

NY: Child Abuse and Maltreatment/Neglect for Mandated Reporters

Author: Fran Laughton, RN, MSN, FNP; JoAnn O'Toole, RN, BSN; Susan Walters Schmid, PhD

Contact hours: 2

Course price: \$19

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This course meets the continuing education recommendation for coursework in Child Abuse and Maltreatment for New York mandated reporters.

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Course Summary

Defines child abuse, maltreatment, and neglect, plus mandated reporters and requirements for reporting as defined by New York State. Presents indicators of possible mistreatment, including both physical and behavioral signs.

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Criteria for Successful Completions

80% or higher on the post test, a completed evaluation form, and payment where required. No partial credit will be awarded.

Course Objectives

When you finish this course you will be able to:

1. Briefly describe the problem of child maltreatment in the United States and New York State.
2. Explain mandated reporting of child abuse or maltreatment/neglect in New York State.
3. Spell out the legal protections and legal penalties relevant to mandated reporting.
4. Define child abuse and maltreatment/neglect in New York State.
5. Describe the physical, emotional, and sexual indicators of child abuse.
6. Explain what is involved in deciding and preparing to report child abuse in New York State.
7. Summarize the process of reporting to the NY Statewide Central Register (SCR).

The Grave Problem of Child Abuse

Underreporting of suspected child abuse has long been a problem, and while every state, the District of Columbia, and the U.S. Territories mandate reporting by certain individuals (US DHHS, 2018; CDC, 2014, 2014a; Peterson et al., 2014), and most require training for those reporters, the problem remains. Reasons cited for not reporting include confusion or misunderstanding about how and what to report and lack of knowledge about the signs of mistreatment, but research has demonstrated that the reasons are often more complex and can involve personal concerns, system concerns, social constraints, and conflicting loyalties (Guttman, 2015; Hudson, 2017; Kruse, 2018; Wolfe, 2012).

Research has also found that the more training mandated reporters receive the more confident they feel in making good decisions about their duties to report suspected child maltreatment (Lusk, 2014; Wolfe, 2012). While most states have penalties for failure to report, they are often minor and/or rarely imposed (Hudson, 2017; Krase, 2018; Steffen, 2016; Wolfe, 2012).

The recognition of child abuse in its multiple forms—physical abuse, sexual abuse, emotional abuse, and neglect—came to the fore in the twentieth century and remains a considerable social and public health problem throughout the world as well as in the United States. The national estimate of children who received a **child protective services (CPS)** investigation response or alternative response increased 9.5% from 2012 (3,172,000) to 2016 (3,472,000).

The number and rate of victims have fluctuated during the past 5 years but the national estimate over that period shows an increase of 3% in the number of victims, from 656,000 in 2012 to 676,000 in 2016. Of these 2016 victims, it is estimated that 1,750 children died of abuse and neglect (DHHS, 2018). Over that same period, New York has experienced a 3.8% decline in the number of children receiving an investigation or alternative response, a 4.8% decline in the number of child victims, and a slight decrease in the number of child fatalities, which although they had risen in 2013 and 2014 were lower in 2016 than in 2012 (DHHS, 2018).

That said, any amount of child abuse and neglect is too much. And, as noted above, it is believed that these numbers likely underestimate how many children are affected by maltreatment because many cases go unreported or undetected. A non-CPS study has estimated that 25% of U.S. children experience some form of child maltreatment in their lifetimes (CDC, 2017; 2014).

A Centers for Disease Control and Prevention (CDC) study found that the total lifetime estimated financial costs associated with just one year of confirmed cases of child maltreatment (physical abuse, sexual abuse, psychological abuse and neglect) is approximately \$124 billion (CDC, 2014b). In addition, survivors of child abuse can be left with physical and emotional scars that last a lifetime. Children who have experienced abuse and neglect are at increased risk of adverse health outcomes and risky health behaviors in adolescence and adulthood. Child maltreatment has been linked to higher rates of alcoholism, drug abuse, depression, smoking, multiple sexual partners, suicide, and chronic disease (CDC, 2014b).

The most recent data for New York State (calendar year 2016) show that for every 1000 children in the state 43.8 were named as an alleged victim of abuse/maltreatment in at least one CPS report, and for 14.5 of every 1000 children the allegations were substantiated. There were totals of 191,769 alleged victims and 63,578 substantiated victims (NYOCFS, 2017a).

Statistics from the U.S. Department of Health and Human Services (HHS) show that, nationwide, neglect represents the largest percentage of cases of child maltreatment, and the same holds true in New York State.

Types of Maltreatment, 2016		
Type of maltreatment	United States	New York State
Neglect	74.8%	95.4%
Physical Abuse	18.2%	9.6%
Sexual Abuse	8.5%	3.2%
Psychological maltreatment	5.6%	0.7%
Medical neglect	2.1%	5.9%
Other types	6.9%	27.8%

Source: DHHS, 2018.

