

# 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 in accordance with this title when they have reasonable cause to suspect that a child is an abused or maltreated child where 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 an abused or maltreated child:

|                                  |  |   |
|----------------------------------|--|---|
| Physician                        | Emergency medical technician   | Any employee or volunteer in a residential care facility for children |
| Registered physician's assistant | Licensed creative arts therapist   | Child care worker   |
| Surgeon                          | Licensed marriage & family therapist   | Foster care worker  |
| Medical Examiner                 | Licensed mental health counselor   | Mental health professional  |
| Coroner                          | Licensed psychoanalyst   | Substance abuse counselor   |
| Dentist                          | Hospital personnel engaged in the admission, examination, care or treatment of persons | Alcoholism counselor  |
| Dental hygienist                 | Christian Science practitioner   | Peace officer   |
| Osteopath                        | School official  | Police officer  |
| Optometrist                      | Social Services worker   | District attorney or assistant district attorney                      |
| Chiropractor                     | Day care-center worker   | Investigator employed in the Office of the District Attorney          |
| Podiatrist                       | Provider of Family or Group Family Day Care  | Any other law enforcement official                                    |
| Resident                         |  |   |
| Intern                           |  |   |
| Psychologist                     |  |   |
| Registered nurse                 |  |   |
| Social Worker                    |  |   |



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

## 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 who 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 with sections twenty, four hundred twenty-two and four hundred twenty-two-a of this chapter 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.



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

## 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 physical 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 or impairment of the function of any bodily organ or death.

## Maltreatment/Neglect

- A. Child's **physical, mental, or emotional condition must have been impaired** or placed in imminent danger of impairment

*AND*

- B. **The subject failed to exercise a minimum degree of care:**

1. In supplying adequate food, clothing, or shelter
2. In supplying adequate education
3. In supplying medical or dental care though financially able to do so OR offered financial or other reasonable means to do so
4. In providing proper supervision or guardianship
5. By inflicting excessive corporal punishment
6. By misuse of drugs or alcohol

*AND*

- C. There is a causal **connection** between the child's condition and the **subject's failure to exercise a minimum degree of care.**

*OR*

- D. The parent has **abandoned** the child by demonstrating an intent to **forego his/her parental rights.**



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

## 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 (electric cord, belt buckle)
- On several different surface 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 contact
- Apprehensive when other children cry
- Behavioral extremes: aggressiveness, withdrawal, changes in behavior
- Frightened of parents

### *Parent's Behavioral Indicators*

- Seems unconcerned about child
- Takes an unusual amount of time to obtain medical care for the child
- Offers an inadequate or inappropriate explanation for the 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, and buttocks
- Immersion burns (sock-like, glove-like, doughnut-shaped on buttocks or genitalia)
- Patterned like electric burner, iron, etc.
- 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

- Afraid to go home
- Reports injury by parents
- Wears long-sleeved or similar clothing to hide injuries
- Seeks affection from any adult

- Disciplines the child too harshly considering the child's age or what he/she did wrong
- Sees the child as bad, evil, etc.
- 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
- Has poor impulse control



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

## 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 or medical or dental needs
- Abandonment

### *Child's Behavioral Indicators*

- Begging or stealing food
- Extended stays in school (early arrival and late departure)
- Attendance at school infrequent
- Constant fatigue, falling asleep in class
- Alcohol and drug abuse
- States there is no caretaker

### *Parent's Behavioral Indicators*

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

## Emotional Maltreatment

### *Child's Physical Indicators*

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

### *Child's Behavioral Indicators*

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

### *Parent's Behavioral Indicators*

- Treats children in the family unequally
- Doesn't seem to care much about child's problems
- Blames or belittles child
- Is cold and rejecting
- Inconsistent behavior toward 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 genital, vaginal, or anal areas
- Sexually transmitted disease (especially in pre-adolescent age group), includes venereal oral infections

### *Child's Behavioral Indicators*

- Unwilling to change for or participate in physical education class
- Withdrawal, fantasy, or infantile behavior
- Bizarre, sophisticated, or unusual sexual behavior or knowledge
- Self-injurious behaviors, 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 caretaker
- Misuses alcohol or other drugs
- Is geographically isolated and/or lacking in social and emotional contacts outside the family
- Has low self-esteem



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

## Talking with Children

### ***Do:***

- Find a private place.
- Remain calm.
- Be honest, open, and up-front with the child.
- Remain supportive.
- 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.



