

Mandated Reporter Training



Identifying and Reporting Child Abuse and Maltreatment/Neglect



New York State Office of Children and Family Services



Mandated Reporter Training: Identifying and Reporting Child Abuse and Maltreatment/Neglect

Mandated Reporters

The following persons and officials are required to report or cause a report to be made when they have reasonable cause to suspect that a child is an abused or maltreated child when the parent, guardian, custodian or other person legally responsible for such child comes before them in their professional or official capacity and states from personal knowledge, facts, conditions, or circumstances, which, if correct, would render the child abused or maltreated.

- Physician
- Surgeon
- Dentist
- Dental hygienist
- Chiropractor
- Podiatrist
- Medical examiner
- Coroner
- Osteopath
- Optometrist
- Resident
- Intern
- Registered nurse
- Registered physician's assistant
- Emergency medical technician
- Psychologist
- Mental health professional
- Substance abuse counselor
- Alcoholism counselor
- Christian science practitioner
- Peace officer
- Any other law enforcement official
- District attorney
- Assistant district attorney
- Investigator employed in the office of the district attorney
- School official
- Hospital personnel engaged in the admission, examination, care, or treatment of persons
- Any employee or volunteer in a residential care facility for children
- Any child care worker
- Any foster care worker
- Any day care worker
- Provider of family or group family day care
- Social Services worker



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Penalties for Failure to Report

1. Any person, official or institution required by this title to report a case of suspected child abuse or maltreatment who willfully fails to do so shall be guilty of a Class A misdemeanor.
2. Any person, official or institution required by this title to report a case of suspected child abuse or maltreatment that knowingly and willfully fails to do so shall be civilly liable for the damages proximately caused by such failure.

Immunity from Liability

Any person, official, or institution participating in good faith in the providing of a service pursuant to section four hundred twenty-four of this title, the making of a report, the taking of photographs, or the removal or keeping of a child pursuant to this title, shall have immunity from any liability, civil or criminal, that might otherwise result by reason of such actions. For the purpose of any proceeding, civil or criminal, the good faith of any such person, official or institution required to report cases of child abuse or maltreatment or providing a service pursuant to section four hundred twenty-four of this title shall be presumed, provided such person, official or institution was acting in the discharge of their duties and within the scope of their employment, and that such liability did not result from the willful misconduct or gross negligence of such person, official or institution.



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Child Abuse

An abused child is a child whose parent or other person legally responsible:

- **Inflicted or allowed to be inflicted** upon a child an injury*
- OR
- **Created or allowed to be created a substantial risk of injury***
to that child
- OR
- Committed or allowed to be committed against that child a sexual crime as defined in section 230.25, 230.30, 230.32, 255.25, or 263 of the penal code

* In this context, the term injury means serious or protracted disfigurement, protracted impairment of physical, mental or emotional health, protracted loss of the function of any bodily organ or death.

Maltreatment/Neglect

- Child's **physical, mental, or emotional condition must have been impaired** or placed in imminent danger of impairment
- AND
- **The subject failed to exercise a minimum degree of care:**
 - In supplying adequate food, clothing, or shelter
 - In supplying adequate education
 - In supplying medical or dental care though financially able to do so OR offered financial or other reasonable means to do so
 - In providing proper supervision or guardianship
 - By inflicting excessive corporal punishment
 - By misuse of drugs or alcohol
- AND
- There is a casual **connection** between the child's condition and the **subject's failure to exercise a minimum degree of care.**
- OR
- The parent has **abandoned** the child by demonstrating intent to **forego his/her parental rights.**



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Physical Abuse

Child's Physical Indicators

Unexplained bruises and welts:

- On face, lips, mouth;
- On torso, back, buttocks, thighs;
- In various stages of healing;
- Clustered, forming regular patterns, Reflecting shape of article used to inflict (electrical cord, belt buckle);
- On several different areas;
- Regularly appear after absence, weekend or vacation.

Unexplained fractures:

- To skull, nose, facial structure;
- In various stages of healing;
- Multiple or spiral fractures;
- Swollen or tender limbs.

Child's Behavioral Indicators

- Wary of adult contacts;
- Apprehensive when other children cry;
- Behavioral extremes: aggressiveness, withdrawal, changes in behavior;
- Seeks affection from any adult;

Parent's Behavioral Indicators

- Seems unconcerned about child;
- Takes an unusual amount of time to obtain medical care for the child;
- Offers inadequate or inappropriate explanation for child's injury;
- Gives different explanations for the same injury;
- Misuses alcohol or other drugs;

Unexplained burns:

- Cigar, cigarette burns, especially on soles, palms, back, buttocks;
- Immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia);
- Patterned (electric burner, iron);
- Rope burns on arms, legs, neck or torso.