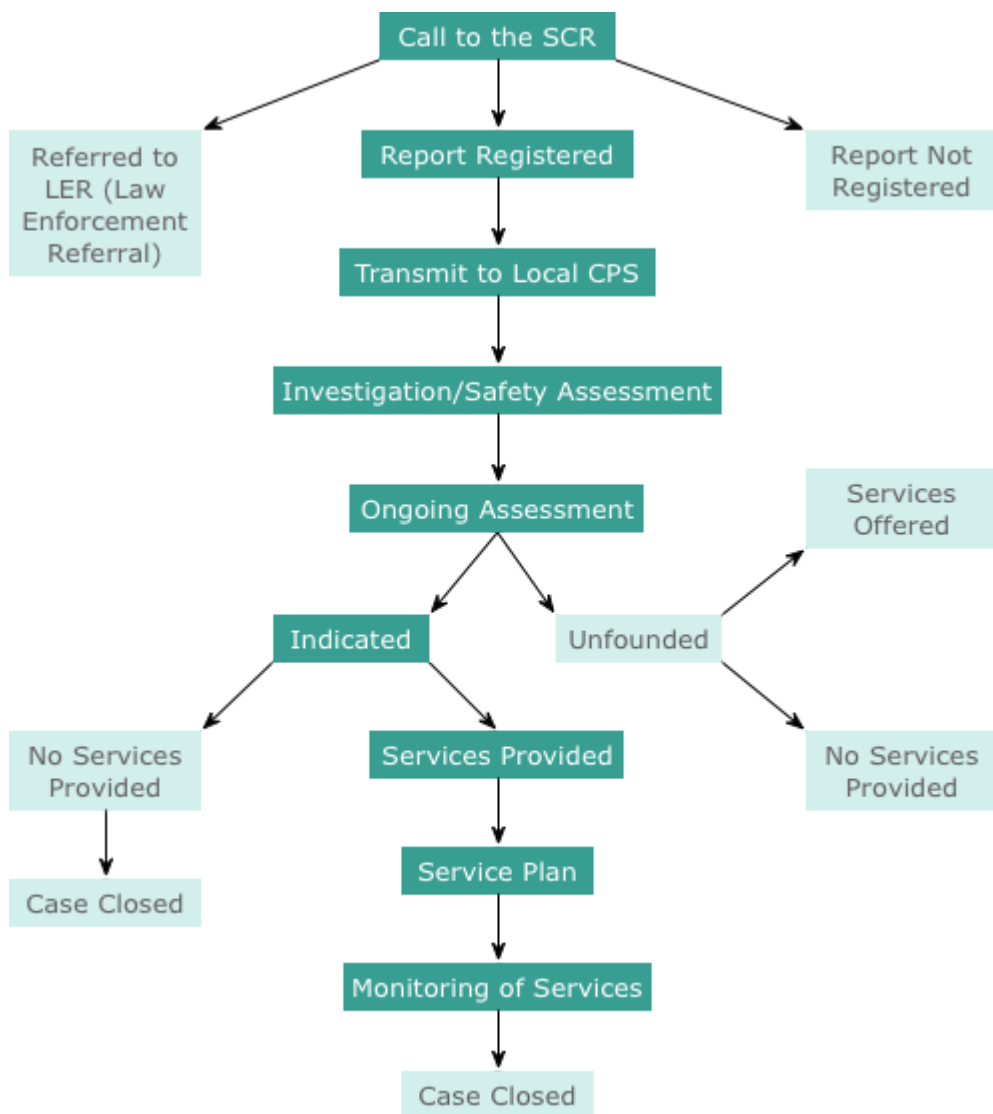
Federal legislation provides guidance to states by identifying a minimum set of acts or behaviors that define child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. § 5106g), as amended by the CAPTA Reauthorization Act of 2010, defines **child abuse and neglect** as, at minimum:

- Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
- An act or failure to act which presents an imminent risk of serious harm.

This definition of child abuse and neglect refers specifically to parents and other caregivers. A “child” under this definition generally means a person who is younger than age 18 or who is not an emancipated minor.

While CAPTA provides definitions for sexual abuse and the special cases of neglect related to withholding or failing to provide medically indicated treatment, it does not provide specific definitions for other types of maltreatment such as physical abuse, neglect, or emotional abuse. Although federal legislation sets minimum standards for states that accept CAPTA funding, each state provides its own definitions of maltreatment within civil and criminal statutes (DHHS, 2018).

New York State Child Protective Services System



Mandated Reporting and Child Protective Services in NYS

Guided by the minimum standards set by federal law, individual states have their own definitions of child abuse and neglect, and in addition each state has mandatory reporting laws that require certain professionals and institutions to report suspected child maltreatment to a **child protective services (CPS)** agency. These people are called *mandated reporters* (DHHS, 2018). As mandated reporters, healthcare professionals are in a unique position to recognize and report abuse that is perpetrated on these helpless victims.