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

## 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 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.** 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:

- The effect on the child
- The names and addresses of the child and the parents or other person responsible for his/her care
- Location of the child at the time of the report
- The child's age, gender, and race
- The nature and extent of the child's injuries, abuse, or maltreatment, including any information of prior injuries, abuse, or maltreatment to the child or his/her siblings
- The name of the person or persons you suspect is responsible for causing the injury, abuse, or maltreatment/neglect
- Family composition
- Any special needs or medications
- Whether an interpreter is needed
- The source of the report
- The person making the report and where she/he can be reached
- The actions taken by the reporting source, including the taking of photographs or x-rays, removal or keeping of the child, or notifying the medical examiner or coroner
- Any personal issues for CPS workers (weapons, dogs, etc.)
- Any additional information that may be helpful

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 all incidents of suspected child abuse and maltreatment/neglect and provide as much information as possible to the CPS Specialist.

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.

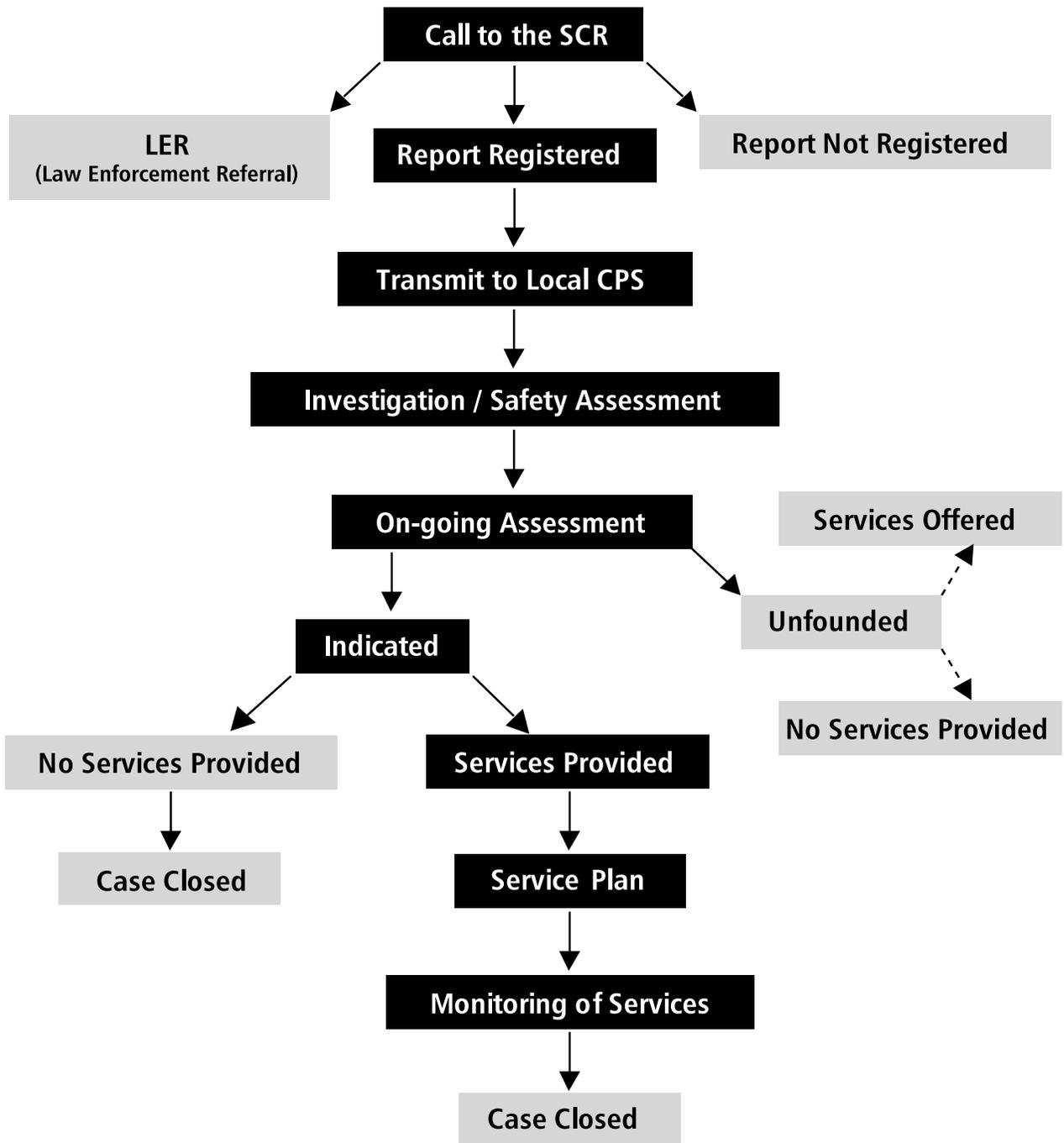
Monroe County may call: 1-585-461-5690

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 office.



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





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

## 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* 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. He/she cannot have intended the child any harm.
- 3) The infant must be left in 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 firefighter or EMT 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.



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

## 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 State Central Register (SCR).

**Category D** Call the police immediately.

**Case 1** Juanita, age eight, stole some small articles from the local drug store. Her mother spanked her, causing bruises and welts.

**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.

**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.

**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.



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

