

MANDATED REPORTER ONLINE TRAINING

Text Version

If this is an emergency, for example, young children are currently alone or being beaten, call 911 or your local police department, as they are able to respond immediately.

To report a concern, call the New York State Child Abuse Hotline at 800-342-3720.

Introduction

Welcome to online Mandated Reporter Training for identifying and reporting child abuse and maltreatment/neglect.

This training is sponsored by the New York State Office of Children and Family Services (OCFS), committed to promoting the well-being and safety of our children, families, and communities. To report a concern, call the New York State Child Abuse Hotline at 1-800-342-3720.

The purpose of this training is to provide you with the knowledge to make an informed decision about whether a situation involves child abuse or maltreatment/neglect, what your reporting obligation is, and how to go about making such a report.

In the course of this training, we will cover six primary subject areas.

In the first part of the training, you will be introduced to the Child Protective Services (CPS) system, and given some background information on CPS.

From there, we will move into looking at the questions of what is child abuse; and what is maltreatment/neglect. During these sections, we will define what a child is, what child abuse is, and what maltreatment/neglect is. You will also learn to identify common indicators.

We will then look at some things to consider. This module will address the do's and don'ts of talking with children, along with how to determine if there is reasonable cause to suspect child abuse or maltreatment.

Next, we will put your learning into real world examples in the learning exercises module, where you will be asked to evaluate your response as a mandated reporter to a particular situation. You will also evaluate four different scenarios and how you would respond to those cases.

Finally, we will take you through what to expect when you make a call to the SCR, how to follow up on the report, and the local response of the Child Protective Services.

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There are four main objectives that will be covered during this training:

1. Effectively report child abuse or maltreatment/neglect to the New York Statewide Central Registry (SCR) of Child Abuse and Maltreatment, also known as the Child Abuse Hotline;
2. Evaluate situations to determine whether you have reasonable cause to suspect child abuse or maltreatment/neglect;
3. Identify the physical and behavioral indicators commonly associated with child abuse and maltreatment/neglect;
4. And describe the legal framework for the New York State Child Protective Services.

A national study conducted in the 1980s concluded that many professionals do not report abuse and maltreatment/neglect because of two factors. The first is a general confusion or misunderstanding about the reporting laws and procedures. And the second is the lack of knowledge or awareness of warning signs and clues.

Furthermore, in 1999, the University of Rochester conducted research for a campaign to increase community involvement to prevent child abuse and maltreatment/neglect, and improve reporting.

Mandated reporters were included as a group in this study, and they disclosed two main reasons for why they did not fulfill their legal obligation to report. First, they were not clear about abuse or maltreatment/neglect as defined by New York State law. And second, they were often improperly influenced by their professional beliefs, values, and experiences.

- *Do not* apply your own beliefs, values, or personal experiences;
- *Do* act on the facts and your professional experience when measuring how to respond to a concern.

As a result of these and other studies, we know that child abuse and maltreatment/neglect are under-reported, and that conversely, some situations that are reported to the SCR are more suitable for preventive services or other resources.

The following video transcript illustrates how the CPS system works to support families through crisis and stress in their lives. Working with a family to improve their lives and break the cycle of abuse and maltreatment/neglect is the purpose of intervention.

As you review this transcript, remember that child abuse and maltreatment/neglect can occur in any family regardless of its education, ethnicity, or socio-economic class. The family in this video faced many difficult

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challenges. Once CPS was involved, Philomena's life, and her children's lives, turned around.

[Start of Transcript]

[Setting: Philomena's kitchen]

[Male Narrator] Philomena Allen wanted her daughters to have a different childhood than the one she and her mother had.

[Philomena] My mother's mother was not a very good parent. She had addictions of her own. It wasn't drugs at that time, but it was other things. Some significant things that my grandmother has done, my mother has done it, and I have done it.

[Setting: Workplace conference room]

[Male Narrator] Mary Ann Sangarten (MSW, CSWR) counsels families caught in the cycle of neglect and abuse, a cycle that begins when a child's plight is ignored.

[Mary Ann Sangarten, Case Worker] I've worked with so many adults who have talked about telling people and nobody helping them, and being so hopeless and helpless about the situation that they can't relate very well as adults. They have problems in their relationships, they have problems relating to their children, makes their children vulnerable to abuse by other people. So it's a cycle that keeps going and going.

[Male Narrator] Philomena was 10 when she left her mother's home. She had her first daughter at 16. By the time she was 25, she had three more daughters and a serious drug addiction.

[Philomena] I left my kids with a family and I was just in the streets, and using drugs. The family that they were living with was not all that great, but it was better than me. It was better than what I was doing, so I left them there.

[Male Narrator] Having abandoned her four daughters, six years later, she found herself pregnant again, and in jail.

[Mary Ann Sangarten, Case Worker] I don't think most parents want to hurt their children, and they often regret that they've hurt them, whether that's physically, sexually, emotionally. They are not able to stop themselves, so it takes an intervention by an outside source, to go in and say, "Wait a minute. We need to be really taking a look at how things are going and what's happening here."

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[Philomena] You wouldn't think that you'd get better when you go to jail, but that's when things started getting better for me. I realized that whether I was going to straighten up my life, or ever do whatever, get my kids back, or whatever, I still had an obligation to make sure this baby was not born addicted to drugs.

[Setting: Interior of a church]

[Male Narrator] While in jail, Philomena met Father Tony and developed a relationship that has continued to this day.

[Philomena] When I got out, I went to a woman's shelter. And it was actually on the same grounds as Saint Richard's Church. It was Bethany House. And things happened from there. I formed a relationship with my kids. I had my baby.

[Male Narrator] She got herself off drugs, got her daughters back, and began the difficult process of pulling her family together.

[Elizabeth, Philomena's teenage daughter] When my mom came to get me, it was like, a big relief, because I was scared. It was like, I was lost, and I blame that on, that's why I have so many issues.

[Olivia, Philomena's teenage daughter] We try not to let it get in the way, but deep down inside, it makes a difference. Life would have been better if she wouldn't have left us, and I don't see how she could abandon her kids for drugs.

[Philomena] I won't even say I've forgiven myself to this day. But just recently I've been able to, when they say to me, "Well you should've been there!" I can now say, "Well I'm here now." I couldn't say that. I couldn't say that for a long, long time. It's been nine years. In December I have nine years clean, but I could not say that until, maybe in just the last six months. I blame myself, and I cried, and I hated myself for what I did to them.

[Male Narrator] With support from her parish, and a challenge from her Child Protective worker, Philomena turned her life around.

[Setting: Interior of Philomena's house]

[Philomena] She really helped me to see what I was doing, what was going on with me, to have led me to the drugs, and what led me to come home and get my kids. Her main focus was to help me help me, and she did.

[Setting: Philomena's work area]

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[Philomena, speaking to a client] And then in two months, here comes the baby.

[Male Narrator] Philomena now works for a social services agency, sharing her experiences and knowledge with other families, helping to spin their lives in a new direction.

[Female Client of Philomena's] She came into my life at a time when I was having a lot of problems with my daughter, through courts and stuff like that. If I got mad at the judge or something, I felt like they were treating me wrong, I could talk to her, and she would tell me she went through the same thing, and tell me how to more or less handle it a little better, how she did it, and it really worked for me. She was just really there, (telling me) "You know you can call me at home, you can call me at my job. You need anything, you know, a cab or whatever." Anything that I needed, I called her, and she was always there. She is a wonderful person.

[Chuck Allan, Philomena's supervisor] Philomena spends her time supporting and meeting and helping the families that come our way. So she's a remarkable success story, but knows what it's like to be on the other side of the table.

[Setting: Interior of Philomena's home, looking at framed pictures of her kids on a wall]

[Philomena] I like the look at what they looked like when they were little. It means a lot to me to have these pictures.

[Male Narrator] Philomena has been clean for nine years. Elizabeth and Olivia, 1 and 2 when she left them, are now 15 and 16. Benna, her youngest, is 8. The oldest daughters, Rhonda and Renee, are living on their own, but on Sundays, you often see them all together.

[Elizabeth] We all love each other unconditionally. There is no more to say.

[End of Transcript]

The video clearly demonstrates that CPS intervention into a family's life can be positive. It can provide stability, and a structure for change. Remember that sometimes, intervention can provide exactly the kind of help a family needs to prevent further abuse or maltreatment/neglect from causing irreversible harm. Remember, whether or not you believe the parents or other person's legally responsible for the child will be open to intervention, you are still obligated to make the report to the SCR. And in some cases, a report to the SCR is often the

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wake-up call a parent needs to get help in areas of their life that have become unmanageable.

Module 1: Background of the CPS System

In this module, you will learn about the following:

- The Child Protective Services Act of 1973;
- Statistics on registered reports in the state of New York;
- The role of the mandated reporter;
- The legal framework for protections and guidance to support the mandated reporter including immunity from liability, confidentiality, and penalties for failure to report;
- And finally, requirements for complying with requests for records from CPS.

Background of the Child Protective Services System

The Child Protective Services Act was passed in 1973. The law required mandatory reporting of suspected child abuse or maltreatment by specific professionals.