In the 1973 Child Protective Services Act: New York, in order to protect children who are victims of abuse or maltreatment, created a child protective system in statute with five fundamental components:

- 1.** State Central Register of reports of suspected child abuse and maltreatment;
- 2.** Detection through third-party recognition of children in danger, including mandatory and voluntary reporting of suspected child abuse and maltreatment;
- 3.** Child protective services (a) to verify reports, (b) to provide immediate protection of children and (c) to begin the process of helping families by providing rehabilitative and ameliorative services;
- 4.** Emergency protective custody of children in “imminent danger”; and
- 5.** When necessary, court action—Family Court action to remove a child, remove the allegedly abusive or neglectful parent from the child’s residence, impose treatment and/or Criminal Court action (by referring the case to law enforcement) to prosecute the perpetrator (New York State Assembly, 2014).

Today the laws that guide New York CPS services are Article 6, Title 6 of the Social Services Law and Article 10 of the Family Court Act.

Article 6, Title 6. CHILD PROTECTIVE SERVICES includes the following sections:

- 411 - Findings and purpose.
- 412 - General definitions.
- 413 - Persons and officials required to report cases of suspected child abuse or maltreatment.
- 414 - Any person permitted to report.
- 415 - Reporting procedure.
- 416 - Obligations of persons required to report.
- 417 - Taking a child into protective custody.
- 418 - Mandatory reporting to and post-mortem investigation of deaths by medical examiner or coroner.
- 419 - Immunity from liability.
- 420 - Penalties for failure to report.
- 421 - Responsibility of the office.
- 422 - Statewide central register of child abuse and maltreatment.
- 422-A - Child abuse and neglect investigations; disclosure.
- 422-B - Local and regional fatality review teams.
- 422-C - Establishment of the child abuse medical provider program (CHAMP).
- 423 - Child protective service responsibilities and organization; purchase of service and reimbursement of cost; local plan.
- 423-A - Child advocacy centers established.
- 424 - Duties of the child protective service concerning reports of abuse or maltreatment.
- 424-A - Access to information contained in the statewide central register of child abuse and maltreatment.
- 424-B - Children in the care of certain public and private agencies.
- 425 - Cooperation of other agencies.
- 426 - Annual reports.
- 427 - Regulations of the commissioner.
- 427-A - Differential response programs for child protection assessments or investigations.
- 428 - Separability.

Who Is Mandated to Report?

New York State recognizes that certain professionals are specially equipped to perform the important role of mandated reporter of child abuse or maltreatment. These include:

- Physicians, registered physician assistants, surgeons, medical examiners, coroners, dentists, dental hygienists, osteopaths, optometrists, chiropractors, podiatrists, residents, interns, psychologists, registered nurses, social workers, or emergency medical technicians

- Licensed creative arts therapists, marriage and family therapists, mental health counselors, or psychoanalysts
- Licensed behavior analysts and certified behavior analyst assistants
- Hospital personnel (who admit, examine, care for, or treat persons)
- Christian Science practitioners
- School officials, including but not limited to teachers, guidance counselors, psychologists, social workers, nurses, administrators, or other school personnel required to hold teaching or administrative licenses/certificates, full or part-time compensated school employees required to hold a temporary coaching license or professional coaching certificate
- Social services workers, employee of a publicly funded emergency shelter for families with children, directors of children’s camps, daycare center workers, school-age child care workers, providers of family or group family daycare, employees or volunteers in a residential care facility for children, or any other child care or foster care worker
- Mental health professionals, substance abuse counselors, alcoholism counselors, or anyone credentialed by the NYS Office of Alcoholism and Substance Abuse Services
- Peace officers, police officers, district attorneys or assistant district attorneys, investigators employed in the office of a district attorney, or other law enforcement officials (SSL §413; NYSOCFS, 2017, 2016)

This list is periodically revised and updated through legislation.

In addition, since January 1, 1989 the New York State Education Law has required certain individuals, when initially applying for licensure or a limited permit, to show that they have completed the required training in the identification and reporting of child abuse and maltreatment. Periodically since 1989 the list of covered professions and specific requirements has been expanded. Complete information can be obtained from the NYS Education Department (NYSED, 2017a).

A mandated reporter is required in the state of New York to report suspected child abuse or maltreatment when they are presented with a **reasonable cause** to suspect child abuse or maltreatment in a situation where a child, parent, or other person legally responsible for the child is before the mandated reporter when the mandated reporter is acting in his or her official or professional capacity (SSL §413; NYSOCFS, 2016).

While anyone may make a report of suspected abuse, reports made by mandated reporters are more likely to be *registered*—accepted by the SCR for further investigation. It seems likely that this is due, at least in part, to better reporting based on training and professional awareness (NYSOCFS, 2011).

Numerous pieces of legislation related to mandatory reporters and reporting have been introduced in the New York legislature in recent years. The only one enacted occurred in 2014 when New York began requiring school athletic directors and school personnel or other persons required to hold a temporary coaching license or professional coaching certificate to report cases of suspected child abuse (NCSL, 2012–2015). However, as of April 2018, there is a bill pending in the New York State Legislature (Senate Bill S2158A) that would “require mandated reporters to report to law enforcement suspected child abuse involving a person in a position of authority or a position of trust” (NY State Senate, 2018).

