916) 939-7901*

---

*Cost Recovery Systems, Inc.  
705-2 East Bidwell Street, #294  
Folsom, CA 95630*

*Phone (916) 939-7901*

*Fax (916) 939-7801*

*Email: [ACHinnCRS@aol.com](mailto:ACHinnCRS@aol.com)*

---

# Interagency Child Abuse & Neglect Reports (NEW PROGRAM)

## STATISTICAL DATA NEEDED:

Fiscal Year	99-00	00-01	01-02	02-03	03-04	04-05	05-06	06-07	07-08	08-09	09-10	10-11	7/1/11-12/31/11	1/1/12-6/30/12	12-13	13-14
<i>Number of Substantiated or Inconclusive Reports</i>																
<i>Number of Unfounded Reports</i>																
<b>TOTAL REPORTS</b>																

### One-Time Activities:

- 1) Staff Training on Mandate Program – Develop and implement training for ICAN program – instructor and attendee time and costs.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

List staff in attendance and time for one time training. (Provide documentation if available)  
This should have occurred about FY 99-00.

- 2) Develop Policies and Procedures to address these new law changes.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

Cost Recovery Systems, Inc.  
705-2 East Bidwell Street, #294  
Folsom, CA 95630

Phone (916) 939-7901

Fax (916) 939-7801

Email: AChinnCRS@aol.com

**On-Going Mandated Activities:**

- 3) ACCEPT AND REFER INITIAL CHILD ABUSE REPORTS WHEN A DEPARTMENT LACKS JURISDICTION: Local agencies are required to transfer a call electronically or immediately refer the case by telephone, fax, or electronic transmission, to an agency with proper jurisdiction, whenever the department lacks subject matter or geographical jurisdiction over an incoming report of suspected child abuse or neglect.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- 4) CROSS-REPORTING OF SUSPECTED CHILD ABUSE OR NEGLECT CASES:
- Report by telephone immediately or ASAP, to the agency given responsibility for investigation of cases under Welfare and Institutions Code Section 300 and to the DA's Office every know or suspected instance of child abused report to it, except acts or omissions coming within Penal Code Section 12165.2, subd. (b), which shall only be reported to the County welfare department.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Report to the county welfare department every know or suspected instance of child abuse reported to it which is alleged to have occurred as a result of the action of a person responsible for the child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child knew or reasonably should have known that the minor was in danger. (Pen. Code Section 12166 subd. (i), now subd. (k))

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per referral:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Send a written report within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

(As of 1/1/2006, the initial reports may be made by fax or electronic transmission instead of by telephone and will satisfy the requirement of a written report within 36 hours (Pen Code Section 12166, subd. (i) now subd. (k))

---

*Cost Recovery Systems, Inc.  
705-2 East Bidwell Street, #294  
Folsom, CA 95630*

*Phone (916) 939-7901*

*Fax (916) 939-7801*

*Email: AChinnCRS@aol.com*



*Title of position(s) that performs this activity:* \_\_\_\_\_  
*Time for this activity per referral:* \_\_\_\_\_

*Title of position(s) that provides clerical support for this activity:* \_\_\_\_\_  
*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_  
*Time for this activity per report:* \_\_\_\_\_

*Number of cases in each fiscal year:* \_\_\_\_\_

5) REPORTING OF SUSPECTED CHILD ABUSE TO LICENSING AGENCIES:

Report by telephone immediately or ASAP, to the appropriate licensing agency every know or suspected instance of child abuse or neglect when the instance of abuse or neglect occurs while the child is being cared for in a child day care facility, involves a child day care license staff person or occurs while the child is under the supervision of a community care facility or staff person.

The agency shall also send, fax or electronic transmission of a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

The agency shall also send the licensing agency a copy of its investigative report or any other pertinent materials.

(As of 7/31/2001, the initial reports may be made by fax or electronic transmission instead of by telephonic and will satisfy the requirement of a written report within 36 hours (Pen Code Section 12166, subd. (i) now subd. (k))

*Title of position(s) that performs this activity:* \_\_\_\_\_  
*Time for this activity per report (gather info & draft):* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_  
*Time for this activity per report:* \_\_\_\_\_

*Number of cases in each fiscal year:* \_\_\_\_\_

6) ADDITIONAL CROSS REPORTING IN CASES OF CHILD DEATH:

Cross report all cases of child death suspected to be related to child abuse or neglect to the county welfare agency.

*Title of position(s) that performs this activity:* \_\_\_\_\_  
*Time for this activity per report (gather info & draft):* \_\_\_\_\_  
*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

---

Cost Recovery Systems, Inc.  
705-2 East Bidwell Street, #294  
Folsom, CA 95630

Phone (916) 939-7901

Fax (916) 939-7801

Email: AChinnCRS@aol.com



*Time for this activity per report:* \_\_\_\_\_

*Number of cases in each fiscal year:* \_\_\_\_\_

7) INVESTIGATION FOLLOWING REPORT TO THE CENTRAL CHILD ABUSE INDEX:

- Complete an investigation to determine whether a report of suspected child abuse or severe neglect is unfounded, substantiated or inconclusive, as defined in Penal Code section 12165.12 for purposes of preparing and submitting the state "Child Abuse Investigation Report" Form SS 8583, or subsequent designated form, to the Dept of Justice (Pen. Code Section 12169, subd. (a); Cal Code Regs Tit, 12 section 903)

*(Investigative activities beyond determining if the report of suspected child abuse is substantiated, inconclusive, or unfounded as determined by PC 11165,12 is NOT eligible). For example – making arrests, and preparing evidence for prosecution are not eligible activities.)*

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report (gather info & draft):* \_\_\_\_\_

*Title of position(s) that provides clerical support for this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of investigations in each fiscal year:* \_\_\_\_\_

- Forward to the Department of Justice a report in writing for every case it investigates of known or suspected child abuse or severe neglect which is determined to be substantiated or inconclusive, as defined in Penal Code section 12165.12. Unfounded reports shall not be filed with the DOJ. If a report that has previously been filed which subsequently proves to be unfounded, the DOPJ shall be notified in writing of that fact. The reports, required by this section shall be in a form approved by the DOJ and may be sent by fax or electronic transmission.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report (gather info & draft):* \_\_\_\_\_

*Title of position(s) that provides clerical support for this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of reports forwarded in each fiscal year:* \_\_\_\_\_

---

*Cost Recovery Systems, Inc.  
705-2 East Bidwell Street, #294  
Folsom, CA 95630*

*Phone (916) 939-7901*

*Fax (916) 939-7801*

*Email: AChinnCRS@aol.com*

8) NOTIFICATION FOLLOWING REPORTS TO THE CENTRAL CHILD ABUSE INDEX:

- Notify in writing the known or suspected child abuser that he or she has been reported to the Child Abuse Central Index, in any form approved by the Dept. of Justice, at the time the "Child Abuse Investigation Report" is filed with the Department of Justice.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Make relevant information available, when received from the Department of Justice, to the child custodian, guardian ad litem appointed under section 326, or counsel appointed, or the appropriate licensing agency, if he or she is treating or investigating a case of known or suspected child abuse or severe neglect.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Inform the mandated reporter of the results of the investigation and of any action the agency is taking with regard to the child or family, upon completion of the child abuse investigation or after there has been a final disposition in the matter.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Notify, in writing, the person listed in the Child Abuse Central Index, that he or she is in the index, upon receipt of relevant information concerning child abuse or neglect investigation reports contained in the index from the Department of Justice when investigating a home for the placement of dependent children. The notification shall include the name of the reporting agency and the date of the report.

*Title of position(s) that performs this activity:* \_\_\_\_\_

---

Cost Recovery Systems, Inc.  
705-2 East Bidwell Street, #294  
Folsom, CA 95630

Phone (916) 939-7901

Fax (916) 939-7801

Email: AChinnCRS@aol.com

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

- Obtain the original investigative report from the reporting agency, and draw independent conclusions regarding the quality of the evidence disclosed, and its sufficiency for making decisions regarding investigation, prosecution, licensing, or placement of a child, when a report is received from the Child Abuse Central Index.