Unexplained lacerations or abrasions:

- To mouth, lips, gums eyes;
- To external genitalia;
- On backs of arms, legs or torso;
- Human bite marks;
- Frequent injuries that are "accidental" or "unexplained".

- Frightened of parents;
- Afraid to go home;
- Reports injury by parents;
- Wears long-sleeved or similar clothing to hide injuries.

- Disciplines the child too harshly
- considering the child's age or what he/she did wrong;
- Sees the child as bad or evil;
- Has a history of abuse as a child;
- Attempts to conceal child's injury;
- Takes the child to a different doctor or hospital for each injury;
- Has poor impulse control.



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Maltreatment/Neglect

Child's Physical Indicators

- Consistent hunger, poor hygiene, inappropriate dress;
- Consistent lack of supervision, especially in dangerous activities or long periods;
- Unattended physical problems, medical or dental needs;
- Abandonment.

Child's Behavioral Indicators

- Begging or stealing food;
- Extended stays in school (early arrival and late departure);
- Infrequent school attendance;
- Consistent fatigue, falling asleep in class;
- Misuses alcohol and other drugs;
- States there is no caretaker.

Parent's Behavioral Indicators

- Misuses alcohol or other drugs;
- Has disorganized or upsetting home life;
- Is apathetic, feels nothing will change;
- Is isolated from friends, relatives, neighbors;
- Cannot be found;
- Has history of neglect as a child;
- Exposes child to unsafe living conditions;
- Evidences limited intellectual capacity.
- Has long-term chronic illness;

Emotional Maltreatment

Child's Physical Indicators

- Conduct disorders (fighting in school, anti-social, destructive);
- Habit disorders (rocking, biting, sucking fingers);
- Neurotic disorders (speech, sleep, inhibition of play);
- Psycho-neurotic reactions (phobias, hysterical reactions, compulsion, hypochondria);
- Lags in physical development;
- Failure to thrive.

Child's Behavioral Indicators

- Overly adaptive behavior (inappropriately adult or infantile);
- Developmental delays (mental, emotional);
- Extremes in behavior (compliant, passive, aggressive, demanding);
- Suicide attempts or gestures, self-mutilation.

Parent's Behavioral Indicators

- Treats children in family unequally;
- Doesn't seem to care much about child's problems;
- Blames or belittles child;
- Is cold and rejecting;
- Inconsistent behavior towards child.



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Sexual Abuse

Child's Physical Indicators

- Difficulty in walking or sitting;
- Torn, stained or bloody underclothing;
- Pain or itching in genital area;
- Pregnancy, especially in early adolescent years.
- Bruises or bleeding in external genitalia;
- Sexually transmitted disease (especially in pre-adolescent age group, includes oral venereal infections).

Child's Behavioral Indicators

- Unwilling to change for gym to participate in physical education class;
- Withdrawal, fantasy or infantile behavior;
- Bizarre sophisticated or unusual sexual behavior or knowledge;
- Self injurious behavior: suicide attempts;
- Poor peer relationships;
- Aggressive or disruptive behavior, delinquency, running away, or school truancy;
- Reports sexual assault by caretaker;
- Exaggerated fear of closeness or physical contact.

Parent's Behavioral Indicators

- Very protective or jealous of child;
- Encourages child to engage in prostitution or sexual acts in the presence of the caretaker;
- Misuses alcohol or other drugs;
- Is geographically isolated and/or lacking in social and emotional contacts outside the family;
- Has low self-esteem.



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Talking with Children

Do:

- Find a private place.
- Remain calm.
- Be honest, open and up front with the child.
- Remain supportive: Be an advocate.
- Listen to the child.
- Stress that it's not the child's fault.
- Report the situation immediately.

Don't:

- Overreact.
- Make judgments.
- Make promises.
- Interrogate child or try to investigate.
- This is especially important in sexual abuse cases.



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Reasonable Cause to Suspect

Certainty or proof is not required before reporting suspected child abuse or neglect. The law purposely requires only “reasonable cause to suspect” that a child is abused or maltreated.

A reasonable cause to suspect means that **based on what you have observed or been told, combined with your training and experience, you feel the harm or imminent danger of harm to the child could be the result of act or omission by the person legally responsible for the child.** Explanations that are inconsistent with your observations and/or knowledge may be a basis for your reasonable suspicion.