Did You Know . . .

Any other person who has reasonable cause to suspect that a child is abused or maltreated may also report (SS Law § 414).

What Is a Mandated Reporter’s Role?

[This section is taken directly from NYS SSL §413.]

A mandated reporter’s role is, while acting in their professional or official capacity, to:

Report suspected incidents of child abuse or maltreatment/neglect.

Make the report to the SCR immediately upon the development of reasonable cause to suspect child abuse or maltreatment.

New York’s Social Services Law §413 requires reports when:

- Reporter has reasonable cause to suspect that a child coming before the reporter in his or her professional or official capacity is an abused or maltreated child.
- Reporter has reasonable cause to suspect that a child is an abused or maltreated child where the parent, guardian, custodian, or other person legally responsible for the child comes before them in their professional official capacity and states—from personal knowledge—facts, conditions, or circumstances that, if correct, would render the child an abused or maltreated child.

The law also states that (1) whenever a mandated reporter is required to report as a member of the staff of a medical or other public or private institution, school, facility, or agency, he or she shall make the report as required—reports must contain the names of all other staff persons with direct knowledge of the allegations—but the law does not require more than one report from the agency for a single incident; and, (2) no retaliatory personnel action is allowed (SSL §413; NYSOCFS, 2016).

Additional Requirements for Social Service Workers

Social service workers *only* are additionally required to report or cause a report to be made when any person comes before them in their professional or official capacity with information from personal knowledge that causes them to have reasonable cause to suspect that a child is an abused or maltreated child [SSL §413(1)(d)].

All other mandated reporters are required to report or cause a report to be made only when confronted with a child who they suspect to be abused or maltreated or when a parent, guardian, custodian or other person legally responsible for a child provides information which, if true, would mean that child was abused or maltreated [SSL §413(1)(a)]. Further, any person is permitted to report any reasonable suspicion of abuse or maltreatment no matter how that information is brought to their attention [SSL §414], and OCFS encourages such reporting (NYSOCFS, 2017, Chapter 2, page A-2).

Institutional Reporting Paradigm

- Mandated Reporter w/direct knowledge must call the SCR
- Mandated Reporter notifies Agency Administrator (or reporting designee) immediately
- Agency Administrator (or designee) is responsible for all subsequent administration of the report, including
 - Filing the LDSS-2221A
 - Maintaining the Call ID #
 - Providing SCR with contact information for every staff person of the institution believed to have direct knowledge of the allegations in the report

Source: NYSOCFS, 2017.

What Is Professional Capacity?

If a person is acting within the scope of their employment or carrying out functions as part of the duties and responsibilities of their profession, they are acting in a **professional capacity** (NYSOCFS, 2016).

For example, healthcare providers examining a child in their practice who have a reasonable suspicion of abuse must report the concern. However, if the same person witnesses child abuse while playing tennis at a local park, he or she is not mandated to report that abuse. **Mandated reporters' legal responsibility to report suspected child abuse or maltreatment ceases when they stop practicing their profession.** As noted above, however, anyone may report any suspected abuse or maltreatment at any time (NYSOCFS, 2016).

Legal Framework for Mandated Reporting in NYS

Legal Protections

Immunity from Liability

The Social Service Law provides immunity from liability for mandated reporters who report to the SCR, and this can be especially important for a reporter concerned about legal obligations as a reporter and legal obligations to client or patient confidentiality. If the report was made in good faith, a mandated reporter is immune from any criminal or civil liability. The good faith of a mandated reporter is presumed. Thus, if someone accuses you of making a false report in bad faith, they must **prove** gross negligence or willful misconduct on your part (SSL §419, NYSOCFS, 2017, 2016, 2011).

Source Confidentiality

New York's Social Service Law provides confidentiality to those who make a report. OCFS and local CPS are not permitted to release to the subject of the report any data that would identify the source of a report, unless the source has given them written permission to do so. Information regarding the source of the report may be shared with certain individuals (eg, courts, police, district attorney), but only as provided by law (SSL §422(4)(A), NYSOCFS, 2016).

Protection from Retaliatory Personnel Action

Section 413 of the Social Services Law, which defines mandated reporters, also specifies that no medical or other public or private institution, school, facility, or agency shall take any retaliatory personnel action against an employee who makes a report to the SCR. Furthermore, no school, school official, childcare provider, foster care provider, residential care facility provider, hospital, medical institution provider, or mental health facility provider shall impose any conditions, including prior approval or prior notification, upon a member of their staff mandated to report suspected child abuse or maltreatment (SSL §413, NYSOCFS, 2016).