## Mandated Reporter Quiz

1. A mandated reporter is required to make an oral report of a suspected child abuse or neglect situation immediately and to 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 maltreatment. 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. Public school teachers can be reported to the State Central Register if they mistreat a child in their classroom. T F
5. If a child discloses sexual abuse, be sure to interview the child thoroughly to obtain a detailed affidavit for court. 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/neglected 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 source confidentiality. T F
10. Mandated reporters are required to inform the parents that a suspected child abuse/maltreatment report is being made. T F

# Bureau of Training - Mandated Reporter Certification Request

## Links

- BT Home
- Contact Us
- Stemmap
- OCFS Home
- Human Services Home

Fill out the form below and click 'Submit'.

**ALL FIELDS ARE REQUIRED**

**Name**

(Max: 30 chars.)

**SSN**

(Ex:555120600)

**DOB**

(Format: MM/DD/YY)

**Profession Code**

(Select from Below)

**License #**

(Max: 6 chars.)

**License State**

(2 Letter Abv.)

**Date Attended**

(Format: MM/DD/YY)

**Address Line 1**

(Max: 21 chars.)

**Address Line 2**

(Max: 21 chars.)

**Address Line 3**

(Max: 21 chars.)

**City**

(Max: 19 chars.)

**Zip**

(Max: 9 chars.)

**Email**

(Max: 100 chars.)

Submit

**Attention** Participants Requiring Licensing Certification from SED:

To obtain a Certification of Completion log onto:

<http://www.dfa.state.ny.us/ohrd/mrcertification/>

Follow the instructions provided and a Certification of Completion for attending this Teleconference will be sent to you.




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### Role of Mandated Reporter

**To report suspected incidents of child abuse and maltreatment / neglect while acting in their official capacity**

**M**andated  
**R**eporter

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**Legal Framework**

- Immunity
- Confidentiality
- Penalties

Mandated Reporter



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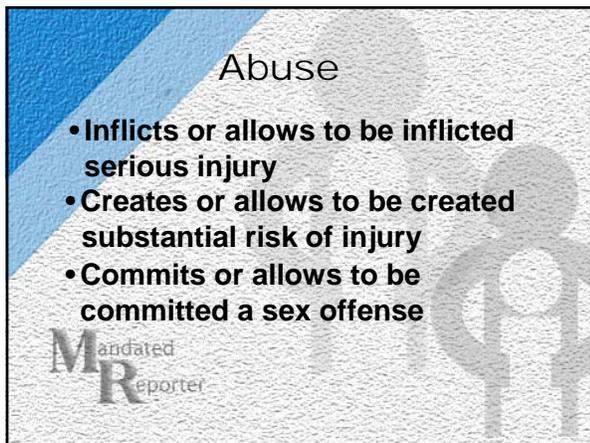
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**Abuse**