Please take a moment to review this list of mandated reporters:

Physician; Registered physician assistant; Surgeon; Medical examiner; Coroner; Dentist; Dental hygienist; Osteopath; Optometrist; Chiropractor; Resident; Intern; Registered nurse; Emergency medical technician; Psychologist; Podiatrist; Licensed creative arts therapist; Licensed marriage & family therapist; Licensed mental health counselor; Licensed psychoanalyst; Licensed behavior analyst; Certified behavior analyst assistant; Christian Science practitioner; Hospital personnel engaged in the admission, examination, care, or treatment of persons; Social services worker; Day care center worker; Mental health professional; All persons credentialed by the New York State Office of Alcoholism and Substance Abuse Services; Social worker; Director of children's overnight camp, summer day camp, or traveling summer day camp; School age child care worker; Employee or volunteer in a residential care facility; Child care or foster care worker; Provider of family or group family day care; Peace officer; Police officer; District attorney; Assistant district attorney; Investigator employed in the office of a district attorney; Any other law enforcement official; Alcoholism counselor; Substance abuse counselor; School official, which includes but is not limited to: School teacher, School guidance counselor, School psychologist, School social worker, School nurse, School administrator, Other school personnel required to hold a teaching or administrative license or certificate

The list changes as legislation is updated. The complete list of mandated reporters is available at this link:

http://ocfs.ny.gov/main/cps/faqs_mandatedreporter.asp

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Further, this law called for the creation of a 24-hour, 7-day-a-week central registry, known in New York as the Statewide Central Register (SCR), to receive reports. The SCR is operated by the New York State Office of Children and Family Services, or OCFS.

The law also called for the establishment of local Child Protective Services, or CPS, to receive and investigate registered reports. In New York, local districts CPS offices are staffed by human services professionals trained to investigate allegations of child abuse and maltreatment.

Reminder: the terms maltreatment and neglect are often used interchangeably. Both terms have legal foundation in the CPS system. Maltreatment is the term used in the Social Services Law, and neglect is the term used in the Family Court Act. For the remainder of this training, we will use maltreatment to refer to both maltreatment and neglect.

Reports Registered

The most recent data from OCFS shows that of all the registered reports made in New York State last year, the majority were made by mandated reporters, which should come as no surprise. A mandated reporter's training and professional awareness of the common indicators of child abuse and maltreatment are just two reasons they result in more complete and frequent reporting.

Role of the Mandated Reporter

Section 413 of the Social Services Law requires:

...Designated professionals to report to the SCR when they have reasonable cause to suspect that a child before them in their professional capacity has been abused or maltreated...

...Mandated reporters must also report if there is reasonable cause to suspect that there is an abused or maltreated child where the parent, guardian, or custodian comes before the reporter in their professional capacity and states from personal knowledge, facts, or conditions that render that child in a harmful situation...

Reports need to be made to SCR immediately upon the development of reasonable cause to suspect child abuse or maltreatment. Please be aware that in the state of New York, you, as an individual, own the responsibility to report to the SCR, regardless of any protocols that are established in your organization.

Legal Framework

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Mandated reporters have a legal obligation to report. But there is also a framework of protections and guidance to support them.

There are three main components to the legal framework that apply to mandated reporters. They are:

1. Immunity from liability;
2. Confidentiality;
3. And penalties for failure to report.

Immunity from Liability: Some mandated reporters face a conflict between their legal obligation to report and their legal obligation to maintain client or patient confidentiality. Section 419 of the Social Services Law provides immunity from liability for mandated reporters.

Mandated reporters are immune to any criminal or civil liability if the report was made in good faith. The good faith of an individual, official, or institution required to report, is presumed. Therefore, any person accusing you of making a false report in bad faith must prove you acted with gross negligence or willful misconduct.

No conditions, prior approvals, or prior notification requirements may be placed on mandated reporters relating to calling in reports to the SCR.

Any retaliatory personnel action against any employee who makes a report to the SCR is in violation of the law and is not permitted. Section 740 of the Labor Law defines retaliatory personnel action as discharge, suspension, demotion, or any other adverse employment action involving the terms or conditions of employment.

The informational letter on this subject is available using this link:

[http://ocfs.ny.gov/main/policies/external/OCFS_2008/INFs/08-OCFS-INF-01%20Mandated%20Reporters,%20Chapter%20193%20of%20the%20Laws%20of%202007%20\(replaces%2007-OCFS-INF-07\).pdf](http://ocfs.ny.gov/main/policies/external/OCFS_2008/INFs/08-OCFS-INF-01%20Mandated%20Reporters,%20Chapter%20193%20of%20the%20Laws%20of%202007%20(replaces%2007-OCFS-INF-07).pdf)

Confidentiality: New York State law provides confidentiality to those who make a report. Neither the Office of Children and Family Services, nor the local Child Protective Services, are permitted to the release to the subject of the report any data that would identify the source of the report, unless the reporter has given written permission for OCFS or CPS to do so. Information regarding the source of a report may be shared by OCFS or local CPS with certain individuals, including the court, police, or district attorney, but only as provided by law.

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Penalties for Failure to Report: Mandated reporters are subject to serious consequences for failure to report. A mandated reporter who fails to report can be found guilty of a Class A misdemeanor. The penalty for a Class A misdemeanor could be up to a year in jail, a fine of up to \$1000, or both. In addition to these criminal penalties, failing to report may result in a lawsuit in civil court for monetary damages for any harm caused by the mandated reporter's failure to make the report to the SCR, including wrongful death suits.

Mandated Reporter Records

Beginning in 2005, an amendment to the Social Services Law 415 requires that mandated reporters who make a report to the SCR comply with all requests for records by CPS relating to the report they filed.

The mandated reporter to whom the request is directed makes the determination of what information is essential. If CPS believes that the mandated reporter has additional essential information pertaining to the report, CPS should ask the mandated reporter for the additional records, and attempt to come to agreement regarding any additional records.

If CPS and the reporter cannot come to an agreement, and CPS disagrees with the mandated reporter's rationale for why the records are not relevant to the report, CPS may seek a court order, pursuant to Civil Practice Law Rules Article 31 and Social Services Law 415, directing the mandated reporter to produce the essential information.

The amendment to the law only applies to the records of the mandated reporter who made the report of suspected abuse or maltreatment. Additionally, the records that CPS requests should be limited only to information that directly pertains to the report itself.

The purpose of the inclusion of these records is to support a full investigation of allegations of child abuse or maltreatment. This language is not intended to be an expansion of a mandated reporter's current obligation.

Since the passage of the federal HIPAA (Health Insurance Portability and Accountability Act), confusion has arisen regarding the obligation of a mandated reporter to provide copies of written records that underlie the report. The intent of the amendment to Social Services Law 415 is to make clear that the reporter's obligation also extends to the provisions of the records necessary to investigate the report, as has always been the case.

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Materials included are records relating to the diagnosis, prognosis, or treatment; and clinical records of any patient or client. Please note that disclosure of substance abuse treatment records are pursuant to the standards and procedures for disclosure of such records delineated in federal law. Written reports from mandated reporters shall be admissible in evidence in any proceedings relating to child abuse or maltreatment. The statutory amendments do not require written consent, and are intended to promote CPS getting the needed supplemental information that supports the initial report.

In this module, you learned about the following:

- The Child Protective Services Act of 1973;
- Statistics on registered reports in the State of New York;
- The role of the mandated reporter;
- The legal framework for protections and guidance to support the mandated reporter, including immunity from liability, confidentiality, and penalties for failure to report;
- And finally, requirements for complying with requests for records from CPS.

Module 2: What is Child Abuse?

In this module, you will learn about the following topics:

- Always begin by considering the child;
- As a mandated reporter, you must know who can be a subject of a report;
- What are the elements of child abuse;
- And what are some of the indicators of abuse, and sexual abuse.

Consider the Child

You should begin by considering the child. Children are defined as individuals from birth up to 18 years of age. Therefore, you cannot report prenatal harm.

Suspicion of harm to a youth, no more than 21 years of age, who has a handicapping condition, and is in certain special care services, may be reported to the SCR. When identifying suspected child abuse and maltreatment, carefully review what has happened to the child that leads you to believe he or she has been harmed, or is at imminent risk of harm.

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Once the child's condition has been established, then explore the involvement of a parent or guardian responsible for the care of the child. Be sure to consider how the parent or the person legally responsible may be culpable for this condition or circumstance.

Who Can Be Reported?

Knowing who has caused harm to a child is a significant factor in determining how to proceed. The SCR may register reports against persons legally responsible for a child, such as parents, guardians, custodians, or other persons 18 years or older.

According to the Family Court Act, persons legally responsible include the child's custodian, guardian and any other person 18 years old or older, responsible for the child's care at the relevant time.

This includes any person continually, or at regular intervals, found in the same household as the child when the conduct of such person causes or contributes to the abuse or maltreatment of the child. This may also include any daycare providers or staff of residential care facilities for children.

If the SCR registers a report, the person who is suspected of causing the harm to the child becomes the subject of the report. Additional information on the subject of the report can be found in Section 412 of the Social Services Law.

Teachers in most public or private schools do not qualify as subjects of reports when they are acting as teachers. A teacher who assaults a student or commits any crime against a student may be subject to criminal action.