Legal Penalties

Failure to Report

Anytime mandated reporters suspect child abuse or maltreatment—and fail to report it—they can be found guilty of a Class A misdemeanor. This misdemeanor can result in a penalty of up to a year in jail, a fine of up to \$1,000, or both. In addition, a mandated reporter who fails to make a required report to the SCR can be sued in civil court for monetary damages for any harm caused by the failure to report, including wrongful death (NYSOCFS, 2017, 2016).

False Reporting

The New York Social Services Law contains a provision (§422.14) by which suspected cases of false reporting of child abuse to the SCR can be referred to an appropriate law enforcement agency or district attorney. Such false reports are a violation of the Penal Law (Section 240.50(4)).

Mandated Reporter Records

Section 415 of the Social Services Law requires mandated reporters who make a report to the SCR that results in an investigation of an allegation of child abuse or maltreatment to comply with all requests made by CPS for records relating to that report. This includes information that may be covered by privileges stipulated in state law (eg, psychologist-client privilege) and any other law to the contrary (SSL §415, NYSOCFS, 2017).

Records available to CPS include:

- Records relating to diagnosis, prognosis, or treatment
- Clinical records of any patient or client (NYSOCFS, 2017)

The purpose for requesting these records is to facilitate a full investigation of allegations of child abuse or maltreatment. Disclosure of substance abuse treatment records, however, is regulated by federal law and must follow that law's standards and procedures (NYSOCFS, 2017).

Written reports from mandated reporters shall be admissible in evidence in any proceedings relating to child abuse or maltreatment. It is important to be aware that "federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations [45 CFR 160.203(c)] state that HIPAA privacy rules do not apply to reporting of child abuse." Exceptions stipulate that healthcare providers suspecting child abuse or maltreatment must report it and provide material in accordance with state law (NYSOCFS, 2017).

The mandated reporter, as the owner of the records, makes the first determination of what information being sought by CPS is essential to its investigation. If CPS is requesting additional information essential to the report that the reporter is unwilling to release, CPS should clearly explain how the records are pertinent. If the reporter still does not produce the reports CPS can provide an appropriate authorization or release, or obtain a court order requiring the records be produced (NYSOCFS, 2017).

Did You Know . . .

Disclosure of substance abuse treatment records is regulated by federal law.

Defining Child Abuse and Maltreatment/Neglect

Under New York law, children are defined as individuals from birth up to 18 years of age. Thus, one cannot report prenatal abuse, but if a child is born with neonatal drug withdrawal a report can be made. In addition, youth no more than 21 years of age who have handicapping conditions and are in residential care in certain New York schools for the blind or deaf or in private residential schools for special education services may also be reported to the SCR (NYSOCFS, 2011).

If you suspect child abuse and maltreatment, first consider the child. Carefully review what has happened to the child to make you believe there is harm or risk of harm. Consider how the parent or other legally responsible person may be culpable for this condition. In other words, always start with the child and his or her condition and then examine the involvement of the parent or person legally responsible for the child's care (NYSOCFS, 2011).

In order to determine if there is **reasonable cause** to suspect abuse or maltreatment, it is important to understand the relevant legal definitions. Generally, maltreatment involves the quality of care a child receives, while abuse reflects the seriousness of the injury. There needs to be a connection between the harm or substantial likelihood of harm and the actions or inactions of the person responsible for the child. You do not need to know if the incident is abuse or maltreatment in order to make a report. That determination will be made by the SCR or by the local CPS during its investigation (NY ACS, 2018; NYSOCFS, 2016, 2011; Monroe County, 2003).

Definitions

Use the following definitions as guidelines to help you determine if there is **reasonable cause** to suspect abuse or maltreatment. In addition, refer to the Family Court Act §1012 (e).

Physical Abuse

Subject inflicts or allows to be inflicted on a child serious physical injury [such as burns, fractures, head trauma, and internal injuries] by other than accidental means

AND

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

OR

Subject creates or allows to be created a substantial risk of physical injury to the child by other than accidental means

AND

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

OR

Subject commits or allows to be committed a sex offense as described in Article 130 of the Penal Law:

- Sexual misconduct
- Rape

- Criminal sexual act
- Forcible touching
- Persistent sexual abuse
- Sexual abuse
- Aggravated sexual abuse
- Course of sexual conduct against a child
- Female genital mutilation
- Facilitating a sex offense with a controlled substance

OR

Subject permits or encourages the child to engage in any act described in Sec. 230.25, 230.30, or 230.32 of the Penal Law (promoting prostitution)

OR

Subject commits any acts described in Sec. 255.25, 255.26, or 255.27 of the Penal Law (incest)

OR

Subject allows child to engage in acts described in Article 263 of the Penal Law:

- Use of a child in a sexual performance
- Promoting an obscene sexual performance by a child
- Possessing an obscene sexual performance by a child
- Promoting a sexual performance by a child
- Possessing a sexual performance by a child

OR

Subject permits or encourages such child to engage in any act or commits or allows to be committed against such child any offense that would render such child either a victim of sex trafficking or a victim of severe forms of trafficking in persons pursuant to 22 U.S.C. 7102 as enacted by public. law 106-386 or any successor federal statute.