- Inflicts or allows to be inflicted serious injury
- Creates or allows to be created substantial risk of injury
- Commits or allows to be committed a sex offense

Mandated Reporter



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**Maltreatment/Neglect**

- A child whose physical, mental, or emotional condition has been impaired
- A parent or custodian's failure to provide a minimum degree of care

Mandated Reporter



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## Types of Neglect

Fails to provide:

- Adequate food, clothing, shelter, education, and medical care
- Proper supervision

Mandated Reporter

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## OR

- Inflicts/allows to be inflicted harm including the infliction of excessive corporal punishment
- Misuses alcohol or other drugs
- Abandonment

Mandated Reporter

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## Normal and Suspicious Bruising Areas

Normal Bruising Areas

Suspicious Bruising Areas

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Handprint Injury



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Looped Cord Injury



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Steam Iron Injury



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## Talking with Children

- Find a private place to talk
- Remain calm
- Listen to the child
- Be honest, open, up-front, supportive

**M**andated  
**R**eporter



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## Talking with Children

- Don't make judgments or promises
- Report the situation immediately

**M**andated  
**R**eporter



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## Evaluating Your Response

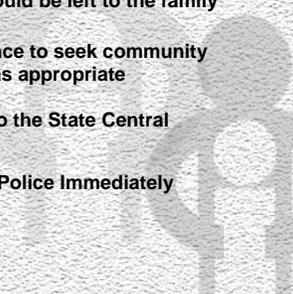
**Category A:** This should be left to the family

**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

**M**andated  
**R**eporter



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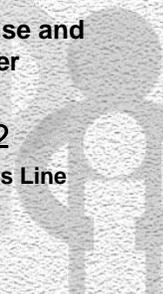
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# Making the Call

**New York State Child Abuse and Maltreatment Register**

**1-800-635-1522**  
Mandated Reporter Express Line


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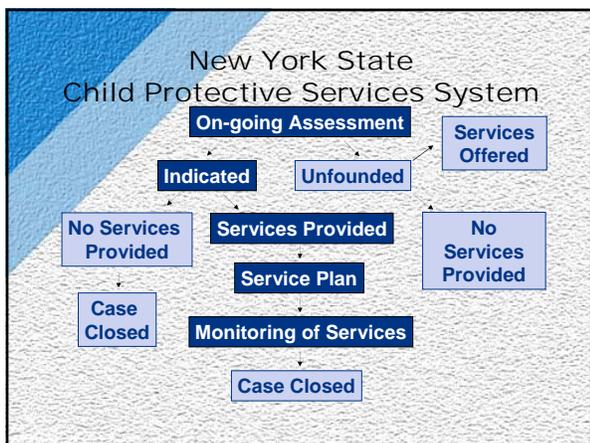
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## Following up the Call

- Within 48 hours
- To local CPS

LD88 2221-A (Rev. 10/2002) FRONT

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
REPORT OF SUSPECTED  
CHILD ABUSE OR MALTREATMENT

Report Date: \_\_\_\_\_ Case ID: \_\_\_\_\_ Call ID: \_\_\_\_\_  
 Case Agency: \_\_\_\_\_ Local Case #: \_\_\_\_\_ Local Dispatch Agency: \_\_\_\_\_

**SUBJECTS OF REPORT**

List all children in household; adults responsible and alleged subjects.

| Line # | List Name | Age | Sex | Birthdate or Age | Ethnic Code | Race | Lang |
|--------|-----------|-----|-----|------------------|-------------|------|------|
| 1      |           |     |     |                  |             |      |      |
| 2      |           |     |     |                  |             |      |      |
| 3      |           |     |     |                  |             |      |      |
| 4      |           |     |     |                  |             |      |      |
| 5      |           |     |     |                  |             |      |      |
| 6      |           |     |     |                  |             |      |      |
| 7      |           |     |     |                  |             |      |      |