Teachers and schools associated with residential care facilities for children can be subjects of reports. Similarly, teachers may be a subject of a report involving their own child, or a child they have some legal responsibility for outside their role as a teacher.

Elements of Child Abuse

In order for the SCR to register a report of child abuse, there must be reasonable cause to suspect that the child sustained or was at substantial risk of sustaining:

- Serious or protracted disfigurement;
- Or protracted impairment of physical or emotional health;
- Or protracted loss of the function of any bodily organ or death;

AND

- A parent or person legally responsible who inflicts, or allows to be inflicted, physical injury to a child by other than accidental means, and such

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action causes or creates a substantial risk of death or serious disfigurement, protracted impairment of physical or emotional health, or loss of the function of any bodily organ;

- Or a parent or person legally responsible who creates, or allows to be created, a substantial risk of physical injury to the child, by other than accidental means, and such action would likely cause substantial risk of death or serious disfigurement, protracted impairment of physical or emotional health, or loss of the function of any bodily organ;
- Or a parent or person legally responsible who commits or allows to be committed, a sexual offense, as described in Section 130 of the Penal Law, or permits or encourages the child to engage in any act promoting prostitution as described in Sections 230.25, 230.30, or 230.32; or commits any acts of incest, as described in Section 255.25; or allows a child to engage in sexual performance acts as described in Article 263 of the Penal Law.

For legal definitions of an abused or neglected child, please refer to the New York State Family Court Act Section 1012e using this link:

http://www.nysmandatedreporter.org/pdf/fmly crt.pdf? sm_au_ =iVVfn72q5vWJF175

Indicators of Abuse

There are a number of different indicators, or signs, that may point to child abuse. These indicators serve as a warning, or an alert, telling the mandated reporter that more attention should be paid to a particular circumstance.

In the case of physical abuse, or sexual abuse, there are three types of indicators to consider:

1. The child's physical indicators;
2. The child's behavioral indicators;
3. And where the parent is the suspected perpetrator, the parent's behavioral indicators.

Let's explore a bit more in depth some of the common indicators of physical abuse.

First, the child's physical indicators typically include severe, unexplained, or suspicious bruises and welts, fractures, burns, or lacerations or abrasions.

The following paragraphs discuss normal bruising areas versus suspicious bruising areas in children. Keep in mind that, in addition to the location of the injury, you must also consider the size and shape of the injury.

Typically, normal bruising areas in children include prominent bony areas of the body, including the elbows, knees, and shins. Children are susceptible to normal

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injuries in relation to their developmental stage. For example, toddlers fall while learning to walk, or young children scrape their elbows and knees when learning to ride a bicycle.

Conversely, suspicious injuries typically occur in areas that are generally not susceptible to accidental, age appropriate injuries. These locations usually include the back, buttocks, and the areas at the back of the thighs and the back of the calves.

Some of the typical physical abuse you may encounter include handprint, looped cord, cigarette burn, and switch injuries.

When determining your suspicions regarding a child's injury, you should always consider the age of the child, the type and location of the injury, and the explanation of how the injury occurred.

Remember, it is not your responsibility to determine whether or not a child's injury is abuse or maltreatment. As a mandated reporter, your only job is to make the call to the SCR when you have a reasonable suspicion of child abuse or maltreatment.

The typical child's behavioral indicators you might notice include the following:

- Wary of adult contact;
- Apprehensive when other children cry;
- Behavioral extremes;
- Frightened of parents;
- Afraid to go home;
- Reports injury by parents;
- Wears long-sleeved clothing to hide injuries;
- Or seeks affection from any adult.

And the parent's behavioral indicators of abuse that might lead to a reasonable suspicion include:

- Seems unconcerned about the child;
- Takes an unusual amount of time to obtain medical care;
- Offers poor or conflicting accounts of child's injury;
- Abuses or misuses alcohol or other drugs;
- Sees the child as evil;
- Has a history of abuse as a child;
- Attempts to conceal the child's injury;
- Takes the child to a different doctor or hospital for each injury;
- Or has poor impulse control.

Indicators of Sexual Abuse

The mandated reporter also must be aware of common indicators of sexual abuse, which, just like the indicators of abuse, are broken into three categories:

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1. The child's physical indicators;
2. The child's behavioral indicators;
3. And the parent's behavioral indicators.

It is very important to consider that sometimes, the victims of sexual abuse will not exhibit any physical indicators. Consequently, you need to closely observe the child's behavioral indicators.

The child's typical physical indicators of sexual abuse may include the following:

- The child may have difficulty walking or sitting;
- Early adolescent pregnancy;
- Pain or itching in the genital area;
- Sexually transmitted diseases;
- Torn, stained, or bloody underclothes;
- Bruises or bleeding around external genitalia, vaginal or anal regions.

The typical behavioral indicators the child might exhibit include:

- Withdrawn, excessive fantasizing or infantile behavior;
- Unusual sexual behavior or knowledge;
- Delinquency;
- Reluctance to change in gym class;
- Self-destructive behavior;
- Fire setting;
- Exaggerated fear of closeness or physical contact;
- Or the child may disclose abuse.

And the parent may exhibit some of the following behavioral indicators:

- Very protective or jealous of the child;
- Encourages the child to participate in sexual acts;
- Was a victim of sexual abuse;
- Abuses or misuses alcohol or drugs;
- Exhibits social isolation;
- Allows adult material around children.

In this module, you have learned about the following topics:

- You should always begin by first considering the child;
- The mandated reporter should know who can be reported;
- What are the elements of child abuse;
- And what are some of the indicators of child abuse, and sexual abuse.

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Module 3: What is Maltreatment or Neglect?

In this module, you will learn about the following topics:

- To always begin by considering the child;
- What are the elements of maltreatment;
- What are the various types of neglect;
- What constitutes excessive corporal punishment;
- And the indicators of maltreatment/neglect, and emotional maltreatment.

Considering the Child

You should begin by considering the child. Children are defined as individuals from birth up to 18 years of age. Therefore, you cannot report prenatal harm. Suspicion of harm to a youth no more than 21 years of age who has a handicapping condition, and is in certain special care services, may be reported to the SCR.

When identifying suspected child abuse and maltreatment, carefully review what has happened to the child that leads you to believe that he or she has been harmed, or is at imminent risk of harm.

Once the child's condition has been established, then explore the involvement of a parent or guardian responsible for the care of the child. Be sure to consider how the parent, or person legally responsible, may be culpable for this condition or circumstance.

Elements of Maltreatment

In order for the SCR to register a report of child maltreatment, there must be reasonable cause to suspect that the child's physical, mental, or emotional condition has been impaired, or is in imminent danger of becoming impaired, due to the parent, or other persons legally responsible, failing to exercise a minimum degree of care under the circumstances in question.

Types of Neglect

Use the following guidelines to determine if there is reasonable cause to suspect maltreatment:

- A parent or guardian who fails to provide adequate food, clothing, shelter, medical or dental care, or education, though financially able to do so, or offered financial or other reasonable means to do so;
- Or a parent or guardian who fails to provide the child with proper supervision or guardianship;

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- Or a parent or guardian who inflicts, or allows to be inflicted, harm, including the use of excessive corporal punishment;
- Or a parent or guardian who misuses drugs or misuses alcohol that causes the individual to lose control of their actions;
- Or a parent or guardian who abandons the child.

Abandoned Infant Protection Act (AIPA) does not change your responsibility as a mandated reporter. You are still obligated to report the abandonment, even if you are unsure of the name of person who abandoned the child.

Excessive Corporal Punishment

In New York State, while reasonable physical correction of a child is allowed, excessive corporal punishment is not. *Excessive* is a case by case determination. More specifically, a yes response to any of these questions may make physical punishment excessive:

- Does the child lack the capacity to understand the corrective quality of the discipline?
- Is a less severe method of punishment available, and likely to be effective?
- Is the punishment brutal or degrading to the child?
- Was the punishment inflicted due to the parent's rage?
- Did the child receive any injuries or bruises as a result of the discipline?
- Did the punishment last for such a time that it surpassed a child's power of endurance?

Maltreatment/Neglect Indicators

As you learned in the previous module, an indicator is a sign that points to or represents something else. Therefore, an indicator for child abuse or maltreatment serves as a warning, or alert, telling you that more attention should be given to a particular circumstance.

Just as we saw with abuse, there are three types of indicators to consider when looking for signs of maltreatment:

1. The child's physical indicators;
2. The child's behavioral indicators;
3. And the parent's behavioral indicators.

Let's begin with the indicators of physical maltreatment or neglect:

- Consistent hunger, poor hygiene, inappropriate dress for the weather;
- Consistent lack of supervision, such that the child is made unsafe, or for a period of time inappropriate for the child's age and abilities;
- And unattended physical problems or medical or dental needs.

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Let's now look at the child's behavioral indicators:

- Begging or stealing food;
- Extended stays in school, such as early arrival and late departure;
- Infrequent school attendance;
- Consistent fatigue, or falling asleep in class;
- And alcohol and illegal drug use.