Abuse

- Inflicts or allows to be inflicted serious physical injury
- Creates or allows to be created substantial risk of serious physical injury
- Commits or allows to be committed sexual abuse

Source: NYSOCFS, 2016.

Maltreatment/Neglect

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 used in the Family Court Act.

Maltreatment, as defined in the Social Services Law, includes:

A child whose physical, mental, or emotional condition has 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, shelter, or
 - In supplying adequate education, or
 - In supplying medical or dental care though financially able to do so, or offered financial or other reasonable means to do so, or
 - In providing proper supervision or guardianship, or
 - By inflicting excessive corporal punishment, or
 - By misuse of drugs or alcohol

AND

There is a causal 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 an intent to forego his or her parental rights and obligations by failing to visit the child or communicate with the child though able to do so

Maltreatment/Neglect

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

Source: NYSOCFS, n.d.-f

Types of neglect

- Fails to provide:
 - Adequate food, clothing, shelter, education, or medical care
 - Proper supervision or guardianship

OR

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

Source: NYSOCFS, n.d.-f.

Excessive Corporal Punishment

New York State allows reasonable physical correction of a child but excessive corporal punishment is an indicator of neglect (see list above). Defining excessive corporal punishment is always a case-by-case consideration and you do not have to be able to define it in order to make a report to the SCR (NYSOCFS, 2011). [See Family Court Act §1012 (c)(i) and Penal Law §35:10(1).]

When evaluating a situation involving potential excessive corporal punishment it may help to ask yourself the following questions:

- Does the child have the capacity to understand the corrective quality of the discipline? Consider age, maturity, and the child's physical and mental condition.
- Is a less severe means of punishment available and likely to be effective?
- Is the punishment unnecessarily degrading?
- Was the punishment inflicted for gratification of parental rage?
- Was the punishment brutal?
- Did the punishment last for such a time that it surpassed a child's power of endurance?

If you answered yes to any of these questions it may indicate the punishment was excessive (NYSOCFS, 2011).

The connection between corporal punishment and child abuse or maltreatment has proven to be a sticky problem across the country for state legislatures, courts, and child protective services. Decisions turn on definitions in statutes and a variety of larger legal arguments (Coleman et al., 2010; Gundersen, 2018).

In addition to other factors, determinations about excessive corporal punishment may consider whether it was inflicted using devices (cords, brushes, wooden spoons, or other implements) and to a part of the body that is more vulnerable (eg, head, face, abdomen) especially if it results in identifiable markings as a result (“pattern injuries,” eg, ligature marks, cord marks, brush patterns, burns, bite marks).

As with any report to the New York State hotline, use the guidance in this course to evaluate a situation and if you have **reasonable cause to suspect** child maltreatment, make the report. Trained personnel will then investigate and make the appropriate determination.

Injury Locations

When evaluating a situation to determine if there is reasonable cause to suspect child abuse or maltreatment/neglect based on injuries to the child, keep in mind the following points:

- Know the likely areas for normal versus suspicious injuries.
- Consider the size and shape of the injury.
- Consider the child’s developmental stage and related likely injuries.
- If an explanation seems plausible, consider the child’s age and the location of the injury.

Accidental childhood injuries usually involve bony areas such as shins, elbows, and knees. Toddlers learning to walk will fall and skin or bruise these areas, just as slightly older children may do the same thing while learning to ride a bicycle. Suspicious injuries usually occur in areas that are not susceptible to accidental injuries, given the age of the child, and may include the back, buttocks, and backs of thighs or calves (NYSOCFS, 2017, 2011).

Finally, if an injury was serious but appropriate treatment was delayed or omitted, especially in a case where the mechanism of injury does not match the injuries as seen, there may be reasonable cause to suspect child abuse or maltreatment/neglect.

The Abandoned Infant Protection Act

New York State's Abandoned Infant Protection Act (AIPA) is intended to save the lives of unwanted newborns by allowing a person who abandons an infant to avoid criminal liability. The person must, however, act in a safe manner that will not result in physical harm to the infant (NYSOCFS, 2016a, 2015, n.d.-c).

This law first went into effect in July 2000 and was amended in August 2010. The amendments removed criminal liability for the crimes of Abandonment of a Child and Endangering Welfare of a Child when a parent, guardian, or other legally responsible person abandons an infant under the following conditions:

1. The abandoned infant is no more than 30 days old;
2. The person who abandons the infant intends that the infant will be safe from physical injury and cared for appropriately;
3. The person leaves the infant with an appropriate person OR leaves the baby in a suitable location and immediately notifies an appropriate person of the infant's location; and
4. The person must intend to wholly abandon the infant by relinquishing responsibility for and rights to the care and custody of the infant (NYSOCFS, 2016a, 2015, n.d.-c).

For more information on the Abandoned Infant Protection Act, call 866 505-SAFE (7233).