Information for an Oral Report

At the time of the oral report, the Child Protective Services (CPS) specialist will request the following information:

- The names and addresses of the child and his/her parents or other person legally responsible for care.
- Location of the child at the time of the report.
- The child’s age, gender and ethnicity
- The nature and extent of the child’s injuries, abuse or maltreatment, including information on prior injuries, abuse or maltreatment to child or siblings.
- What is the effect on the child? The names of the person(s) you suspect are responsible for causing the injury, abuse or maltreatment.
- Family composition
- The source of the report
- The person making the report and contact information.
- The actions taken by the reporting source such as photographs, x-rays, removal or keeping of the child, or notifying the medical examiner or coroner.
- Are there any special needs?
 - Medications
 - Disabilities
 - Interpreter
 - Medications
- Are there any personal safety issues for CPS (weapons, dogs, etc.)

A reporter is not required to know all of the above information in making a report; therefore, lack of complete information does not prohibit a person from reporting. However, an address is crucial. Persons should report each and all incidents of child abuse or maltreatment.

Mandated Reporter SCR Telephone Number

1-800-635-1522

Use this number when reporting suspicion within your professional capacity.

Non-Mandated SCR Telephone Number 1-800-343-3720

Use this number when reporting suspicion outside your professional capacity.

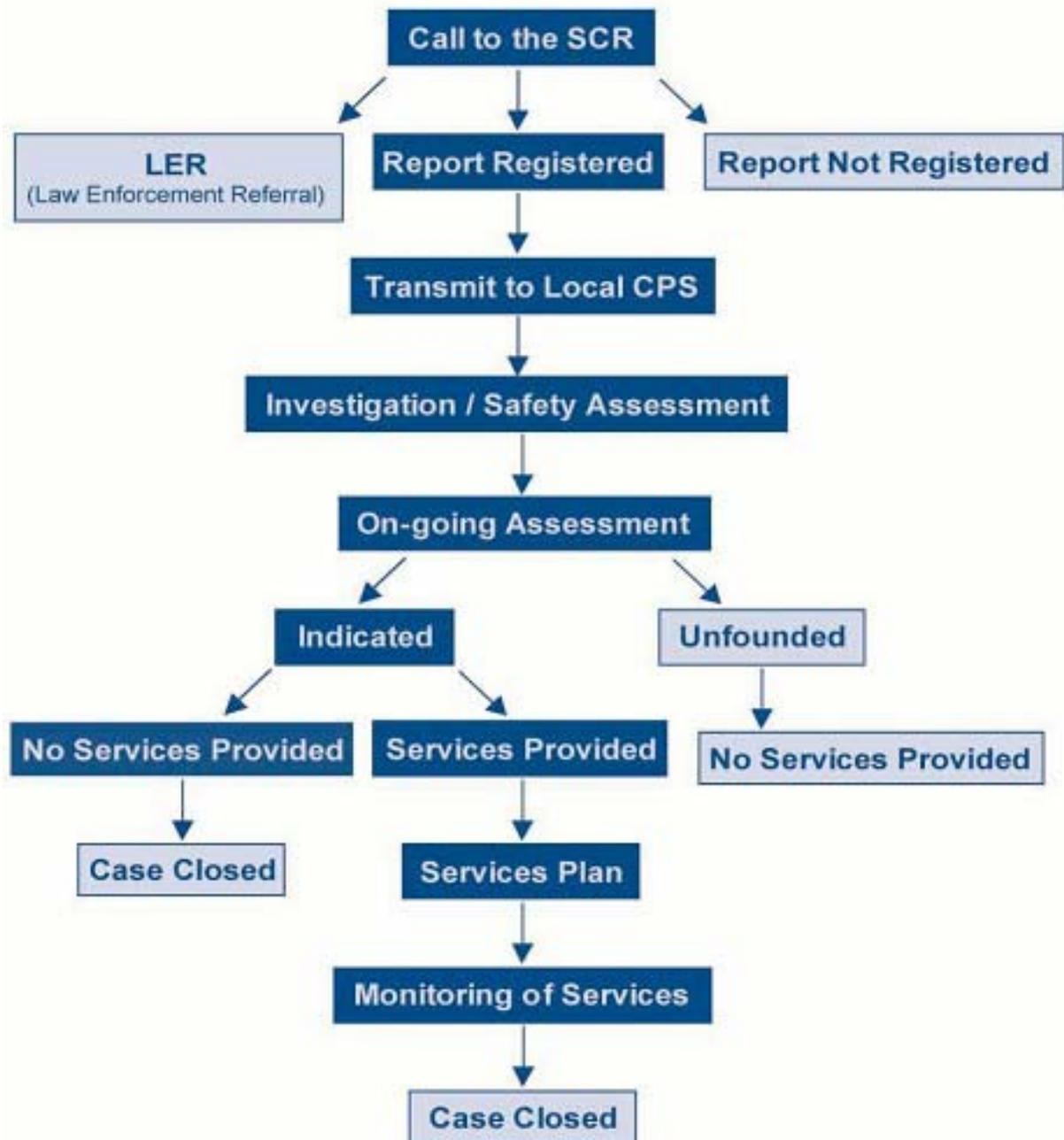
Monroe County may call: 1-585-461-5690

Onondaga County may call: 1-315-422-9701

Form LDSS 2221-A must be submitted within 48 hours to the appropriate local Child Protective Services.