In addition, there may be indicators of neglect in the parent's behavior, such as the parent:

- Misuses alcohol or drugs;
- Creates a disorganized, unstable home life;
- Is apathetic;
- Is isolated from friends, relatives, and neighbors;
- Has long term chronic illness;
- Creates or exposes the child to unsafe living conditions;
- Demonstrates limited intellectual capacity;
- Or the parent cannot be found, or the child has been abandoned.

Emotional Maltreatment Indicators

There may also be signs that a child is being emotionally maltreated. Now let's take a look at some indicators of emotional maltreatment/neglect.

Some physical indicators might include the following:

- Conduct disorders, such as fighting in school, anti-social or destructive behavior, etc.;
- Habit disorders, like rocking, biting, or sucking fingers;
- Neurotic disorders, like speech disorders, sleep problems, or the inhibition of play;
- Psychoneurotic reactions such as phobias, hysterical reactions, compulsions, and hypochondria;
- Lags in physical development;
- And failure to thrive.

The child's behavior also may indicate emotional maltreatment. Signs may include:

- Overly adaptive behavior, whether inappropriately adult or inappropriately infantile;
- Developmental delays, either mental or emotional;
- Extremes of behavior, being compliant, passive, aggressive, or demanding;
- And suicide attempts or gestures, and self-mutilation.

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Or you may see indicators of emotional maltreatment in the parent's behavior, such as the parent:

- Treats children in the family unequally;
- Doesn't seem to care much about the child's problems;
- Blames or belittles the child;
- Or demonstrates inconsistent behavior toward the child.

In this module, you learned about the following topics:

- To always begin by considering the child;
- What are the elements of maltreatment;
- What are the various types of neglect;
- What constitutes excessive corporal punishment;
- And the indicators of maltreatment/neglect, and emotional maltreatment.

Module 4: Things to Consider

In this module, you will learn about the following:

- Using your judgment when faced with indicators of child abuse or maltreatment;
- The do's and don'ts of talking with children;
- What constitutes reasonable cause to suspect child abuse or maltreatment;
- And determining if a child is in imminent danger.

Using your Judgment

At times, identifying indicators of child abuse may be readily apparent and can rest on a single factor, such as a hand print, a bruise, or a disclosure made by a child.

More often, however, identifying the indicators may be more difficult. Your suspicion that a child has been abused may rest on recognizing several independent indicators, or a cluster of indicators, such as swollen or tender limbs; afraid to go home; "accidental" or unexplained injuries; or wary of adult contact.

It also very important to not view indicators in isolation. Each indicator must be considered in relation to the child's current circumstance or condition, and in the context of his or her physical condition and behavior.

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Often times, indicators will contradict themselves, which is why you must rely on your own unique experiences with children when assessing your suspicion. Only by following a careful assessment will you be able to determine if the child's behavior deviates from the norm for that child.

Be sure to ask yourself, "What is normal, based on what I know of this child and/or the developmental stage of this child?"

Also keep in mind that no two children will respond to the same situation in the same manner. Children will have varying responses, so you should rely on each of your unique experiences with the child, whether you've seen that child once, or interact with him or her on a regular basis.

Be sure to also consider the behavior of the child's parent or other person legally responsible. If you are being provided information that leads you to suspect abuse or maltreatment, consider the quality of the disclosure, and the information provided.

Ask yourself:

- Is this explanation plausible?
- Are they speaking from personal knowledge?
- What are they saying about the child's condition or behavior?

It is important to keep in mind that abuse or maltreatment should never be assumed. Equally important, you must be reminded that many abused or maltreated children may not show any of these indicators.

Talking with Children

Occasionally in your experience, you may suspect child abuse or maltreatment, not because of your observations, but rather, by what a child says. When a child discloses such information, consider the do's and don'ts for talking with children.

- When possible, try to find a private place to speak with the child;
- Make sure you remain calm;
- Reassure the child by being honest and open;
- Be an advocate for the child;
- Listen to the child;
- And report the suspicion immediately.

When talking with children, be sure you *don't* do the following:

- Don't overreact, or make judgments or promises;
- Don't interrogate or investigate the child;
- Do not ask leading questions. Open ended questions are preferable.

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Remember, when dealing with child abuse or maltreatment, you are not to investigate or interrogate. Your responsibility is to assess for reasonable cause to suspect, and make the necessary report. This guideline is especially important in sexual abuse cases.

When talking with children, you should also be sure to note the following:

- Stress that the situation and the behaviors are not the child's fault;
- Legally, you are not required to inform parents, or other persons legally responsible, that you are making a report to the SCR;
- Informing the parent, or other person legally responsible, may place the child at further risk of harm;
- Do not assume that a parent will support the child;
- If you have questions or concerns about whether to inform the parents, contact your local CPS.

There are specific guidelines that apply to talking with children in suspected sexual abuse cases. Once a child reveals information that makes you suspect sexual abuse, avoid talking in detail with the child about the incident. Often, CPS and law enforcement work together to interview the child at the same time. These professionals have been specially trained in interviewing children. This is a traumatic experience for a child to relive. In your role as a mandated reporter, try to minimize how much you talk to a child about an incident involving sexual abuse.

Reasonable Cause to Suspect

Now let's take a look at what reasonable cause to suspect means.

Reasonable cause to suspect means that, based on what you have observed or been told, combined with your training and experience, you feel that harm or imminent danger of harm to the child could be the result of an act or omission by the person legally responsible for the child.

If there is a reasonable cause to suspect a child is being abused or maltreated, you must call the SCR immediately. It is your legal mandate.

To have a reasonable suspicion, you do not need proof that abuse or maltreatment has occurred. Doubt or distrust is enough. There are many things that could lead to your suspicion. For example, explanations that are inconsistent with your observations and/or knowledge, may be a basis for your reasonable cause to suspect.

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While a designee may do follow up paperwork, you cannot rely on your agency's designated reporter to make the call to the SCR. You, as the person with direct knowledge, are required to make the call yourself. You must also supply the SCR with the names of any mandated reporters in your agency that know of the situation.

Your agency cannot require you to seek supervisor approval before making the call. In addition, mandated reporters are protected, in that the organization they work for cannot discipline or terminate their employment solely because the mandated reporter made a report that the supervisor or agency felt was incorrect or inappropriate.

Finally, remember that any crime committed against a child should be reported directly to law enforcement. If you are uncertain if an incident is a criminal act, you can contact the SCR. The SCR staff is trained to make those distinctions, and can make a law enforcement referral. In certain circumstances, it may be necessary to contact law enforcement if the child is in immediate danger.

Imminent Danger

When discussing reasonable cause to suspect, we made mention of imminent danger. Imminent danger is a question of the immediateness of the risk to the child. That is, imminent danger measures the distance between a child and the harm created by a parent's actions or failure to act.

The key factor in assessing imminent danger is to ask, "How direct is the threat to the child?" In other words, the danger to the child must be immediate, or nearly immediate.

The standard to be applied is reasonableness. Ask yourself, "Is it reasonable to believe an intervening factor could occur?" If the answer is yes, then there is no imminent danger. If the answer is no, then it is reasonable to assume that harm could occur, and there is imminent danger

The following is an example to clarify this point: If young children are observed on a window ledge of a second story home, a call should be made to the police before calling the SCR.

Why? Because the potential for immediate harm to the child is too great. The risk of harm is imminent. When a child is in imminent danger of harm, it is important to immediately involve law enforcement. Law enforcement is trained to respond immediately, and to intervene to secure the safety of anyone involved.

In this module, you learned about the following:

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- Using your judgment when faced with indicators of abuse or maltreatment;
- The do's and don'ts of talking with children;
- What constitutes reasonable cause to suspect child abuse or maltreatment;
- And determining if a child is in imminent danger.

Module Five: Learning Exercises

The learning exercises are divided into five professional fields: Child Care; Education; Law Enforcement; Medical; and Social Services.

Turn to the desired profession.

Exercises – Child Care

The following learning exercises will put the material we have covered previously in the training into real world examples. Initially, you will be presented with four scenarios. After each scenario, we will answer four questions:

1. What indicators are present?
2. Is there a reasonable cause to suspect abuse or maltreatment?
3. Is there a parent or other person responsible for the suspected abuse or maltreatment?
4. What should your next steps be?

Asking yourself some of these same questions when confronted with an incident may help decide if you have reasonable cause to suspect.

Scenario A: Jimmy, age 3, came back to the center after a vacation with his mother, stepfather, and his 6-year-old sister. His teacher noticed him limping, favoring his right leg. When she asked him if his leg hurt, he shook his head no and would not answer questions. Jimmy has had several accidents in the past few months and his mother has always had a plausible explanation.

1. What indicators are present? **The boy's right leg appears painful.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **No.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **Not at this time.**
4. What should your next steps be? Discuss concern with parents. **Review situation with your supervisor. Document all your activities in the case record.**

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Scenario B: The teacher observes 4-year-old Chris with a bruise to the right side of his face and scrapes along his right arm. Chris claims he fell off his bike. The child lives with his mother, a single parent. Chris is a very active child and at times can present challenging behaviors in the classroom.