*Title of position(s) that performs this activity:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Title of position(s) that reviews, edits, & approves the report:* \_\_\_\_\_

*Time for this activity per report:* \_\_\_\_\_

*Number of cases referred in each fiscal year:* \_\_\_\_\_

### **Records Retention:**

*In case of State audit, please retain copies of all support documentation. Also, track time for the eligible activities listed above. (see attached forms). Time studies are acceptable and can be used for two years. Claims can be audited for three years after the date the first payment is made on claim.*

---

*Cost Recovery Systems, Inc.  
705-2 East Bidwell Street, #294  
Folsom, CA 95630*

*Phone (916) 939-7901*

*Fax (916) 939-7801*

*Email: AChinnCRS@aol.com*

---

## TIME LOG

CITY OF: \_\_\_\_\_

DEPARTMENT: POLICE

PROCESS: Child Abuse

**NOTE: Please track time to the nearest minute increment. DO NOT round to quarter or half hour.**

DATE	NAME/TITLE	ACTIVITY	AMOUNT OF TIME	CASE NUMBER
2/10/2013	EXAMPLE:Officer Green	2	123mins	2013-00125
2/11/2013	Officer Green	3	48 mins	2013-00125
2/12/2013	Sergeant Brown	4	15mins	2013-00125
3/12/2013	Detective Silver	1	22 mins	2013-00225
3/14/2013	Detective Silver	2	146mins	2013-00225
3/25/2013	Detective Silver	3	78mins	2013-00225
2/25/2013	Detective Silver	4	21 mins	2013-00225

**ACTIVITY:**

- 1 **Initial response** to begin documentation of case and contacting the County Welfare Dept or to forward to other agencies if the case did not occur in the City.
  
- 2 Complete an **investigation** to determine whether a report of suspected child abuse or severe neglect is unfounded, substantiated or inconclusive, as defined in Penal Code section 12165.12 for purposes of preparing and submitting the state "Child Abuse Investigation Report" Form SS 8583, or subsequent designated form, to the DOJ.
  
- 3 **Prepare a written report** for every case investigated of known or suspected child abuse or severe neglect
  
- 4 **Review and approval** of report

**Certification:**

I hereby certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon my personal knowledge.

**Prepared by:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

# TIME LOG

CITY OF: \_\_\_\_\_

DEPARTMENT: POLICE

PROCESS: Child Abuse

NOTE: Please track time to the nearest minute increment. DO NOT round to quarter or half hour.

DATE	NAME/TITLE	ACTIVITY	AMOUNT OF TIME	CASE NUMBER

- ACTIVITY:**
- 1 Initial response to begin documentation of case and contacting the County Welfare Dept or to forward to other agencies if the case did not occur in the City.
  - 2 Complete an **investigation** to determine whether a report of suspected child abuse or severe neglect is unfounded, substantiated or inconclusive, as defined in Penal Code section 12165.12 for purposes of preparing and submitting the state "Child Abuse Investigation Report" Form SS 8583, or subsequent designated form, to the DOJ
  - 3 Prepare a **written report** for every case investigated of known or suspected child abuse or severe neglect
  - 4 **Review and approval** of report

**Certification:**

I hereby certify under the penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon my personal knowledge.

**Prepared by:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_



# SAMPLE

IncidentNum	CallForServiceNum	BeginDate	EndDate	time elapsed	Officer	Location	ViolationCodeDescription
UPD09163022	2009014121	6/9/09 17:21	6/16/0910:12	1/6/00 16:51	2407 - DIVINCENZO,ERIC	1130 N LOMA SOLA AVE	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD09178015	2009017275	6/27/09 12:17	6/27/09 14:54	1/0/00 2:37	1513 - RODRIGUEZ,YVONNE	1424 W RANDY ST	PC 273a(A) - CHILD ABUSE - UNSUBSTANTIATED
UPD09183014	2009018292	7/2/09 9:23	7/2/09 11:13	1/0/00 1:50	2245 - BLANCO,ALEXIS	834 W ALPINE	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD09220016	2009026573	8/8/09 12:54	8/8/09 16:03	1/0/00 3:09	2012 - HILLIARD,CHRISTOPHER	565 N BIRCH AVE	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD09323016	2009047979	11/19/09 17:39	11/19/09 18:37	1/0/00 0:58	2135 - MACIAS,ANTONIO	274 S STILLMAN AVE	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD09352007	2009053202	12/18/09 10:04	12/18/09 12:38	1/0/00 2:34	512 - MAURY,MARIO	1760 N LAUREL AVE	PC 273a(A) - CHILD ABUSE - UNSUBSTANTIATED
UPD10007015	2010001081	1/7/10 9:57	1/7/10 15:04	1/0/00 5:07	2365 - PHILLIPS,JEREMY	1525 E VIGILANT	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10012027	2010001971	1/12/10 6:47	1/12/10 21:56	1/0/00 15:09	1970 - WYMAN,AARON	1428 E GABRIELLA CT	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10044009	2010007715	2/13/10 15:35	2/13/10 18:12	1/0/00 2:37	1765 - STANLEY,JEFFREY	2116 W ARROW RTE	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10044009	2010007715	2/14/10 20:38	2/14/10 20:38	1/0/00 0:00	416 - BELT,BARRY	NULL	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD09323016	2009047979	2/18/10 14:27	2/18/10 14:27	1/0/00 0:00	986 - STEENERSON,ROBERT	NULL	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10051018	2010008894	2/20/10 12:58	2/20/10 16:37	1/0/00 3:39	2297 - GARCIA,GABRIEL	1080 E PEBBLE BEACH DR	PC 273a(A) - CHILD ABUSE - UNSUBSTANTIATED
UPD10063022	2010011047	3/4/10 16:05	3/4/10 18:25	1/0/00 2:20	2401 - HANLEY,QUINN	1714 N EUCLID AVE	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10079029	2010014207	3/20/10 23:11	3/21/10 00:02	1/0/00 0:51	2401 - HANLEY,QUINN	900 W 8TH	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10079029	2010014207	3/20/10 23:11	3/21/10 00:02	1/0/00 0:51	2401 - HANLEY,QUINN	900 W 8TH	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10079029	2010014207	3/22/10 23:11	3/22/10 23:11	1/0/00 0:00	2401 - HANLEY,QUINN	NULL	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10079029	2010014207	3/28/10 23:08	3/28/10 23:08	1/0/00 0:00	2741 - WIDEN,ERIC	NULL	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10090005	2010016080	4/1/10 2:31	4/1/10 2:31	1/0/00 0:00	2251 - DURAN,MAURICE	NULL	PC 273a(A) - CHILD ABUSE - UNSUBSTANTIATED
UPD10092008	2010016412	4/2/10 10:50	4/2/10 12:02	1/0/00 1:12	2094 - LAYNE,RANDALL	1565 W ARROW HY E3	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10141016	2010025636	5/21/10 16:34	5/21/10 19:39	1/0/00 3:05	2244 - ALVAREZ,ROGER	480 W ALPINE	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10141016	2010025636	6/21/10 13:18	6/21/10 13:18	1/0/00 0:00	986 - STEENERSON,ROBERT	NULL	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
FY 09-10	21			1/8/00 14:50	avg. # 42		less 3 highs & OS less 8 case = 2:22
UPD10229025	2010043045	8/17/10 19:52	8/17/10 22:05	1/0/00 2:13	2251 - DURAN,MAURICE	694 N SPRUCE AVE	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10233021	2010043932	8/21/10 18:04	8/21/10 19:19	1/0/00 1:15	2297 - GARCIA,GABRIEL	1690 W ARROW RTE 52	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10229025	2010043045	9/1/10 7:50	9/1/10 7:50	1/0/00 0:00	2068 - SIPPLE,CRAIG	NULL	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10262012	2010049462	9/19/10 18:04	9/25/10 15:59	1/5/00 2:55	2778 - MCNALLY,DAVID	672 W WINN DR	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10274029	2010051736	10/1/10 18:25	10/1/10 20:17	1/0/00 1:52	2778 - MCNALLY,DAVID	669 E 8TH ST	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10294002	2010055113	10/20/10 8:32	10/21/10 00:45	1/0/00 1:13	1529 - BROWN,LAVELL	1546 W CORTE HACIENDA	PC 273a(A) - CHILD ABUSE - UNSUBSTANTIATED
UPD10299010	2010056077	10/26/10 7:02	10/26/10 9:10	1/0/00 2:08	2427 - OLVERA,JOSHUA	557 E C ST	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10310004	2010058263	11/6/10 8:18	11/6/10 9:34	1/0/00 1:16	2297 - GARCIA,GABRIEL	313 S VERDUGO WAY	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10340002	2010063428	12/6/10 4:39	12/6/10 5:44	1/0/00 1:05	2209 - HAJI,GEORGE	1710 W ARROW	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10340002	2010063428	12/14/10 14:15	12/14/10 14:15	1/0/00 0:00	2068 - SIPPLE,CRAIG	NULL	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD10354014	2010066153	12/20/10 15:09	12/20/10 15:58	1/0/00 0:49	2094 - LAYNE,RANDALL	961 W SPRINGFIELD ST	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD11041007	2011008004	2/10/11 10:20	2/10/11 10:25	1/0/00 0:05	2094 - LAYNE,RANDALL	128 S STILLMAN WAY	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD11047017	2011009269	2/16/11 13:20	2/16/11 13:24	1/0/00 0:04	2738 - CORY,JONATHAN	1553 N SHELLEY AVE	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD11048023	2011009630	2/17/11 16:40	2/17/11 17:38	1/0/00 0:58	2283 - MUNIVE,LUIS	850 N BENSON AVE	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD11051007	2011010128	2/20/11 11:27	2/20/11 13:22	1/0/00 1:55	1970 - WYMAN,AARON	612 W DIAMOND CT	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD11059012	2011011665	2/28/11 9:17	2/28/11 12:30	1/0/00 3:13	626 - GUTIERREZ,JOE	593 N 8TH AVE	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD11061017	2011012157	3/2/11 11:11	3/2/11 13:07	1/0/00 1:56	2767 - HALL,DARYL	323 W 11TH	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD11074002	2011014725	3/14/11 23:03	3/15/11 1:52	1/0/00 2:49	2804 - KABAYAN,ANTHONY	1529 W 7TH	PC 273(A)A - PC 273(A)A - CHILD ABUSE - INCONCLUSIVE
UPD11077001	2011015412	3/17/11 22:34	3/18/11 3:58	1/0/00 5:24	2804 - KABAYAN,ANTHONY	834 W ALPINE	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD11104017	2011020981	4/14/11 16:12	4/14/11 18:15	1/0/00 2:03	ZARATE,YVONNE	1339 N MONTE VERDE AVE	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD11105024	2011021260	4/15/11 16:58	4/15/11 20:52	1/0/00 3:54	2804 - KABAYAN,ANTHONY	585 N REDDING WAY	PC 273(A)A - PC 273(A)A - CHILD ABUSE - INCONCLUSIVE
UPD11123025	2011024893	5/3/11 20:33	5/3/11 22:26	1/0/00 1:53	2427 - OLVERA,JOSHUA	912 N REDDING WAY	PC 273(A)A - PC 273(A)A - CHILD ABUSE - INCONCLUSIVE
UPD11131016	2011026484	5/11/11 11:14	5/11/11 14:33	1/0/00 3:19	2738 - CORY,JONATHAN	1627 N FRANCIS WAY	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD11135016	2011027360	5/15/11 12:25	5/15/11 15:28	1/0/00 3:03	2012 - HILLIARD,CHRISTOPHER	1340 N MULBERRY AVE	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD11139028	2011028205	5/19/11 18:27	5/19/11 23:43	1/0/00 5:16	1529 - BROWN,LAVELL	1241 W WOODBURY CT	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD11174005	2011035445	6/23/11 6:42	6/23/11 8:39	1/0/00 1:57	2767 - HALL,DARYL	912 N REDDING WAY APT. C	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD11175031	2011035863	6/24/11 22:12	6/24/11 22:13	1/0/00 0:01	2488 - SENDLDORFER,BRIAN	1865 N PINNACLE WAY	PC 273a(B) - CHILD ABUSE - UNSUBSTANTIATED
UPD11179023	2011036523	6/28/11 15:39	6/28/11 17:21	1/0/00 1:42	2283 - MUNIVE,LUIS	918 W FOOTHILL BL	PC 273a(A) - CHILD ABUSE - UNSUBSTANTIATED
FY 10-11	23			1/8/00 16:18			
UPD11218022	2011044838	8/6/11 13:39	8/6/11 18:57	1/0/00 5:18	1971 - BONHUS,JOHN	952 W SPRINGFIELD	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE

*-7 inconclusive*

*7:21, date 2-7-99, 2:08 use 4*

UPD11221012	2011045444	8/9/11 13:11	8/9/11 15:05	1/0/00 1:54 2209 - HAJJ,GEORGE	940 W 16TH	PC 273(A)A - PC 273(A)A - CHILD ABUSE - INCONCLUSIVE
UPD11250008	2011051587	9/7/11 6:45	9/7/11 8:59	1/0/00 2:14 2209 - HAJJ,GEORGE	1076 W PNE	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD11251018	2011051826	9/8/11 8:26	9/8/11 17:36	1/0/00 9:10 2766 - JOHNSON,MISTY	405 N SILVERWOOD AVE	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD11263009	2011054533	9/20/11 9:11	9/20/11 13:03	1/0/00 3:52 2831 - MILAKOVICH,BRYCE	1692 W ARROW ROUTE	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD11263009	2011054533	9/20/11 9:11	9/20/11 13:03	1/0/00 3:52 2831 - MILAKOVICH,BRYCE	1245 E VETERANS CT	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD11272023	2011056544	9/29/11 17:21	9/29/11 21:11	1/0/00 3:50 2420 - KIRK,JACOB	270 W AMBER CT	PC 273A(B) - PC 273A(B) - CHILD ABUSE - INCONCLUSIVE NON INJURY
UPD11280016	2011058146	10/7/11 16:26	10/7/11 18:29	1/0/00 2:03 2804 - KABAYAN,ANTHONY	373 S SINCLAIR AVE	PC 273A(B) - PC 273A(B) - CHILD ABUSE - INCONCLUSIVE NON INJURY
UPD11283017	2011058678	10/10/11 17:30	10/10/11 18:57	1/0/00 1:27 2427 - OLVERA,JOSHUA	565 W 11TH	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD11290004	2011059956	10/17/11 7:05	10/17/11 8:12	1/0/00 1:07 2804 - KABAYAN,ANTHONY	832 W 9TH	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD11318023	2011065418	11/14/11 20:17	11/14/11 22:28	1/0/00 2:11 2420 - KIRK,JACOB	1553 W 7TH ST	PC 273A(B) - PC 273A(B) - CHILD ABUSE - INCONCLUSIVE NON INJURY
UPD12066009	2012012989	3/6/12 8:45	3/6/12 11:50	1/0/00 3:05 2114 - COTTON,TRAVIS	979 W 11TH	PC 273(A)A - PC 273(A)A - CHILD ABUSE - INCONCLUSIVE
UPD12066009	2012012989	3/6/12 8:45	3/6/12 11:50	1/0/00 3:05 2114 - COTTON,TRAVIS	500 W ALPINE	PC 273(A)A - PC 273(A)A - CHILD ABUSE - INCONCLUSIVE
UPD12096021	2012019255	4/5/12 16:23	4/5/12 19:27	1/0/00 3:04 2847 - LOPICCOLO,SALVATORE	811 W ORCHID CT	PC 273A(B) - PC 273A(B) - CHILD ABUSE - INCONCLUSIVE NON INJURY
UPD12099016	2012019838	4/8/12 18:21	4/8/12 21:06	1/0/00 2:45 2766 - JOHNSON,MISTY	1456 N 2ND AVE	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD12131025	2012026273	5/10/12 18:12	5/10/12 20:13	1/0/00 2:01 2488 - SENDLDORFER,BRIAN	1481 W 7TH	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD12139003	2012027708	5/18/12 2:20	5/18/12 4:16	1/0/00 1:56 2769 - OBRIEN,KYLE	999 E SAN BERNARDINO RD	PC 273(A)A - PC 273(A)A - CHILD ABUSE - INCONCLUSIVE
UPD12154017	2012030929	6/2/12 16:08	6/2/12 17:18	1/0/00 1:10 2766 - JOHNSON,MISTY	910 W PNE	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD12158017	2012031714	6/6/12 16:48	6/6/12 18:07	1/0/00 1:19 2847 - LOPICCOLO,SALVATORE	1481 W 7TH	PC 273A(B) - PC 273A(B) - CHILD ABUSE - INCONCLUSIVE NON INJURY
FY 11-12	19			1/2/00 7:23		