MORE

List Address and Telephone Numbers (Using Line Numbers From Above)

| Line # | Address | Telephone No. |
|--------|---------|---------------|
| 1      |         |               |
| 2      |         |               |
| 3      |         |               |
| 4      |         |               |
| 5      |         |               |

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## Following up the Call

- Within 48 hours
- To local CPS

**BASES OF SUSPICION**

Reported suspicion of abuse or maltreatment. Give children's line numbers. If all children, write "ALL".

|   |   |   |
|---|---|---|
| <input type="checkbox"/> DCA/Fatality   | <input type="checkbox"/> Child's Drug/Alcohol Use       | <input type="checkbox"/> Swelling/Discoloration/Scars |
| <input type="checkbox"/> Fractures  | <input type="checkbox"/> Poisoning/Toxicosis            | <input type="checkbox"/> Educational Neglect          |
| <input type="checkbox"/> Internal Injuries (i.e. Subdural Hematoma)                   | <input type="checkbox"/> Choking/Twisting/Shaking       | <input type="checkbox"/> Emotional Neglect            |
| <input type="checkbox"/> Lacerations/Bruises/Welts                                    | <input type="checkbox"/> Lack of Medical Care           | <input type="checkbox"/> Inadequate Food              |
| <input type="checkbox"/> Burns/Scalding   | <input type="checkbox"/> Malnutrition/Failure to Thrive | <input type="checkbox"/> Clothing/Shelter             |
| <input type="checkbox"/> Excessive Corporal Punishment                                | <input type="checkbox"/> Sexual Abuse                   | <input type="checkbox"/> Lack of Supervision          |
| <input type="checkbox"/> Inappropriate Isolation/Restriction/Confinement/Abuse (Only) | <input type="checkbox"/> Inappropriate Guardianship     | <input type="checkbox"/> Abandonment                  |
| <input type="checkbox"/> Inappropriate Custodial Conduct/Institutional Abuse (Only)   | <input type="checkbox"/> Other (specify): _____         | <input type="checkbox"/> Parent's Drug/Alcohol Abuse  |

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Perpetrator" behavior contributing to the problem. (If known, give timeframe of alleged incident)

NO  
day  
year

The Mandated Reporter Requests Finding of Investigation  YES  NO

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## Following up the Call

- Within 48 hours
- To local CPS

**CONFIDENTIAL** SOURCE(S) OF REPORT **CONFIDENTIAL**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Agency/Institution: \_\_\_\_\_ Agency/Institution: \_\_\_\_\_

RELATIONSHIP (If = REPORTER, X = SOURCE)

Med. Exam/Coroner \_\_\_\_\_ Physician \_\_\_\_\_ Hosp. Staff \_\_\_\_\_ Law Enforcement \_\_\_\_\_ Neighbor \_\_\_\_\_ Invt. Staff \_\_\_\_\_  
 Social Services \_\_\_\_\_ Public Health \_\_\_\_\_ Mental Health \_\_\_\_\_ School Staff \_\_\_\_\_ Other (Specify): \_\_\_\_\_

For Use By Physicians

Medical Degrees on Child \_\_\_\_\_ Signature of Physician who examined/treated child \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Hospitalization Required  None  Under 1 week  1-2 weeks  Over 2 weeks  
 Actions Taken Or About To Be Taken:  Medical Exam  X-Ray  Removal/Keeping  Not Med. Exam/Coroner  
 Photographs  Hospitalization  Returning Home  Notified Dr.  
 Signature of Person Making This Report \_\_\_\_\_ Title \_\_\_\_\_ Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

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To Evaluate Online (Intranet):  
<http://sdssnet5/>



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To Evaluate Online (Internet):  
<http://www.dfa.state.ny.us>



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<http://www.dfa.state.ny.us/ohrd/MRCertification/>



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