1. What indicators are present? **Bruises, scrapes.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **No, the story is consistent with a bike injury. Injuries sustained in an accidental fall would be along one side of the child's body.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **No.**
4. What should your next steps be? **Treat child's injuries.**

Scenario C: Gerald, age 5, walked to day care today from his home a mile away. The temperature was 22 degrees. Gerald came to day care in a long-sleeved polo shirt and a windbreaker. His nose was running and his hands were red. The center has talked to Gerald's mother about this before.

1. What indicators are present? **Disclosure, lack of supervision. Inadequate guardianship (failure to provide a minimum degree of care).**
2. Is there a reasonable cause to suspect abuse or maltreatment? **Yes.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **The mother.**
4. What should your next steps be? **Call in report to SCR or cause a report to be made.**

Scenario D: You have recently developed concerns about Susan, a developmentally delayed 10-year-old child in your afterschool program. Susan has always been a pleasant child, but now she cries easily. She has been grabbing the genitalia of her classmates, a behavior she has never done before, and she refuses to participate in school activities, even in arts and crafts, which she loved before. The teacher calls her mother, who is unconcerned and feels Susan is just in a "bad mood." You learn that Susan's maternal uncle is now in the home and takes care of Susan when her mother goes to work. Susan has refused to talk about the uncle or why she is so sad. Susan's verbal skills are very limited.

1. What indicators are present? **Change in child's behavior: quiet, withdrawn, cries easily. Sexual behaviors inappropriate for the child's age; promiscuous behavior; lack of trust with significant others; refusal to talk to teacher.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **Yes.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **Maternal uncle. Mother for failure to protect the child.**
4. What should your next steps be? **Call in report to SCR or cause a report to be made.**

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Now we will present you with four cases to evaluate, and the purpose of this exercise is to reinforce your ability to assess the appropriate responses to suspected cases of abuse or maltreatment.

Please evaluate the following cases and choose the correct response from these four choices:

- A. This should be left to the family.
- B. Assistance or referral to seek community agency or resources as appropriate.
- C. Report to State Central Register (SCR).
- D. Call the police immediately.

Case 1: Juanita, age 8, stole some small articles from the local drug store. Her mother spanked her, leaving welts and bruises.

Correct response: Report to the State Central Register (SCR).

Case 2: Mrs. Hughes arrives at the day care center to pick up her two children in her car. The mother appears to be intoxicated. The staff detects alcohol on her breath, and she staggers when she walks. She is agitated at the staff for not getting her children ready to leave fast enough.

Correct response: Call the police immediately.

Case 3: You allowed Mrs. Martin to let her child, age 4, enroll in your program as long as her daughter gets up to date with her shots within the first three months. Three months have passed, and Mrs. Martin has not gotten her daughter the remaining shots.

Correct response: Assistance to seek community agency or resources as appropriate.

Case 4: Mrs. Young is a divorced woman with three children under school age. She is fond of her children and gives them good physical care. She is sexually promiscuous, however, and often has men staying overnight at her apartment.

Correct response: This should be left to the family.

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Exercises – Education

The following learning exercises will put the material we have covered previously in the training into real world examples. Initially you will be presented with four scenarios. After each scenario, we will answer four questions:

1. What indicators are present?
2. Is there a reasonable cause to suspect abuse or maltreatment?
3. Is there a parent or other person responsible for the suspected abuse or maltreatment?
4. What should your next steps be?

Asking yourself some of these same questions when confronted with an incident may help decide if you have reasonable cause to suspect.

Scenario A: A female student, age 15, has come to you and disclosed that she has been engaging in sexual intercourse with her mother's 38-year-old boyfriend for the past two months. The boyfriend has resided in the home with the child and her mother for the past five years and is responsible for the care of the child when the mother is at work.

1. What indicators are present? **Sexual abuse and verbal disclosure (non-accidental).**
2. Is there a reasonable cause to suspect abuse or maltreatment? **Yes.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **38-year-old boyfriend (an adult living in the home).**
4. What should your next steps be? **Call in report to SCR or cause a report to be made, following established protocol for your school.**

Scenario B: A teacher observes 7-year-old Chris with a bruise to the right side of his face and scrapes along his right arm. Chris claims he fell off his bike. The child lives with his mother, a single parent. Chris is a very active child and at times can present challenging behaviors in the classroom.

1. What indicators are present? **Bruises, scrapes.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **No, the story is consistent with a bike injury. Injuries sustained in an accidental fall would be along one side of the child's body.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **No.**
4. What should your next steps be? **Provide appropriate first aid. If agency policy requires, notify the parents.**

Scenario C: Mary, a bright and outgoing third grade child in your class, has recently become quiet and withdrawn. The child has also been coming to school late and in a disheveled state. Usually well prepared, her homework of late is not complete. In talking to Mary you learn that Mary's mom recently took a new job, requiring her to work late hours, leaving Mary in the care of an older sibling who is rarely home to supervise Mary. Mary has been getting herself up in the morning, preparing her own breakfast, and getting herself to school. The mother

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gets angry with the children if they wake her up to help with homework or to prepare a meal. You have attempted to contact Mary's mother to help resolve this situation, but she has not returned your calls or responded to notes sent home.

1. What indicators are present? **Disclosure, lack of supervision, inadequate guardianship (failure to provide a minimum degree of care).**
2. Is there a reasonable cause to suspect abuse or maltreatment? **Yes.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **The mother.**
4. What should your next steps be? **Call in report to SCR, or cause a report to be made, using established school protocols.**

Scenario D: A special education teacher observes how Susan, a severely developmentally delayed 14-year-old student, changed her behavior lately. Susan cries often, grabs at the genitalia of her classmates, and she refuses to participate in school activities, even in arts and crafts, which she loved before. The teacher calls her mother, who states that Susan is just in a "bad mood." The teacher also finds out that Susan's maternal uncle is now in the home and takes care of Susan when her mother goes to work. Susan has refused to talk about her uncle or why she is upset. Susan's verbal skills are very limited and she might require an interpreter.

1. What indicators are present? **Change in child's behavior: quiet, withdrawn, cries easily. Sexual behaviors inappropriate for the child's age; promiscuous behavior; lack of trust with significant others; refusal to talk to teacher.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **Yes.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **Maternal uncle or mother.**
4. What should your next steps be? **Call in report to SCR, or cause a report to be made, following established protocol for your school. Include any relevant information regarding child's developmental status.**

Now we will present you with four cases to evaluate, and the purpose of this exercise is to reinforce your ability to assess the appropriate responses to suspected cases of abuse or maltreatment.

Please evaluate the following cases and choose the correct response from these four choices:

- A. This should be left to the family.
- B. Assistance or referral to seek community agency or resources as appropriate.
- C. Report to State Central Register (SCR).
- D. Call the police immediately.

Case 1: Juanita, age 8, stole some small articles from the local drug store. Her mother spanked her, leaving welts and bruises.

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Correct response: Report to the State Central Register (SCR).

Case 2: Rasheem, age 12, has missed 37 days of school so far this year. It is February, and you are concerned he will be held back because of this. Rasheem had attendance problems and failed last year. When making a home visit, you find him home with numerous younger siblings who are fighting and injuring each other. Rasheem cannot control them, and the situation is chaotic and alarmingly out of control. Rasheem has no idea where his mother is or when she will return.

Correct response: Call the police immediately.

Case 3: At times, the Shaw girls come to school appearing to be hungry. On numerous occasions, they have no lunch. The days they do have lunch, it is often not enough. Other than this, the girls are well loved and cared for. The girls are typically quiet, private children, but in talking to them you learn that their father does seasonal work and is often between jobs. Your school offers a breakfast and lunch program that the family might qualify for.

Correct response: Assistance to seek community agency or resources as appropriate.

Case 4: Keisha, age 12, and D'ante, age 10, recently missed two weeks of school when their grandmother took them to Disney World. The children are both excellent students and should not have a problem catching up on the work they missed.

Correct response: This should be left to the family.

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Exercises – Law Enforcement

The following learning exercises will put the material we have covered previously in the training into real world examples. Initially, you will be presented with four scenarios. After each scenario, we will answer four questions:

1. What indicators are present?
2. Is there a reasonable cause to suspect abuse or maltreatment?
3. Is there a parent or other person responsible for the suspected abuse or maltreatment?
4. What should your next steps be?

Asking yourself some of these same questions when confronted with an incident may help decide if you have reasonable cause to suspect.

Scenario A: During a community outreach activity, a 15-year-old girl discusses her sexual relationship with her 28-year-old boyfriend. The boyfriend has resided in the home with the child and her mother for the past two months. The girl states that her mother knows the boyfriend and the child are sleeping together and engaging in sexual activity in the home.

1. What indicators are present? **Sexual abuse and verbal disclosure.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **Yes.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **28-year-old boyfriend and mother.**
4. What should your next steps be? **Call in report to SCR.**

Scenario B: You are investigating a case involving a 15-year-old female who was raped by her 21-year-old neighbor. When meeting with the teenager to prepare her for the upcoming trial, she discloses that when she was 7, her father molested her. She never told her mother, or anyone else, about the abuse, as her father threatened to harm her mother and kill the family's pet dog if she did.