*Aug time 2154*

UPD12243023	2012048549	8/30/12 18:31	8/30/12 21:33	1/0/00 3:02 2847 - LOPICCOLO,SALVATORE	1581 W FOXDALE CT	PC 273A(B) - PC 273A(B) - CHILD ABUSE - INCONCLUSIVE NON INJURY
UPD12288019	2012057000	10/23/12 16:32	10/23/12 16:32	1/0/00 0:00 1402 - SIMPSON,MARC	NULL	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD12301005	2012059393	10/27/12 9:31	10/27/12 10:17	1/0/00 0:46 - ZARATE,YVONNE	450 W ALPINE	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD12317005	2012062266	11/12/12 7:21	11/12/12 9:29	1/0/00 2:08 2114 - COTTON,TRAVIS	1264 N LOMA SOLA AVE	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD12348014	2012067550	12/13/12 9:47	12/13/12 11:33	1/0/00 1:46 2488 - SENDLDORFER,BRIAN	W ARROW HY	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD12351012	2012068130	12/16/12 7:25	12/16/12 9:00	1/0/00 1:35 1971 - BONHUS,JOHN	2134 N COOLCREST AVE	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD13006010	2013000983	1/6/13 12:02	1/6/13 16:05	1/0/00 4:03 2251 - DURAN,MAURICE	1515 W ARROW HY	PC 273(A)A - PC 273(A)A - CHILD ABUSE - INCONCLUSIVE
UPD13019010	2013003314	1/19/13 8:22	1/19/13 10:57	1/0/00 2:35 2804 - KABAYAN,ANTHONY	853 W ORCHID CT	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD13040011	2013007256	2/9/13 15:19	2/9/13 16:25	1/0/00 1:06 2738 - CORY,JONATHAN	932 W PNE	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD13043002	2013007612	2/11/13 22:54	2/12/13 1:04	1/0/00 2:10 2741 - WIDEN,ERIC	152 N 12TH AVE	PC 273A(B) - PC 273A(B) - CHILD ABUSE - INCONCLUSIVE NON INJURY
UPD13045032	2013008168	2/14/13 18:29	2/15/13 4:37	1/0/00 10:08 1529 - BROWN,IAVELL	350 S SPENCER AVE	PC 273A(B) - PC 273A(B) - CHILD ABUSE - INCONCLUSIVE NON INJURY
UPD13052022	2013009404	2/21/13 13:45	2/21/13 23:23	1/0/00 9:38 1971 - BONHUS,JOHN	1943 N OMALLEY WAY	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD13064017	2013011850	3/5/13 13:32	3/5/13 15:40	1/0/00 2:08 1971 - BONHUS,JOHN	979 W 11TH	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD13091015	2013017181	4/1/13 10:16	4/1/13 16:08	1/0/00 5:52 1921 - GARCIA,BRIAN	999 E SAN BERNARDINO RD	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD13091015	2013017181	4/1/13 10:16	4/1/13 16:08	1/0/00 5:52 1921 - GARCIA,BRIAN	255 N PALM AVE	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD13103007	2013019684	4/13/13 7:52	4/13/13 8:24	1/0/00 0:32 2488 - SENDLDORFER,BRIAN	346 S STILLMAN AVE	PC 273A(B) - PC 273A(B) - CHILD ABUSE - INCONCLUSIVE NON INJURY
UPD13120033	2013023313	4/30/13 22:17	4/30/13 23:53	1/0/00 1:36 2741 - WIDEN,ERIC	254 N 9TH AVE	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD13176006	2013033903	6/25/13 8:02	6/25/13 11:05	1/0/00 3:03 512 - MAURY,MARIO	489 E RICHLAND	PC 273A(B) - PC 273A(B) - CHILD ABUSE - INCONCLUSIVE NON INJURY
FY 12-13	18			1/2/00 10:00		

*Aug time 3513*

UPD10071003	2010012179	8/17/13 13:20	8/17/13 13:20	1/0/00 0:00 2012 - HILLIARD,CHRISTOPHER	NULL	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD13240024	2013047027	8/28/13 21:10	8/28/13 23:11	1/0/00 2:01 2847 - LOPICCOLO,SALVATORE	994 W BUFFINGTON	PC 273A(B) - PC 273A(B) - CHILD ABUSE - INCONCLUSIVE NON INJURY
UPD13242013	2013047428	8/30/13 19:11	8/30/13 21:11	1/0/00 2:00 2738 - CORY,JONATHAN	934 W SPRINGFIELD	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD13275008	2013053846	10/2/13 9:14	10/2/13 10:14	1/0/00 1:00 512 - MAURY,MARIO	1060 E FOOTHILL BL	PC 273A(B) - PC 273A(B) - CHILD ABUSE - INCONCLUSIVE NON INJURY
UPD13311011	2013060691	11/7/13 7:53	11/7/13 10:12	1/0/00 2:19 2934 - WYNO,STEVEN	1358 W CROFTON CT	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD13319011	2013062324	11/15/13 12:30	11/15/13 13:07	1/0/00 0:37 2738 - CORY,JONATHAN	1439 W 7TH	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD13351011	2013068179	12/17/13 9:07	12/17/13 11:41	1/0/00 2:34 2209 - HAJJ,GEORGE	598 E RANGER	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD14013021	2014002238	1/13/14 17:49	1/13/14 18:57	1/0/00 1:08 2768 - HOVEY,JOSHUA	988 W SPRINGFIELD	PC 273A(B) - PC 273A(B) - CHILD ABUSE - INCONCLUSIVE NON INJURY
UPD14038025	2014007159	2/7/14 20:18	2/7/14 21:18	1/0/00 1:00 2831 - MILAKOVICH,BRYCE	733 N SPRUCE AVE	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD14050024	2014009398	2/19/14 8:28	2/19/14 14:21	1/0/00 5:53 2934 - WYNO,STEVEN	1386 W ARROW HIGHWAY	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE
UPD14115015	2014022549	4/25/14 13:38	4/25/14 14:40	1/0/00 1:02 2768 - HOVEY,JOSHUA	1045 W 18TH ST	PC 273(A)B - PC 273(A)B - CHILD ABUSE - INCONCLUSIVE



TAB 3

# ORIGINAL CLAIM

ORIGINAL CLAIM

	A	B	C	D	E	F	G	H	I
1	<b>Interagency Child Abuse ICAN Investigation rpt</b>								
2	CLAIMANT ID NUMBER	9819620							
3	CLAIMANT	City of Palmdale							
4	CONTACT PERSON NAME	Karen Johnston							
5	CONTACT PERSON TITLE	Finance Manager							
6	ADDRESS	38300 N Sierra							
7	MAILING ADDRESS/P.O. BOX								
8	CITY	Palmdale							
9	ZIP	93550							
10	FISCAL YEAR	2006-07							
11			need better time documentation for report prep and review and approve rpt. The time study clumped everything together						
12	ICRP RATE	10.0%	Need actual substantiated cases for 7/11-12/11						
13	BEN RATE		called 5-21						
14									
15	TOTAL NUMBER OF CASES	1,303							
16	Substantiated/inconclusive Cases	38.00	2%		0.0333	0.016529	0.026846	0.019076	0.029163
18	<b>CLAIM DATA INPUT SCREEN</b>								
19			© COST RECOVERY SYSTEMS, INC.						

"DATA SCREEN"

<b>Claim for Payment</b> <b>INTERAGENCY CHILD ABUSE AND NEGLECT</b> <b>(ICAN) INVESTIGATION REPORTS</b>			For State Controller Use Only		
			(19) Program Number: 00358	<b>Program</b> <b>358</b>	
			(20) Date Filed ____/____/____		
(21) LRS Input ____/____/____					
<b>(01) Claimant Identification Number</b>		9819620	<b>(22) FORM 1, (04) A.1.g</b>		
<b>(02) Claimant Name</b>		City of Palmdale	<b>(23) FORM 1, (04) A.2.g</b>		
<b>Mailing Address</b>		38300 N Sierra	<b>(24) FORM 1, (04) B.1.g</b>		
<b>Street Address or P.O. Box</b>			<b>(25) FORM 1, (04.1) g</b>		
<b>City</b>		Palmdale	<b>(26) FORM 1, (04) B.2.f.1) g</b>		
<b>State</b>	CA	<b>Zip Code</b>	93550	<b>(27) FORM 1, (04.2) g</b>	
<b>Type of Claim</b>	<b>Estimated Claim</b>		<b>Reimbursement Claim</b>		
	(03) Estimated	<input type="checkbox"/>	(09) Reimbursement	<input checked="" type="checkbox"/>	
	(04) Combined	<input type="checkbox"/>	(10) Combined	<input type="checkbox"/>	
	(05) Amended	<input type="checkbox"/>	(11) Amended	<input type="checkbox"/>	
					(28) FORM 1, (04) B.3.a. g
					(29) FORM 1, (04) B.3.b. g
					(30) FORM 1, (04) B.4. g
				(31) FORM 1, (04) B.5. g	
				(32) FORM 1, (04) B.6. g	
				(33) FORM 1, (06)	
				(34) FORM 1, (07)	
				(35) FORM 1, (09)	
<b>Fiscal Year of Cost</b>	(06)	(12)	2006-07	(36) FORM 1, (10)	
<b>Total Claimed</b>	(07)	(13)	\$405,698		
<b>Less: 10% Late Penalty, but not to exceed \$1,000 (if applicable)</b>		(14)			
<b>Less: Estimated Claim Payment Received</b>		(15)			
<b>Net Claimed Amount</b>		(16)	\$405,698		
<b>Due from State</b>	(08)	(17)	\$405,698		
<b>Due to State</b>	(09)	(18)			
<b>(38) CERTIFICATION OF CLAIM</b>					
<p>In accordance with the provisions of Government Code Sections 17560 &amp; 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for mandated cost claims with the State of California for this program and I and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.</p> <p>I further certify that there was no application for nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury of perjury under the laws of the State of California that the foregoing is true and correct.</p>					
<b>Signature of Authorized Representative</b>			<b>Date</b>		
_____			_____		
Date Signed _____					
Karen Johnston			Telephone Number (661) 267-5411		
Finance Manager			Email Address <a href="mailto:kjohnston@cityofpalmdale.org">kjohnston@cityofpalmdale.org</a>		
<b>Name of Contact Person for Claim</b>		<b>Telephone Number</b>		<b>E-Mail Address</b>	
Annette S. Chinn (CRS)		(916) 939-7901		ACHinnCRS@aol.com	