It is important to note that AIPA does not affect the responsibilities of a mandated reporter. AIPA does not amend the law regarding mandated reporters, nor does it change or lessen their obligations. Mandated reporters who learn of an abandoned infant, even if they do not know the name of the person leaving the child, must make a report to the SCR (NYSOCFS, 2016a, 2015).

Indicators of Child Abuse or Maltreatment/Neglect

Indicators, or signs, of child abuse or maltreatment are alerts or warnings that you need to give more attention to a situation (CWIG, 2013a; NYSOCFS, 2016, 2011, n.d.; Monroe County, 2003).

The three types of indicators to consider are:

- Physical indicators

- Child's behavioral indicators
- Parent's behavioral indicators

Sometimes a situation will be straightforward. For example, a baby born with a positive toxicology, a child with the handprint of a slap showing on their face, or a direct disclosure made by a child give clear support for reasonable cause to suspect. However, more often the situation will require that you pull together several indicators or clusters of indicators. The lists that follow identify many common indicators of possible abuse or maltreatment, but these should not be considered in isolation from the child's current condition or circumstances (how they look and act). In addition, signs may sometimes appear contradictory (NYSOCFS, 2011).

Consider each of your unique experiences with children when you are assessing a situation. Sometimes you will have had regular interactions with a child and other times you will see a child only once. Consider what you know of the child and appropriate age and developmental norms. Keep in mind that children are individuals and will not necessarily react in the same way to a given situation (NYSOCFS, 2011).

Also, be aware of the parent or other legally responsible individual's behavior. If the information you are getting suggests abuse or maltreatment, ask yourself the following questions: Is this explanation plausible? Is the person repeating gossip or speaking from personal knowledge? What specifically are they saying about the child's condition or behavior? (NYSOCFS, 2011).

Never assume abuse or maltreatment. Conversely, many abused and maltreated children may not show any of these indicators (NYSOCFS, n.d.).

Physical Abuse

Child's physical indicators

- Unexplained bruises and welts
- On face, lips, mouth
- On torso, back, buttocks, thighs
- In various states 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 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, et.
- Rope burns on arms, legs, neck, or torso

Unexplained lacerations or abrasions

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

Child’s behavioral indicators

- Wary of adult contact
- Apprehensive when other children cry
- Behavioral extremes: aggressiveness, withdrawal, changes in behavior
- Frightened of parents
- Afraid to go home
- Reports injury by parents
- Wears long-sleeved or similar clothing to hide injuries
- Or conversely, inappropriate boundaries and affection seeking 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 an inadequate or inappropriate explanation for the child’s injury
- Gives different explanations for the same injury
- Personal or partner abuse of alcohol or other drugs
- Personal or partner history of mental illness; especially if inadequately treated
- Disciplines the child too harshly considering the child’s age or what he/she did wrong
- Describes the child as bad, evil, etc.
- Has a personal history of abuse as a child

Frequent partner changes

- Attempts to conceal the child's injury
- Takes the child to a different doctor or hospital for each injury
- Has poor impulse control

Maltreatment/Neglect

Child's physical indicators

- Consistent hunger, poor hygiene, inappropriate dress
- Consistent lack of supervision, especially in dangerous activities, for long periods, or overnight
- 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 (tics, 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

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

Preparing to Report Child Abuse in NYS

Talking with Children

Do

- Find a private place
- Remain calm
- Be honest, open, up-front, supportive
- Be an advocate
- Listen to the child
- Report the situation immediately

Don't

- Overreact
- Make judgments/promises
- Interrogate or investigate

Most of the time suspicions of child abuse and maltreatment will develop from things that you observe about a child's physical condition or behavior or in the behavior of the child's parent or other legally responsible person. However, sometimes a child will say something to reveal that he or she is possibly being abused or maltreated and you want to be prepared to act in a supportive way without frightening the child or promising something you can't follow through on. Stress that the child is not at fault for the situation or for others' actions (NYSOCFS, 2011; RAINN, 2018).

Many healthcare and social services professionals receive training in talking to children and that knowledge can be applied when dealing with children who are possible victims of abuse or maltreatment. However, always keep in mind that your responsibility is to assess for reasonable cause to suspect and make the necessary report, not to investigate or interrogate (NYSOCFS, 2011; RAINN, 2018).

There are specific guidelines for cases where sexual abuse is suspected, so once a child reveals information that makes suspect such abuse you need to avoid talking in detail with the child about the incident. Specially trained CPS and law enforcement professionals will often work together to interview a child at the same time and it will be a traumatic experience for the child to relive. As a mandated reporter you want to minimize discussion of the incident with the child (NYSOCFS, 2011; RAINN, 2018).

You are not legally required to inform the parents or other person legally responsible for the child that you are making a report to the SCR. Do **not** assume the parent will be supportive of the child. It is always possible that informing the parent will further jeopardize the child's situation and risk more harm. If you have questions or concerns about informing the parents contact your local CPS (NYSOCFS, 2016, 2011).

Who Can Be Reported?