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Abandoned Infant Protection Act

The Abandoned Infant Protection Act is part of New York State's efforts to stop people from abandoning newborns in unsafe and dangerous places. Each year newborn children are found in public places where they have been left - abandoned - with no plan and no one to care for them.

The Abandoned Infant Protection Act (AIPA) created an affirmative defense to the criminal charges of abandonment of a Child and Endangering the Welfare of a Child. In short, an affirmative defense means that a person accused of a crime *did* not commit the criminal act but will not suffer a conviction so long as the elements of the affirmative defense are met. Under AIPA the elements of the affirmative defense are:

- 1) The abandoned infant can be no more than 5 days old.
- 2) The person abandoning the infant must have intended the child be safe and well cared for. They cannot have intended the child any harm.
- 3) The infant must be left with an appropriate or suitable location. Should the infant be left in a suitable location, an appropriate person must be notified immediately of the child's location so the child can be taken into custody and cared for.

Neither the term "suitable location" nor "appropriate person" is defined by law. However, district attorneys have stated that hospitals, police stations and fire stations could be suitable locations if they are open and staff is present. Appropriate persons would be employees of the suitable location that are trained to deal with emergency situations. At a hospital, a Doctor, Nurse or Emergency Room personnel would be suitable. Any on-duty police officer at a police station or fire-persons or EMT's at a fire station would also be appropriate.

It is important to know that AIPA **does not affect your responsibilities as a mandated reporter** of suspected child abuse or maltreatment. AIPA does not amend the law in regard to mandated reporters and does not in any way change or lessen the responsibilities of mandated reporters. **Any mandated reporter who learns of abandonment is still obligated to fulfill their mandated reporter responsibilities.** Even if you are unsure of the name of the person who abandoned a child, the reporter must nevertheless make a report. The unknown parties will be listed, as "unknown" but the mandated reporter will still have fulfilled his/her legal responsibility.

It is also important to be aware that AIPA does not change the laws pertaining to child abuse or maltreatment in either the Social Services Law or the Family Court Act. Persons who abandon infants under AIPA will still be indicated as subjects of child maltreatment reports and may still have petitions for child neglect brought against them in family court.

If you have any questions, please call the AIPA Informational Hotline operated by the New York State Office of Children and Family Services (OCFS) at 1-866-505-SAFE. Alternatively, you may contact the OCFS Public Information Office at (518) 473-7793.



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Evaluating Your Response

Please evaluate the following cases and rate them by category:

- Category A** This should be left to the family.
- Category B** Assistance to seek community agency or resource as appropriate.
- Category C** Report to the State Central Register (SCR)
- Category 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.

Case 2 The Ross family has one child, a girl of 5. 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.

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.

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.



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Mandated Reporter Quiz

1. A mandated reporter is required to make an oral report of suspected child abuse or maltreatment/neglect immediately and submit a written report (LDSS 2221-A) within seventy-two hours. T F
2. A mandated reporter should have clear and sufficient evidence before reporting any allegations of abuse or maltreatment/neglect. T F
3. In New York State, a maltreated child is under the age of sixteen, while an abused child is anyone under the age of eighteen. T F
4. Any social worker may take a child into protective custody. T F
5. If a child discloses sexual abuse, be sure to interview the child thoroughly to obtain a detailed and complete assessment. T F
6. If you have notified the person designated to report in your agency and you learn a call was not made to the SCR, your obligation as a mandated reporter has been fulfilled. T F
7. A mandated reporter would be liable only if the original report was later considered unfounded. T F
8. If a mandated reporter has a reasonable cause to suspect that a child is being maltreated/neglect and fails to report, this would be considered a class A misdemeanor . T F
9. When a mandated reporter makes a report to the New York State Central Register, every effort is made to maintain the confidentiality of the reporter and/or the source of the report. T F
10. Mandated reporters are required to inform the parents of the child that a suspected child abuse or maltreatment/neglect report is being made. T F

This is to certify that

Participated in

**Mandated Reporter Training for
Public and Private Social Services Staff**

Presented by

New York State Office Children and Family Services

This 2 hour training can be used to fulfill training requirements

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