**INTERAGENCY CHILD ABUSE AND NEGLECT  
(ICAN) INVESTIGATION REPORTS  
CLAIM SUMMARY**

**FORM  
1**

(01) Claimant City of Palmdale	(02) Type of Claim Reimbursement <input checked="" type="checkbox"/>	Fiscal Year 2006-07
-----------------------------------	---	------------------------

**Claim Statistics**

(03) Department - SHERIFF	<b>Number of Cases =</b>	<b>1303</b>
---------------------------	--------------------------	-------------

<b>Direct Costs</b>	<b>Object Accounts</b>					
---------------------	------------------------	--	--	--	--	--

(04) Reimbursable Components	(a)	(b)	(c & d)	(e)	(f)	(g)
	Salaries	Benefits	Services and Supplies	Fixed Assets	Travel and Training	Total
<b>A. ONE-TIME ACTIVITIES</b>						
1. Policies and Procedures						
2. Training to implement ICAN						
<b>B. ON-GOING ACTIVITIES</b>						
1. Distribute Child Abuse Report (SS8572)						
2. Reporting between local departments						
2.a. Accept & refer reports when lacking jurisdiction	\$686					\$686
2.b. Cross reporting from County to law enforcement						
2.c. Cross reporting from law enf. to county and DA	\$120,421					\$120,421
2.d. Receipt of cross-reports by DA's office						
2.e. Report by phone & send to licensing agencies						
(04.1) Subtotal B.2 (a through e)	\$121,107					\$121,107
2.f. Addnl cross reporting in case of child death						
1) Law enforcement cross report to Co. Welfare						
2) County Welfare department						
i. Cross rpt child death case to law enforcement						
ii. Created record in County CWS/CMS system						
ii. Enter info in CWS/CMS if death not abuse/nglct						
(04.2) Subtotal B.2 f. 2) (i through iii)						
3. Reporting to DOJ (see item 4 claiming instructions)						
a. Complete an investigation to prepare a report	\$244,611					\$244,611
b. Prepare/submit/amend rpt for substantiated cases	\$3,099					\$3,099
4. Notify suspected abuser they are in CACI						
5. Records retention post required period						
6. Provide due process procedures to those in CACI						
(05) TOTAL DIRECT COSTS	\$368,817					\$368,817

**Indirect Costs**

(06) Indirect Cost Rate (applied to salaries)	(from ICRP) (Applied to Salaries)	10.0%
(07) Total Indirect Costs	Line (06) x line (05)(a) or line(06) x [line (05)(a) + line(05)(b)]	\$36,882
(08) Total Direct and Indirect Costs	Line (05)(d) + line (07)	\$405,698

**Cost Reductions**

(09) Less: Offsetting Savings, if applicable		
(10) Less: Other Reimbursements, if applicable		
(11) TOTAL CLAIMED AMOUNT	Line (08)- (line(09) + Line(10))	<b>\$405,698</b>

MANDATED COSTS

=Summary!J2  
AA-2

=FAM-27!A4

CLAIM SUMMARY

(01) Claim =DA (02) Fiscal Year Costs Were Incurred =DATA SC

(03) Reir

A. Onr  Update Policies and Procedures & develop ICAN c  Develop tra

B. On-

1. Distribute Suspected Child Abuse Rpt Form (SS) f. Addition:

2. Reporting Between Local Departments 2. County

a. Accept & refer abuse report when a dept. lacks,  i. Cross r

b. Cross-rept from Co. Welfare to law enforcement  ii. Creat

c. Cross-report from Law Enforcement to Co Welfe  iii, Enter

d. Receipt of cross report by DA  3. Reporti

e. Report by phone & send written report to licens  a. Compl ete an investigation to prepa re a report

f. Additional cross reporting in cases of child deatl  b. Prepar

1) Police/Sheriff cross report all cases of child c  4. Notifi e

5. Mandat

6. Provide

(04) Desc

(a) Employee Names, Job Class., Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f & g) Services and Supplies	(h) Fixed Assets	(i) Travel and Training	Total Salaries & Benefits
<p><u>Deputy</u> Complete i report of s is unfound PC 11165. Form SS 8</p> <p>Complete investigation to determine whether report of suspected child abuse or severe neglect is unfounded, substantiated, or inconclusive (per PC 11165.12) for purposes of preparing &amp; submitti Form SS 8583. (422 cases during eligible period)</p>	<p>=Cross Rpt!H44</p>	<p>=BEN_RATE</p>	<p>=1.87*"DATA SCREEN"!B15  no report writing claimed</p>	=(H42*J42)	=(K42*J42)				=(K42+L42)
				=(H43*J43)	=(K43*J43)			=(K43+L43)	
				=(H44*J44)	=(K44*J44)			=(K44+L44)	
				=(H45*J45)	=(K45*J45)			=(K45+L45)	
				=(H46*J46)	=(K46*J46)			=(K46+L46)	
				=(H47*J47)	=(K47*J47)			=(K47+L47)	
				=(H48*J48)	=(K48*J48)			=(K48+L48)	
				=(H49*J49)	=(K49*J49)			=(K49+L49)	
				=(H50*J50)	=(K50*J50)			=(K50+L50)	
				=(H51*J51)	=(K51*J51)			=(K51+L51)	
				=(H52*J52)	=(K52*J52)			=(K52+L52)	
				=(H53*J53)	=(K53*J53)			=(K53+L53)	
				=(H54*J54)	=(K54*J54)			=(K54+L54)	
				=(H55*J55)	=(K55*J55)			=(K55+L55)	
				=(H56*J56)	=(K56*J56)			=(K56+L56)	
				=(H57*J57)	=(K57*J57)			=(K57+L57)	
				=(H58*J58)	=(K58*J58)			=(K58+L58)	
				=(H59*J59)	=(K59*J59)			=(K59+L59)	
				=(H60*J60)	=(K60*J60)			=(K60+L60)	
				=(H61*J61)	=(K61*J61)			=(K61+L61)	
=(H62*J62)	=(K62*J62)			=(K62+L62)					
=(H63*J63)	=(K63*J63)			=(K63+L63)					
=(H64*J64)	=(K64*J64)			=(K64+L64)					
=(H65*J65)	=(K65*J65)			=(K65+L65)					
=(H66*J66)	=(K66*J66)			=(K66+L66)					
=(H67*J67)	=(K67*J67)			=(K67+L67)					
=(H68*J68)	=(K68*J68)			=(K68+L68)					
=(H69*J69)	=(K69*J69)			=(K69+L69)					
=(H70*J70)	=(K70*J70)			=(K70+L70)					
=(H71*J71)	=(K71*J71)			=(K71+L71)					
=(H72*J72)	=(K72*J72)			=(K72+L72)					
=(H73*J73)	=(K73*J73)			=(K73+L73)					
=(H74*J74)	=(K74*J74)			=(K74+L74)					
=(H75*J75)	=(K75*J75)			=(K75+L75)					
=(H76*J76)	=(K76*J76)			=(K76+L76)					
=(H77*J77)	=(K77*J77)			=(K77+L77)					
=(H78*J78)	=(K78*J78)			=(K78+L78)					
(05) Total:			=SUM(J42:J78)	=SUM(K42:K78)	=SUM(L42:M78)	=SUM(N42:N78)	=SUM(O42:P42)	=SUM(Q42:Q78)	

=Summary!J53

MANDATED COSTS

=Summary!