1. What indicators are present? **Sexual abuse and verbal disclosure.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **Yes.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **Father.**
4. What should your next steps be? **Call in report to SCR.**

Scenario C: You are called to a home for a domestic disturbance. When you arrive, you find a mother assaulted by the father. During the altercation, the mother was bruised, and furniture and broken glass were strewn all over the living room and dining room area. The three children (ages 5, 9, and 12) witnessed their mother being assaulted by their father. Although the children were not physically injured, they were noticeably upset and frightened.

1. What indicators are present? **Domestic violence.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **Yes.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **Father.**
4. What should your next steps be? **Call in report to SCR.**

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Scenario D: You are interviewing a witness regarding alleged drug related activity. This witness informs you that the alleged dealer was selling drugs with his children present. At times he would send his children to deliver the drugs to his customers, and the children would return with the money. The witness also states that the father has many guns and weapons in his apartment and has a violent temper.

1. What indicators are present? **Drugs, weapons, criminal activity.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **Yes.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **Father.**
4. What should your next steps be? **Make a report to the SCR.**

Now we will present you with four cases to evaluate, and the purpose of this exercise is to reinforce your ability to assess the appropriate responses to suspected cases of abuse or maltreatment.

Please evaluate the following cases and choose the correct response from these four choices:

- A. This should be left to the family.
- B. Assistance or referral to seek community agency or resources as appropriate.
- C. Report to State Central Register (SCR).
- D. Call the police immediately.

Case 1: Juanita, age 8, stole some small articles from the local drug store. Her mother spanked her, leaving welts and bruises.

Correct response: Report to State Central Register (SCR).

Case 2: Ms. Lombardi walks into the police station asking to speak to someone. She alleges that when her children (ages 5, 7, and 11) visit their father on weekends, he spanks them if they misbehave. She acknowledges that the children are not bruised, but she is visibly angry and upset and wants to press charges and have the father arrested.

Correct response: This should be left to the family.

Case 3: You respond to a call of possible family disturbance. Upon your arrival, you find 12-year-old Rasheem home with five younger siblings, and the situation is chaotic and out of control. Rasheem has no idea where his mother is or when she will return.

Correct response: Report to State Central Register (SCR).

Case 4: You find the Russell family living in their car in a parking lot. They have two children, ages 4 and 6. They have no relatives in town. The parents tell you that they have been there for two days while the father looks for work. They use the local gas station for the bathroom, collect bottles to buy food, and run the car periodically to keep it warm.

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Correct response: Assistance or referral to seek community agency or resources as appropriate.

Exercises – Medical

The following learning exercises will put the material we have covered previously in the training into real world examples. Initially you will be presented with four scenarios. After each scenario, we will answer four questions:

1. What indicators are present?
2. Is there a reasonable cause to suspect abuse or maltreatment?
3. Is there a parent or other person responsible for the suspected abuse or maltreatment?
4. What should your next steps be?

Asking yourself some of these same questions when confronted with an incident may help decide if you have reasonable cause to suspect.

Scenario A: A female, age 15, has come to the ER with a rash in her vaginal area. She disclosed that she has been engaging in sexual intercourse with her mother's 38-year-old boyfriend for the past two months. The boyfriend has resided in the home with the child and her mother for the past five years and is responsible for the care of the child when the mother is at work.

1. What indicators are present? **Sexual abuse and verbal disclosure.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **Yes.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **38 -year-old boyfriend (an adult living in the home).**
4. What should your next steps be? **Call in report to SCR or cause a report to be made.**

Scenario B: Seven-year-old Chris came to the doctor's office for a physical. He has a bruise to the right side of his face and scrapes along his right arm. The child claims he fell off his bike. The child lives with his mother, a single parent. His mother says Chris is a very active child and at times can present challenging behaviors at school.

1. What indicators are present? **Bruises, scrapes.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **No, the story is consistent with a bike injury. Injuries sustained in an accidental fall would be along one side of the child's body.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **No.**
4. What should your next steps be? **Treat child's injuries.**

Scenario C: A mother delivers a baby that has neonatal drug withdrawal. When talking to the mother, you learn she has not prepared for the baby to come home.

1. What indicators are present? **Neonatal drug withdrawal. No plan for the baby.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **Yes.**

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3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **Mother.**
4. What should your next steps be? **Call in report to SCR or cause a report to be made.**

Scenario D: Eight-year-old Jason comes to the ER with a broken arm. His mother says he fell off the bed. When Jason's arm is x rayed, there is a spiral fracture to his humerus.

1. What indicators are present? **Spiral fracture. No plausible explanation.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **Yes.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **Mother.**
4. What should your next steps be? **Call in report to SCR or cause a report to be made.**

Now we will present you with four cases to evaluate, and the purpose of this exercise is to reinforce your ability to assess the appropriate responses to suspected cases of abuse or maltreatment.

Please evaluate the following cases and choose the correct response from these four choices:

- A. This should be left to the family.
- B. Assistance or referral to seek community agency or resources as appropriate.
- C. Report to State Central Register (SCR).
- D. Call the police immediately.

Case 1: A mother comes into the ER with black eyes as a result of domestic violence. She has two young children with her. She says her husband beat her. She also stated that he told her he would kill her and the two children if she told anyone.

Correct response: Call the police immediately.

Case 2: Mrs. Pitt has two daughters, ages 7 and 9. The children suffer from impetigo, a contagious skin disease. Mrs. Pitt has kept clinic appointments and carried out the doctor's instructions but the impetigo still persists.

Correct response: This should be left to the family.

Case 3: The Ross family has one child, a girl, age 5. The mother takes good care of her, but is extremely anxious that the child will contract a disease. She brings the child into the ER regularly for minor things. She states that she doesn't allow her daughter to socialize with other kids because she's afraid her daughter will catch something.

Correct response: Assistance or referral to seek community agency or resources as appropriate.

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Case 4: Joshua, age 7, was brought to the ER by his parents. Upon medical evaluation, he is diagnosed with a life threatening illness requiring an emergency surgical procedure and the likelihood of a blood transfusion. His parents refuse to sign consent forms, claiming that a blood transfusion violates their religious beliefs.

Correct response: Report to the State Central Register (SCR).

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Exercises – Social Services

The following learning exercises will put the material we have covered previously in the training into real world examples. Initially you will be presented with four scenarios. After each scenario, we will answer four questions:

1. What indicators are present?
2. Is there a reasonable cause to suspect abuse or maltreatment?
3. Is there a parent or other person responsible for the suspected abuse or maltreatment?
4. What should your next steps be?

Asking yourself some of these same questions when confronted with an incident may help decide if you have reasonable cause to suspect.

Scenario A: You are counseling a parent to resolve anger issues. You are told that Julie, her 10-year-old child, recently stole some articles from the local drug store, and your client spanked her, leaving bruises and welts.

1. What indicators are present? **Welts and bruises.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **Yes.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **Mother.**
4. What should your next steps be? **Call in report to SCR or cause a report to be made.**

Scenario B: A mother you are counseling tells you that when her young children are on weekend visits with their father, he spanks them. She admits that the children are not bruised, but she questions his parenting skills.

1. What indicators are present? **None.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **No.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **No.**
4. What should your next steps be? **Tell the mother to watch the situation and keep you abreast of her concerns.**

Scenario C: A 13-year-old girl comes into your office and discloses that she has been engaging in sexual intercourse with her mother's 38-year-old boyfriend for the past two months. The boyfriend has resided in the home with the child and her mother for the past five years and is responsible for the care of the child when the mother is at work.

1. What indicators are present? **Disclosure, sexual abuse.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **Yes.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **Mother's boyfriend.**
4. What should your next steps be? **Call in report to SCR or cause a report to be made.**

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Scenario D: You learn from counseling 13-year-old Anna that her father is dealing drugs with his children present. At times, he sends Anna to deliver the drugs to his customers and bring the money back.

1. What indicators are present? **Engaging child in criminal activity and exposing children to parent's criminal activity.**
2. Is there a reasonable cause to suspect abuse or maltreatment? **Yes.**
3. Is there a parent or other person responsible for the suspected abuse or maltreatment? **Father.**
4. What should your next steps be? **Call in report to SCR or cause a report to be made.**

Now we will present you with four cases to evaluate, and the purpose of this exercise is to reinforce your ability to assess the appropriate responses to suspected cases of abuse or maltreatment.

Please evaluate the following cases and choose the correct response from these four choices:

- A. This should be left to the family.
- B. Assistance or referral to seek community agency or resources as appropriate.
- C. Report to State Central Register (SCR).
- D. Call the police immediately.

Case 1: Mrs. Pitt has two daughters, ages 1 and 4. The children suffer from impetigo, a contagious skin disease. Mrs. Pitt has not kept clinic appointments nor carried out the doctor's instructions.

Correct response: Report to the State Central Register (SCR).

Case 2: The Ross family has one child, a 5-year-old girl. The mother takes good care of her, but is extremely worried the child will contract a disease. As a result, she doesn't allow her daughter to socialize with other children.

Correct response: Assistance or referral to seek community agency or resources as appropriate.

Case 3: You make a follow up home visit. Upon your arrival, you find 12-year-old Rasheem home with five younger siblings, and things are chaotic and out of control. Rasheem has no idea where his mother is or when she will return.

Correct response: Call the police immediately.