CLAIM SUMMARY

AA-2

(01) Clair =DA (02) Fiscal Year Costs Were Incurred: =DATA:

(03) Reir

A. On:  Update Policies and Procedures & develop ICAN  Develop tra

B. On:

- 1. Distribute Suspected Child Abuse Rpt Form (S
- 2. Reporting Between Local Departments
- a. Accept & refer abuse report when a dept. lack:
- b. Cross-rept from Co. Welfare to law enforce
- c. Cross-report from Law Enforcement to Co Wel
- d. Receipt of cross report by DA
- e. Report by phone & send written report to licer
- f. Additional cross reporting in cases of child dez
  - 1) Police/Sheriff cross report all cases of child

f. Addition:

- 2. County
- i. Cross r
- ii. Creat
- iii, Enter
- 3. Reporti
  - a. Comple
  - b. Prepare and submit report fo substantiated case: **==**
  - 4. Notify z
  - 5. Mandat
  - 6. Provide

*only 12 mins  
of Sgt time  
claimed to  
review 38  
reports*

(04) Desc

(a) Employee Names, Job Class., Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f & g) Services and Supplies	(h) Fixed Assets	(i) Travel and Training	Total Salaries & Benefits
<b>Sergeant</b> <b>Deputy</b>  Prepare, r substantia	=Cross Rpt!H45 =investigation!H43		<i>only 38 mins claimed for substantiated cases x 38 cases for report writing</i> =12/60*DATA SCREEN!B16 =((76/2)/60)*DATA SCREEN!B16	=(H42*J42) =(H43*J43) =(H44*J44) =(H45*J45) =(H46*J46) =(H47*J47) =(H48*J48) =(H49*J49) =(H50*J50) =(H51*J51) =(H52*J52) =(H53*J53) =(H54*J54) =(H55*J55) =(H56*J56) =(H57*J57) =(H58*J58) =(H59*J59) =(H60*J60) =(H61*J61) =(H62*J62) =(H63*J63) =(H64*J64) =(H65*J65) =(H66*J66) =(H67*J67) =(H68*J68) =(H69*J69) =(H70*J70) =(H71*J71) =(H72*J72) =(H73*J73) =(H74*J74) =(H75*J75) =(H76*J76) =(H77*J77) =(H78*J78)	=(K42*J42) =(K43*J43) =(K44*J44) =(K45*J45) =(K46*J46) =(K47*J47) =(K48*J48) =(K49*J49) =(K50*J50) =(K51*J51) =(K52*J52) =(K53*J53) =(K54*J54) =(K55*J55) =(K56*J56) =(K57*J57) =(K58*J58) =(K59*J59) =(K60*J60) =(K61*J61) =(K62*J62) =(K63*J63) =(K64*J64) =(K65*J65) =(K66*J66) =(K67*J67) =(K68*J68) =(K69*J69) =(K70*J70) =(K71*J71) =(K72*J72) =(K73*J73) =(K74*J74) =(K75*J75) =(K76*J76) =(K77*J77) =(K78*J78)				=(K42+L42) =(K43+L43) =(K44+L44) =(K45+L45) =(K46+L46) =(K47+L47) =(K48+L48) =(K49+L49) =(K50+L50) =(K51+L51) =(K52+L52) =(K53+L53) =(K54+L54) =(K55+L55) =(K56+L56) =(K57+L57) =(K58+L58) =(K59+L59) =(K60+L60) =(K61+L61) =(K62+L62) =(K63+L63) =(K64+L64) =(K65+L65) =(K66+L66) =(K67+L67) =(K68+L68) =(K69+L69) =(K70+L70) =(K71+L71) =(K72+L72) =(K73+L73) =(K74+L74) =(K75+L75) =(K76+L76) =(K77+L77) =(K78+L78)

(05) Total =SUM(J42:J78) =SUM(K42:K78) =SUM(L42:M78) =SUM(N42:N78) =SUM(O42:O78) =SUM(P =SUM(Q42:Q

=Summary!J5



# AMENDED CLAIM

# AMENDED CLAIM

	A	B	C	D	E	F	G	H	I
1	<b>Interagency Child Abuse ICAN Investigation rpt's</b>								
2	CLAIMANT ID NUMBER	9819620							
3	CLAIMANT	City of Palmdale							
4	CONTACT PERSON NAME	Karen Johnston							
5	CONTACT PERSON TITLE	Finance Manager							
6	ADDRESS	38300 N Sierra							
7	MAILING ADDRESS/P.O. BOX								
8	CITY	Palmdale							
9	ZIP	93550							
10	FISCAL YEAR	2006-07							
11			need better time documentation for report prep and review and approve rpt. The time study clumped everything together						
12	ICRP RATE	10.0%	Need actual substantiated cases for 7/11-12/11						
13	BEN RATE		called 5-21						
14									
15	TOTAL NUMBER OF CASES	1,303							
16	Substantiated/inconclusive Cases	38.00	2%		0.0333	0.016529	0.026846	0.019076	0.029163
18	<b>CLAIM DATA INPUT SCREEN</b>								
19			© COST RECOVERY SYSTEMS, INC.						

"DATA SCREEN"

Claim for Payment INTERAGENCY CHILD ABUSE AND NEGLECT (ICAN) INVESTIGATION REPORTS			For State Controller Use Only	
			(19) Program Number: 00358 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	Program <b>358</b>
(01) Claimant Identification Number		9819620	(22) FORM 1, (04) A.1.g	
(02) Claimant Name		City of Palmdale	(23) FORM 1, (04) A.2.g	
Mailing Address		38300 N Sierra	(24) FORM 1, (04) B.1.g	
Street Address or P.O. Box			(25) FORM 1, (04.1) g	4821
City		Palmdale	(26) FORM 1, (04) B.2.f.1) g	
State CA		Zip Code 93550	(27) FORM 1, (04.2) g	
Type of Claim	Estimated Claim		Reimbursement Claim	
	(03) Estimated	<input type="checkbox"/>	(09) Reimbursement	<input type="checkbox"/>
	(04) Combined	<input type="checkbox"/>	(10) Combined	<input type="checkbox"/>
	(05) Amended	<input type="checkbox"/>	(11) Amended	<input checked="" type="checkbox"/>
Fiscal Year of Cost	(06)	(12) 2006-07	(28) FORM 1, (04) B.3.a. g	476175
Total Claimed	(07)	(13) \$529,095	(29) FORM 1, (04) B.3.b. g	
<i>Less: 10% Late Penalty, but not to exceed \$1,000 (if applicable)</i>		(14) \$12,340	(30) FORM 1, (04) B.4. g	
<i>Less: Estimated Claim Payment Received</i>		(15)	(31) FORM 1, (04) B.5. g	
Net Claimed Amount		(16) \$516,756	(32) FORM 1, (04) B.6. g	
Due from State	(08)	(17) \$516,756	(33) FORM 1, (06)	10
Due to State	(09)	(18)	(34) FORM 1, (07)	48100
			(35) FORM 1, (09)	
			(36) FORM 1, (10)	
<b>(38) CERTIFICATION OF CLAIM</b>				
<p>In accordance with the provisions of Government Code Sections 17560 &amp; 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for mandated cost claims with the State of California for this program and I and certify under penalty of perjury that I have not violated any of the provisions of Article 4, Chapter 1 of Division 4 of Title 1 Government Code.</p> <p>I further certify that there was no application for nor any grant or payment received, other than from the claimant, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p>				
Signature of Authorized Representative			Date	
_____			_____	
Date Signed _____			_____	
Karen Johnston			Telephone Number (661) 267-5411	
Finance Manager			Email Address <a href="mailto:kjohnston@cityofpalmdale.org">kjohnston@cityofpalmdale.org</a>	
Name of Contact Person for Claim			Telephone Number	E-Mail Address
Annette S. Chinn (CRS)			(916) 939-7901	ACHinnCRS@aol.com

**INTERAGENCY CHILD ABUSE AND NEGLECT  
(ICAN) INVESTIGATION REPORTS  
CLAIM SUMMARY**

**FORM  
1**

<b>(01) Claimant</b> City of Palmdale	<b>(02) Type of Claim</b> Reimbursement <input type="checkbox"/>	<b>Fiscal Year</b> 2006-07
--	---	-------------------------------

**Claim Statistics**

<b>(03) Department - SHERIFF</b>	<b>Number of Cases =</b>	<b>1303</b>
----------------------------------	--------------------------	-------------

Direct Costs	Object Accounts					
--------------	-----------------	--	--	--	--	--