Case 4: Mrs. Young is a divorced woman with three children under school age. She is fond of her children and gives them good physical care. She is sexually promiscuous, however, and often has men staying overnight at her apartment.

Correct response: This should be left to the family.

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Module 6: Making the Call

In this module, you will learn about the following:

- The two hotline numbers, and which to use when;
- Preparing for, and making the call to the Statewide Central Register of Child Abuse and Maltreatment (SCR);
- Following up with form LDSS-2221A;
- Some basic information about what happens once you have made the call.

Hotline Numbers

There are two New York State reporter hotlines: one for use by mandated reporters, and the other for use by non-mandated reporters.

Oral reports by a mandated reporter must be made to the SCR by calling the mandated reporter designated hotline. Calls to this hotline are given priority. Do not give the mandated reporter hotline number to anyone who is not a mandated reporter.

The mandated reporter hotline number is 1-800-635-1522.

Remember, if you are not acting in your official capacity when you make the call, then you must use the non-mandated reporter hotline phone number. The non-mandated reporter hotline number is 1-800-342-3720.

Two counties in New York State have their own localized hotlines that may be used instead of the SCR hotline:

- Onondaga County at 315-422-9701;
- And Monroe County at 585-461-5690.

In New York City, you can dial 311 and you will be transferred to the SCR.

The Call to the SCR

Ask yourself the following questions while preparing to make your call the SCR:

- Has the child been harmed or is at risk of harm? How?
- What is the role of the parent, guardian, or other person legally responsible?
- What information can you provide to show who is responsible for the harm or risk of harm to the child?
- Is the situation part of an ongoing pattern?
- Can you provide a way to identify or locate the child and her family?
- Do you know anything about the child's siblings?

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Aside from those necessary elements, answers to the following questions may provide additional information of assistance to local CPS:

- Does the child have special needs? What are these needs?
- Is the child on any medications?
- Are there personal safety issues for the local CPS workers, such as dogs or guns in the home?
- Where can you, as a mandated reporter, be reached?
 - A phone number or beeper number is helpful for the local CPS staff;
 - The SCR will also ask you if any other mandated reporters at your agency have knowledge of this situation. If so, you will be asked to provide their names and contact information.
- Is there any additional information you can provide about the child or family's whereabouts, or address that might help in locating them?
- Is an interpreter needed?

When you call the SCR, the phone is answered by a highly trained Child Protective Specialist employed by the SCR. This specialist will interview you, gathering all your information, and make an assessment if the legal requirements for registering a report of suspected child abuse or maltreatment are met.

If the report is registered by the Child Protective Specialist, be sure to ask for the call identification number assigned to your report, as well as the full name of the specialist you are speaking with. This information is important for you to keep for your records to show you have fulfilled your mandated reporter responsibilities.

Before completing your call, inform the Child Protective Specialist if you would like a summary of findings of the investigation. This brief document can be provided to you following the completion of the local district investigation and determination of the investigation outcome.

A report will not be automatically registered by the SCR simply because you are calling as a mandated reporter. If the SCR does not register the report you are trying to make, the reason for that decision should be clearly explained to you, and you should be offered an opportunity to speak to a supervisor about that decision.

If you are not satisfied with the outcome of your interview with the Child Protective Specialist, be sure to ask to speak with a supervisor. Supervisors are on duty around the clock at the SCR, and can be very helpful in clarifying issues and reviewing decisions.

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The Child Protective Specialist who responds to your call is prepared to assist you through the reporting process. As a mandated reporter, you should be prepared to articulate your concerns in a clear and concise manner.

This video transcript depicts a simulated call to the SCR, and illustrates the types of questions you can expect the Child Protective Specialist to ask. This call has been edited for training purposes, and is seven minutes long. The actual length of a call will vary depending on the circumstances related to the incident you are reporting.

[Start of transcript]

[Office setting, workers in cubicles using telephone headsets]

[Female Child Protective Specialist, answering a call] Good morning. New York State Child Abuse and Maltreatment Register.

[Male Narrator] Seven days a week, 24 hours a day, the New York State Child Abuse and Maltreatment Register, or SCR, takes calls from people concerned about a child's safety.

[Male Child Protective Specialist wearing telephone headset] Where's this boy now?

[Male Narrator] Often, the SCR receives more than a thousand calls a day, each one answered by a Child Protective Specialist with field experience. These calls can be the first step in getting a child and family help. Let's listen in.

[Male Mandated Reporter] There is this little boy in school, he's maybe 7- or 8-years-old. I can get all that stuff, you know, his birthday and stuff later. I think his mother is in an abusive relationship with her boyfriend. And I'm wondering if there is anything that Child Protective can do to help make that a better situation for those kids.

[Female Child Protective Specialist] Okay, let me ask you a few questions so we can get more information. Now you said there is one child in the home?

[Male Mandated Reporter] No, actually several. There are at least two, maybe three kids there.

[Female Child Protective Specialist] Okay. And you said the mom is in an abusive relationship with her boyfriend. Does the boyfriend live in the home?

[Male Mandated Reporter] Yeah, he lives there.

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[Female Child Protective Specialist] Okay. Are there any other adults, aside from the mother and the boyfriend?

[Male Mandated Reporter] I don't think so. I think it's just the mother and the boyfriend and the kids. And he might even be the father of some of those kids.

[Female Child Protective Specialist] Okay.

[Male Mandated Reporter] The boy in my school, I don't think he's that boy's father.

[Female Child Protective Specialist] Okay. So he's just like the mother's boyfriend to him?

[Male Mandated Reporter] Yeah.

[Female Child Protective Specialist] Okay. And you said she is in an abusive relationship. Can you tell me more about that?

[Male Mandated Reporter] Well, the kid talks all the time about how the police come to the house late at night. And another thing he talks about how the boyfriend is always yelling at the mother. And what really made me call today was, he's got a little, like a little mouse under his eye, and when I asked him how he got that, you know, he wouldn't say. And I pressed him a little and he said he fell. Then I pressed him a little more. He didn't actually say this, but I'm thinking that he might have tried to step in between his mother and this guy. And I think what happened was that maybe the guy pushed him or gave him a little crack or whatever. I don't know exactly, see, this is why I wanted to call you.

[Female Child Protective Specialist] Did he indicate to you when this might have happened? This dispute?

[Male Mandated Reporter] Let's see, today is Tuesday. I think this happened over the weekend.

[Female Child Protective Specialist] Okay.

[Male Mandated Reporter] And along with this, he did mention, again, that the police were there again over the weekend. And I'm not sure if it was Saturday night or Sunday night.

[Female Child Protective Specialist] Okay. Do you know how often these disputes occur?

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[Male Mandated Reporter] No, I can't say to you that they happen every Friday and Saturday night, or so many times a week. I think they just happen when they happen. But I think they are fairly regular.

[Female Child Protective Specialist] Okay, so, on a regular basis?

[Male Mandated Reporter] Yes.

[Female Child Protective Specialist] Okay. Has the child ever been injured in the past as a result of?...

[Male Mandated Reporter] Not that I've ever seen.

[Female Child Protective Specialist] Okay. Do you have any other concerns with this family, aside from the domestic violence that's occurring?

[Male Mandated Reporter] Well, the only thing that he did let slip out today was that the boyfriend does drink a lot of beer.

[Female Child Protective Specialist] Now, as with regards to the other siblings, have they ever been injured?

[Male Mandated Reporter] Now, that I can't tell you.

[Female Child Protective Specialist] Okay. I'm going to take some information from you, demographic information on the family, and your information, and I'm going to give you my name, my full name. I'm going to give you a register number for this report. And what that is, it's a number that denotes the specific report. Any time, at any point you need to refer to this report, you can refer to it through this number.

[Male Mandated Reporter] Okay.

[Female Child Protective Specialist] Okay, and that number is 4121558741.

[Male Mandated Reporter] 4121558741?

[Female Child Protective Specialist] That's correct. And would you like a summary of the findings of this report?

[Male Mandated Reporter] Yes, please.

[Female Child Protective Specialist] Okay. And do you have any questions filling out the LDSS-2221A form?

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[Male Mandated Reporter] No. I've actually made reports in the past. I'm pretty familiar with it.

[Female Child Protective Specialist] Okay, what I'm going to do, sir, I'm going to summarize one more time to make sure that this information is correct. So we have three children, approximately three children in the home, there may be more. But your concern here is with the 7-year-old. There is a regular occurrence of domestic violence in the home between mother and her boyfriend, believed to be in the presence of the children. It is suspected that there was an occurrence this past weekend between the mother and her boyfriend, and the child is believed to have stepped in between the mother and her boyfriend and sustained a bruise under his right eye. The child disclosed to you that he first fell, but then when questioned again, he did not say anything, so it is suspected that this incident occurred.

[Male Mandated Reporter] Yes.

[Female Child Protective Specialist] And the police were called to the residence, correct?

[Male Mandated Reporter] Well, again, the police were called to the residence, and I also asked him, did he, you know, get in the way of things, and that's when he sort of clammed up, so that's why I'm made that assumption.

[Female Child Protective Specialist] Okay. And it is unclear as to where the other siblings were in the home at the time of the dispute?

[Male Mandated Reporter] Yes.

[Female Child Protective Specialist] Okay. What I'm going to do is process this information. It will take me maybe fifteen or twenty minutes, and I'm going to send it to the local district. They have within 24 hours to make contact with the family, and assess the risk to the child and other siblings, and they will make a determination as to what they will do. They have within 60 days to hold open their investigation.

[Male Mandated Reporter] Yes. Again, I'm pretty familiar with these folks.

[Female Child Protective Specialist] Okay.

[Male Mandated Reporter] Thank you very much.

[Female Child Protective Specialist] Thank you. Have a good day, sir.

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[Male Mandated Reporter] Thanks.

[Female Child Protective Specialist] Bye bye.

[End of video transcript]

Form LDSS-2221A

Mandated reporters are required by law to complete form LDSS-2221A within 48 hours of making a report to the SCR. The completed form is sent to the agency assigned to conduct the investigation. Ask the Child Protective Specialist for the agency name and mailing address where you are to send your completed form LDSS-2221A.

It may be helpful for you to complete LDSS-2221A before you make the call to the SCR. In so doing, you will have information readily available when the Child Protective Specialist asks you to provide it.

For helpful information you will need to complete the form. Please note that the reverse side of the LDSS-2221A contains codes.

If you or your agency needs copies of the LDSS-2221A, they can be obtained online. Form LDSS-2221A is available electronically here:

<http://ocfs.ny.gov/main/Forms/cps/LDSS-2221A%20Report%20of%20Suspected%20Child%20Abuse%20or%20Maltreatment.doc>

Form LDSS-2221A is available can be found in languages other than English here:

<http://ocfs.ny.gov/main/cps/>

In addition, forms may be ordered in bulk by mailing a request to this address:

The Office of Children and Family Services
Resource Distribution Center
11 4th Avenue
Rensselaer, NY 12144

What Happens Next

Let's look at the way a call proceeds through the CPS system.

A call is received at the SCR. The report is registered by the SCR, or it is unable to be registered. Not all situations are appropriate for CPS intervention. Some situations are more appropriate for referral to preventive services.

If a report has not been registered, or you do not believe a child has been harmed or is at risk of harm, but some services are appropriate for the family or the child, you may contact your county Department of Social Services directly, to get information related to assisting the family.

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To access a listing of local district Departments of Social Services, use this link:
<http://ocfs.ny.gov/main/localdss.asp>

Whether the report is registered or it is unable to be registered, the SCR may also make a law enforcement referral. When the circumstances of your call to the SCR constitute a crime, or an immediate threat to the child's health or safety, the SCR will send the information to the New York State Police Information Network, or to the New York City Police Department for necessary action. This is termed a law enforcement referral, or LER.

An LER may be made in situations where a report has been registered, or more likely, in situations where a report is unable to be registered.

For example, a neighbor, not a person legally responsible, beats your child for knocking over his trash can. Regarding your child, the neighbor is not a person legally responsible, so a report cannot be registered. Never the less, striking your child is a crime, and the SCR will make an LER to inform law enforcement about the suspected crime.

A registered report may also be an LER when there is a suspected crime or immediate safety issue, such as a report of children currently left home alone, and the children were seen playing with gasoline and matches. LERs are transmitted to the appropriate police agency for follow up. They are different than registered SCR reports, and are not assigned a call ID number, and are not part of the records maintained by the SCR. If you are a mandated reporter in an LER situation, you do not need to complete the form LDSS-2221A.

If a report is registered, the registered report is immediately transmitted to the local CPS agency. The local CPS agency is then required to begin their investigation within 24 hours.

Some reports require emergency action by CPS, which could include immediate contact with the family, or even emergency removal of a child or children. The decision about the need to take any immediate action often rests mainly on information presented by you, the mandated reporter, at the time the report is registered, and on the interpretation of this information by CPS, based on experience in similar situations. Most case workers will make these decisions after speaking to the source of the report and consulting with the CPS supervisor. If you wish to be contacted immediately by CPS, please ask the SCR to include that request when they register the report.

The local CPS has 60 days to conduct their investigation. That investigation includes an ongoing assessment of safety and risk regarding the children in the home. The investigation involves two interrelated and simultaneous processes.

The first is the investigation to determine if there is some credible evidence of abuse or maltreatment. The second is the development of a service plan.

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Besides visiting the family, caseworkers may call or visit relatives, schools, doctors, hospitals, police, and any other service provider or agency that might have information about the child. Local CPS is responsible for assessing the safety, risk, and well-being of the child identified in the report, and any other children in the home.

After evaluating the information gathered during the investigation, the case worker makes a determination if the report should be indicated or unfounded.

If it is determined that there is credible evidence, evidence worthy of belief, the report is indicated and will remain on file at the SCR. An indicated report will be expunged when the youngest child named in the report turns 28.

If no credible evidence can be found, the report is unfounded, and is sealed. Sealed reports are expunged after a period of ten years from the date of the report.

In either indicated or unfounded cases, services can be provided for the family, or the family may be referred for community services. In some indicated cases, services will be mandated for the family by the Family Court.

It is also possible that in either indicated or unfounded cases, no services are provided. If there are no services provided for an indicated case, the case is then closed.

If services are needed, a service plan is developed, and there is continued monitoring of the needed services being provided. If services are no longer needed, the case is closed.

Remember, you can ask for a copy of the summary of findings of the investigation at the time the report is registered with the SCR.

If you have continued concerns about the child, the situation is continuing, or any other issues of safety or harm to the child arise, do not hesitate to call the SCR again to register another report.

In this module, you learned about the following:

- The two hotline numbers, and which to use when;
- Preparing for and making the call to the Statewide Central Register of Child Abuse and Maltreatment;
- Following up with form LDSS-2221A;
- Some basic information about what happens once you have made the call.

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Summary and Quiz

Now let's test your knowledge about what you have learned by reviewing this short quiz.

1. Mandated reporters are required to make an oral report of suspected child abuse or maltreatment/neglect immediately and submit a written report (LDSS-2221A) within 72 hours. True or False?
 - False. A mandated reporter is required to make an oral report immediately and submit a written report (LDSS-2221A) within 48 hours.
2. A mandated reporter should have clear and sufficient evidence before reporting any allegations of abuse or maltreatment/neglect. True or False?
 - False. A mandated reporter needs only to have reasonable cause to suspect when reporting allegations of abuse or maltreatment/neglect.
3. In New York State, a maltreated child is under the age of 16, while an abused child is anyone under the age of 18. True or False?
 - False. In New York State, an abused or maltreated child must be under the age of 18 years.
4. Public school teachers can be reported to the State Central Register if they mistreat a child in their classroom. True or False?
 - False. Public school teachers are not subjects of abuse/maltreatment reports. A teacher mistreating a child is considered a criminal matter.
5. If a child discloses sexual abuse, be sure to interview the child thoroughly to obtain a detailed affidavit for court. True or False?
 - False. Mandated reporters should not be investigating suspicions or interrogating the child. Once you establish there is reasonable cause to suspect, contact the State Central Register immediately.
6. If you and a co-worker, who are both mandated reporters, observe the same incident or situation and you both feel there is reasonable cause to suspect child abuse or maltreatment, you are both required to call the SCR yourselves, immediately. True or False?
 - False. While you both may call the SCR individually, the law does not require multiple reports on the same incident from the same organization. As such, you and your co-worker may agree on only one of you calling the SCR to make the report. The person who calls the SCR must provide the other co-worker's name and contact information to the SCR so that the investigative agency is aware of who has information about the origin of the report. If you are not the one who makes the call to the SCR, to assure

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yourself that your mandated reporter responsibilities have been fulfilled, make sure that the 2221A reflects that you are a mandated reporter involved in making the report, get a copy of the completed 2221A and keep it in your records.

7. A mandated reporter would be liable only if the original report was later determined unfounded. True or False?
 - False. The mandated reporter's immunity from liability remains intact irrespective of the outcome of the investigation.
8. If a mandated reporter has reasonable cause to suspect that a child is being maltreated/neglected and fails to report, this would be considered a Class A misdemeanor. True or False?
 - True.
9. When a mandated reporter makes a report to the New York State Central Register, every effort is made to maintain confidentiality. True or False?
 - True.
10. Mandated reporters are required to inform the parents that a suspected child abuse or maltreatment/neglect report is being made. True or False?
 - False. Mandated reporters are not required to discuss with the family the fact that they are making a report the State Central Register.

Congratulations. You have now completed all six modules of the Mandated Reporter Training. We hope that the topics covered in this course will give you the tools you need to fulfill your role as a mandated reporter, namely to:

- Effectively report child abuse or maltreatment/neglect to the New York Statewide Central Register (SCR) of Child Abuse and Maltreatment, also known as the Child Abuse Hotline;
- Evaluate situations to determine whether there is reasonable cause to suspect child abuse or maltreatment/neglect;
- Identify the physical and behavioral indicators commonly associated with child abuse and maltreatment/neglect;
- Describe the basics of the Child Protective System within New York State.

Your *Certificate of Attendance* has been sent to the email address you provided when you registered for this course. Attached to that email are important documents to **PRINT** for your records.

Please go to your email account and print your *Certificate of Attendance*. Save the email for your records.