(04) Reimbursable Components	(a)	(b)	(c & d)	(e)	(f)	(g)
	Salaries	Benefits	Services and Supplies	Fixed Assets	Travel and Training	Total
<b>A. ONE-TIME ACTIVITIES</b>						
1. Policies and Procedures						
2. Training to implement ICAN						
<b>B. ON-GOING ACTIVITIES</b>						
1. Distribute Child Abuse Report (SS8572)						
2. Reporting between local departments						
2.a. Accept & refer reports when lacking jurisdiction	\$684					\$684
2.b. Cross reporting from County to law enforcement						
2.c. Cross reporting from law enf. to county and DA	\$4,136					\$4,136
2.d. Receipt of cross-reports by DA's office						
2.e. Report by phone & send to licensing agencies						
<b>(04.1) Subtotal B.2 (a through e)</b>	<b>\$4,821</b>					<b>\$4,821</b>
2.f. Addnl cross reporting in case of child death						
1) Law enforcement cross report to Co. Welfare						
2) County Welfare department						
i. Cross rpt child death case to law enforcement						
ii. Created record in County CWS/CMS system						
ii. Enter info in CWS/CMS if death not abuse/nglct						
<b>(04.2) Subtotal B.2 f. 2) (i through iii)</b>						
3. Reporting to DOJ (see item 4-claiming instructions)						
a. Complete an investigation to prepare a report	\$476,175					\$476,175
b. Prepare/submit/amend rpt for substantiated cases						
4. Notify suspected abuser they are in CACI						
5. Records retention post required period						
6. Provide due process procedures to those in CACI						
<b>(05) TOTAL DIRECT COSTS</b>	<b>\$480,996</b>					<b>\$480,996</b>

**Indirect Costs**

<b>(06) Indirect Cost Rate (applied to salaries)</b>	(from ICRP) (Applied to Salaries)	<b>10.0%</b>
<b>(07) Total Indirect Costs</b>	Line (06) x line (05)(a) or line(06) x [line (05)(a) + line(05)(b)]	<b>\$48,100</b>
<b>(08) Total Direct and Indirect Costs</b>	Line (05)(d) + line (07)	<b>\$529,095</b>

**Cost Reductions**

<b>(09) Less: Offsetting Savings, if applicable</b>		
<b>(10) Less: Other Reimbursements, if applicable</b>		
<b>(11) TOTAL CLAIMED AMOUNT</b>	Line (08)- (line(09) + Line(10))	<b>\$529,095</b>

**MANDATED COSTS**

**CLAIM SUMMARY**

**=FAM-27!A4** **=Summary AA-2**

(01) Claim =DA (02) Fiscal Year Costs Were Incurred: =DATA SC

(03) Reirr

A. One  Update Policies and Procedures & deve  Develop tra

B. On-

1. Distribute Suspected Child Abuse Rp

2. Reporting Between Local Departmer

a. Accept & refer abuse report when a c

b. Cross-rept from Co. Welfare to law e

c. Cross-report from Law Enforcement t

d. Receipt of cross report by DA

e. Report by phone & send written repc

f. Additional cross reporting in cases of

1) Police/Sheriff cross report all case

f. Addition:

2. County

i. Cross r

ii. Creat

iii. Enter

3. Reporti

a. Complete an investigation to prepare report

b. Prepar

4. Notify z

5. Mandat

6. Provide

(04) Desc

(a) Employee Names, Job Class., Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	Benefit Rate	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefit	(f & g) Services and Supplies	(h) Fixed Assets	(i) Travel and Training	Total Salaries & Benefits
<p><b>Sergeant</b></p> <p><b>Deputy</b></p> <p>Complete i report of sr is unfound PC 11165. Form SS 8</p> <p>Complete investigation to determine wh report of suspected child abuse or sev is unfounded, substantiated, or inconcl PC 11165.12) for purposes of preparin( Form SS 8583. (422 cases during eligi</p>	<p>=Prep Report!H42</p> <p>=Cross Rpt!H44</p>		<p>=10/60*DATA SCREEN!B15</p> <p>=3.5*DATA SCREEN!B15</p> <p><i>Investigation + report writing time included</i></p>	<p>=(H42*J42)</p> <p>=(H43*J43)</p> <p>=(H44*J44)</p> <p>=(H45*J45)</p> <p>=(H46*J46)</p> <p>=(H47*J47)</p> <p>=(H48*J48)</p> <p>=(H49*J49)</p> <p>=(H50*J50)</p> <p>=(H51*J51)</p> <p>=(H52*J52)</p> <p>=(H53*J53)</p> <p>=(H54*J54)</p> <p>=(H55*J55)</p> <p>=(H56*J56)</p> <p>=(H57*J57)</p> <p>=(H58*J58)</p> <p>=(H59*J59)</p> <p>=(H60*J60)</p> <p>=(H61*J61)</p> <p>=(H62*J62)</p> <p>=(H63*J63)</p> <p>=(H64*J64)</p> <p>=(H65*J65)</p> <p>=(H66*J66)</p> <p>=(H67*J67)</p> <p>=(H68*J68)</p> <p>=(H69*J69)</p> <p>=(H70*J70)</p> <p>=(H71*J71)</p> <p>=(H72*J72)</p> <p>=(H73*J73)</p> <p>=(H74*J74)</p> <p>=(H75*J75)</p> <p>=(H76*J76)</p> <p>=(H77*J77)</p> <p>=(H78*J78)</p>	<p>=(K42*J42)</p> <p>=(K43*J43)</p> <p>=(K44*J44)</p> <p>=(K45*J45)</p> <p>=(K46*J46)</p> <p>=(K47*J47)</p> <p>=(K48*J48)</p> <p>=(K49*J49)</p> <p>=(K50*J50)</p> <p>=(K51*J51)</p> <p>=(K52*J52)</p> <p>=(K53*J53)</p> <p>=(K54*J54)</p> <p>=(K55*J55)</p> <p>=(K56*J56)</p> <p>=(K57*J57)</p> <p>=(K58*J58)</p> <p>=(K59*J59)</p> <p>=(K60*J60)</p> <p>=(K61*J61)</p> <p>=(K62*J62)</p> <p>=(K63*J63)</p> <p>=(K64*J64)</p> <p>=(K65*J65)</p> <p>=(K66*J66)</p> <p>=(K67*J67)</p> <p>=(K68*J68)</p> <p>=(K69*J69)</p> <p>=(K70*J70)</p> <p>=(K71*J71)</p> <p>=(K72*J72)</p> <p>=(K73*J73)</p> <p>=(K74*J74)</p> <p>=(K75*J75)</p> <p>=(K76*J76)</p> <p>=(K77*J77)</p> <p>=(K78*J78)</p>				<p>=(K42+L42)</p> <p>=(K43+L43)</p> <p>=(K44+L44)</p> <p>=(K45+L45)</p> <p>=(K46+L46)</p> <p>=(K47+L47)</p> <p>=(K48+L48)</p> <p>=(K49+L49)</p> <p>=(K50+L50)</p> <p>=(K51+L51)</p> <p>=(K52+L52)</p> <p>=(K53+L53)</p> <p>=(K54+L54)</p> <p>=(K55+L55)</p> <p>=(K56+L56)</p> <p>=(K57+L57)</p> <p>=(K58+L58)</p> <p>=(K59+L59)</p> <p>=(K60+L60)</p> <p>=(K61+L61)</p> <p>=(K62+L62)</p> <p>=(K63+L63)</p> <p>=(K64+L64)</p> <p>=(K65+L65)</p> <p>=(K66+L66)</p> <p>=(K67+L67)</p> <p>=(K68+L68)</p> <p>=(K69+L69)</p> <p>=(K70+L70)</p> <p>=(K71+L71)</p> <p>=(K72+L72)</p> <p>=(K73+L73)</p> <p>=(K74+L74)</p> <p>=(K75+L75)</p> <p>=(K76+L76)</p> <p>=(K77+L77)</p> <p>=(K78+L78)</p>
<b>(05) Total</b>			<b>=SUM(J42:J78)</b>	<b>=SUM(K42:K78)</b>	<b>=SUM(L42:M78)</b>	<b>=SUM(N42:N78)</b>	<b>=SUM(O42:O78)</b>	<b>=SUM(P42)</b>	<b>=SUM(Q42:R78)</b>



**DECLARATION OF SERVICE BY EMAIL**

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On September 27, 2018, I served the:

- **Claimant's Response to the Controller's Late Comments filed September 27, 2018**

*Interagency Child Abuse and Neglect Investigation Reports (ICAN)*, 17-0022-I-01  
Penal Code Sections 11165.9, 11166, 11166.2, 11166.9<sup>1</sup>, 11168 (formerly 11161.7),  
11169, 11170, and 11174.34 (formerly 11166.9) as added or amended by Statutes 1977,  
Chapter 958; Statutes 1980, Chapter 1071; Statutes 1981, Chapter 435; Statutes 1982,  
Chapters 162 and 905; Statutes 1984, Chapters 1423 and 1613; Statutes 1985, Chapter  
1598; Statutes 1986, Chapters 1289 and 1496; Statutes 1987, Chapters 82, 531, and 1459;  
Statutes 1988, Chapters 269, 1497, and 1580; Statutes 1989, Chapter 153; Statutes 1990,  
Chapters 650, 1330, 1363, and 1603; Statutes 1992, Chapters 163, 459, and 1338;  
Statutes 1993, Chapters 219 and 510; Statutes 1996, Chapters 1080 and 1081; Statutes  
1997, Chapters 842, 843, and 844; Statutes 1999, Chapters 475 and 1012; and Statutes  
2000, Chapter 916; California Code of Regulations, Title 11, Section 903 (Register 98,  
Number 29); "Child Abuse Investigation Report" Form SS 8583 (Rev. 3/91)  
*Interagency Child Abuse and Neglect Investigation Reports (ICAN)*  
Fiscal Years 1999-2000 through 2012-2013  
City of Palmdale, Claimant

By making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on September 27, 2018 at Sacramento, California.



Lorenzo Duran  
Commission on State Mandates  
980 Ninth Street, Suite 300  
Sacramento, CA 95814  
(916) 323-3562

---

<sup>1</sup> Renumbered at Penal Code section 11174.34 (Stats. 2004, ch. 842 (SB 1313)).

# COMMISSION ON STATE MANDATES

## Mailing List

**Last Updated:** 9/26/18

**Claim Number:** 17-0022-I-01

**Matter:** Interagency Child Abuse and Neglect Investigation Reports (ICAN)

**Claimant:** City of Palmdale

### TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

**Socorro Aquino**, *State Controller's Office*

Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 322-7522

SAquino@sco.ca.gov

**Lacey Baysinger**, *State Controller's Office*

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 324-0254

lbaysinger@sco.ca.gov

**Allan Burdick**,

7525 Myrtle Vista Avenue, Sacramento, CA 95831

Phone: (916) 203-3608

allanburdick@gmail.com

**Evelyn Calderon-Yee**, Bureau Chief, *State Controller's Office*

Local Government Programs and Services, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 324-5919

ECalderonYee@sco.ca.gov

**Gwendolyn Carlos**, *State Controller's Office*

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 323-0706

gcarlos@sco.ca.gov

**Annette Chinn**, *Cost Recovery Systems, Inc.*

**Claimant Representative**

705-2 East Bidwell Street, #294, Folsom, CA 95630

Phone: (916) 939-7901

achinnrcs@aol.com



**Anita Dagan**, Manager, Local Reimbursement Section, *State Controller's Office*  
Local Government Programs and Services Division, Bureau of Payments, 3301 C Street, Suite 740,  
Sacramento, CA 95816  
Phone: (916) 324-4112  
Adagan@sco.ca.gov

**Donna Ferebee**, *Department of Finance*  
915 L Street, Suite 1280, Sacramento, CA 95814  
Phone: (916) 445-3274  
donna.ferebee@dof.ca.gov

**Susan Geanacou**, *Department of Finance*  
915 L Street, Suite 1280, Sacramento, CA 95814  
Phone: (916) 445-3274  
susan.geanacou@dof.ca.gov

**Dillon Gibbons**, Legislative Representative, *California Special Districts Association*  
1112 I Street Bridge, Suite 200, Sacramento, CA 95814  
Phone: (916) 442-7887  
dillong@csda.net

**Heather Halsey**, Executive Director, *Commission on State Mandates*  
980 9th Street, Suite 300, Sacramento, CA 95814  
Phone: (916) 323-3562  
heather.halsey@csm.ca.gov

**Chris Hill**, Principal Program Budget Analyst, *Department of Finance*  
Local Government Unit, 915 L Street, Sacramento, CA 95814  
Phone: (916) 445-3274  
Chris.Hill@dof.ca.gov

**Edward Jewik**, *County of Los Angeles*  
Auditor-Controller's Office, 500 W. Temple Street, Room 603, Los Angeles, CA 90012  
Phone: (213) 974-8564  
ejewik@auditor.lacounty.gov

**Karen Johnston**, Finance Director, *City of Palmdale*  
38300 Sierra Highway, Suite D, Palmdale, CA 93550  
Phone: (661) 267-5411  
kjohnston@cityofpalmdale.org

**Matt Jones**, *Commission on State Mandates*  
980 9th Street, Suite 300, Sacramento, CA 95814  
Phone: (916) 323-3562  
matt.jones@csm.ca.gov

**Jill Kanemasu**, *State Controller's Office*  
Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816  
Phone: (916) 322-9891  
jkanemasu@sco.ca.gov

**Lisa Kurokawa**, Bureau Chief for Audits, *State Controller's Office*  
Compliance Audits Bureau, 3301 C Street, Suite 700, Sacramento, CA 95816  
Phone: (916) 327-3138  
lkurokawa@sco.ca.gov

**Erika Li**, Program Budget Manager, *Department of Finance*  
915 L Street, 10th Floor, Sacramento, CA 95814

Phone: (916) 445-3274  
erika.li@dof.ca.gov

**Jill Magee**, Program Analyst, *Commission on State Mandates*  
980 9th Street, Suite 300, Sacramento, CA 95814  
Phone: (916) 323-3562  
Jill.Magee@csm.ca.gov

**Lourdes Morales**, Senior Fiscal and Policy Analyst, *Legal Analyst's Office*  
925 L Street, Sacramento, CA 95814  
Phone: (916) 319-8320  
Lourdes.Morales@LAO.CA.GOV

**Michelle Nguyen**, *Department of Finance*  
Education Unit, 915 L Street, Sacramento, CA 95814  
Phone: (916) 445-0328  
Michelle.Nguyen@dof.ca.gov

**Andy Nichols**, *Nichols Consulting*  
1857 44th Street, Sacramento, CA 95819  
Phone: (916) 455-3939  
andy@nichols-consulting.com

**Arthur Palkowitz**, *Artiano Shinoff*  
2488 Historic Decatur Road, Suite 200, San Diego, CA 92106  
Phone: (619) 232-3122  
apalkowitz@as7law.com

**Steven Pavlov**, Budget Analyst, *Department of Finance*  
Local Government Unit, 915 L Street, Sacramento, CA 95814  
Phone: (916) 445-3274  
Steven.Pavlov@dof.ca.gov

**Keith Petersen**, *SixTen & Associates*  
P.O. Box 340430, Sacramento, CA 95834-0430  
Phone: (916) 419-7093  
kbsixten@aol.com

**Johnnie Pina**, Legislative Policy Analyst, *League of Cities*  
1400 K Street, Suite 400, Sacramento, CA 95814  
Phone: (916) 658-8214  
jpina@cacities.org

**Jai Prasad**, *County of San Bernardino*  
Office of Auditor-Controller, 222 West Hospitality Lane, 4th Floor, San Bernardino, CA 92415-0018  
Phone: (909) 386-8854  
jai.prasad@atc.sbcounty.gov

**Camille Shelton**, Chief Legal Counsel, *Commission on State Mandates*  
980 9th Street, Suite 300, Sacramento, CA 95814  
Phone: (916) 323-3562  
camille.shelton@csm.ca.gov

**Carla Shelton**, *Commission on State Mandates*  
980 9th Street, Suite 300, Sacramento, CA 95814  
Phone: (916) 323-3562  
carla.shelton@csm.ca.gov

**Jim Spano**, Chief, Mandated Cost Audits Bureau, *State Controller's Office*

Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816  
Phone: (916) 323-5849  
jspano@sco.ca.gov

**Dennis Speciale**, *State Controller's Office*

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816  
Phone: (916) 324-0254  
DSpeciale@sco.ca.gov

**Derk Symons**, Staff Finance Budget Analyst, *Department of Finance*

Local Government Unit, 915 L Street, Sacramento, CA 95814  
Phone: (916) 445-3274  
Derk.Symons@dof.ca.gov

**Maritza Urquiza**, *Department of Finance*

Education Unit, 915 L Street, Sacramento, CA 95814  
Phone: (916) 445-0328  
Maritza.Urquiza@dof.ca.gov