Knowing who has caused harm to a child is a significant factor in determining how to proceed (NYSOCFS, 2011). The person legally responsible may be a:

- Parent/relative/person with access to the child
- Guardian
- Custodian
- Daycare provider
- Residential care staff

The SCR only registers reports against a parent, guardian, or other person eighteen years of age or older who is legally responsible for the child (SSL §412.4; NY State Assembly 2014; NYSOCFS, 2011).

According to the Family Court Act, persons legally responsible include the child's custodian, guardian, or 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 (Fam. Ct. Act §1012(g); NYSOCFS, 2011).

Once the SCR registers a report, the person named as causing the harm to the child becomes the subject of the report. Additional information and definitions may be found in the Social Services Law §412 (NYSOCFS, 2011).

Teachers in most public or private schools do not qualify as subjects of reports when they are acting as teachers. They may be subjects when the incident involves their own child or a child for whom they have legal responsibility outside their role as a teacher (NYSOCFS, 2011).

What Is Reasonable Cause to Suspect?

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 (NY State Assembly 2014; NYSOCFS, 2016, 2011).

Distrust or doubt is enough; inconsistent explanations that do not match your observations or knowledge may be the cause of reasonable suspicion. You do not have to be positive nor do you have to have proof the abuse or maltreatment is occurring or has occurred. When you have reasonable cause to suspect, it is your duty as a mandated reporter to call the SCR immediately and make a report (NYSOCFS, 2016, 2011).

Your duty is not relieved because another agency or individual has filed or may have filed a report. You **must** file a report as well. The sooner an incident is reported, the sooner protection for the child and assistance to the family can be provided. In addition, what you observe may be different from what others report and all the information together is relevant for the SCR to make a determination about registering a report (NYSOCFS, 2011). However, keep in mind the instructions noted above for reporting in an institutional setting.

Remember: Crimes committed against children should be directly reported to law enforcement. If you are not certain if an action is criminal, you can contact the SCR anyway, as they are trained to make the appropriate distinctions and can make a **Law Enforcement Referral (LER)**. In cases of imminent danger, it may be necessary to contact law enforcement.

What Is Imminent Danger?

Imminent danger means that the child is placed at immediate risk or substantial risk of harm (NYSOCFS, 2011; Monroe County, 2003).

Imminent danger measures the distance between a child and the harm created by a parent's (or other person legally responsible) actions or failure to act. The danger to the child must be immediate or nearly immediate. One must apply the standard of reasonableness: Ask yourself, "Is it reasonable to believe an intervening factor could occur?" If the answer is yes, then there is no immediate danger. If the answer is no then it is reasonable to assume that harm could occur and there is imminent danger (NYSOCFS, 2011).

For example, if a parent swings an object at a child's head and misses, the danger is imminent. The only additional thing needed for injury would have been for the parent to succeed rather than miss and it is reasonable to believe this could have happened (NYSOCFS, 2011).

If a child is in imminent danger, call 911 or the police department first, and then call the SCR. Scenarios in which such action might be appropriate could include a parent who arrives to pick up their child from an appointment but is driving their own car, smells of alcohol, and has clearly been drinking; or a home visit reveals several young children fighting while in the care of a 12-year-old sibling who cannot control them and has no idea where the parents are.

Organize Your Thinking

Any time you need to analyze a situation for reasonable cause to suspect child abuse or maltreatment, you can use the following four questions to organize your thinking:

- What indicators are present?
- Is there reasonable cause to suspect abuse or maltreatment?
- Is there a parent or other person responsible for the suspected abuse or maltreatment?
- What are your next steps?

Case

Scenario A

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

What indicators are present?

- Neonatal drug withdrawal
- No plan for the baby

Is there reasonable cause to suspect abuse or maltreatment?

- Yes

Is there a person responsible for the suspected abuse or maltreatment?

- Mother

What are your next steps?

- Call in report to SCR

Scenario B

A 7-year-old boy comes to the doctor's office for a physical. He has a bruise on the left side of his face and scratches along his left arm. The boy claims he fell off his bicycle. He lives with his mother, a single parent. His mother says he is very active and sometimes is a behavior challenge at school.

What indicators are present?

- Bruises and scratches

Is there reasonable cause to suspect abuse or maltreatment?

- No, the story is consistent with a bike injury. Injuries from an accidental fall would be along one side of the body.

Is there a person responsible for the suspected abuse or maltreatment?

- No

What are your next steps?

- Treat the child's injuries as needed

Reporting Abuse to the NY Statewide Central Register (SCR)

Making the Call

As soon as a mandated reporter suspects abuse or maltreatment, an oral report must be made by calling the **New York Statewide Central Register of Child Abuse and Maltreatment (SCR)**. The SCR is open twenty-four hours a day, seven days a week, to receive calls (NYSOCFS, 2016).

Mandated Reporter Express Line:

800 635 1522 (or 311 in NYC)

Note: This number is for mandated reporters only and should not be given to anyone else.

For non-mandated reporters, or those not acting in a professional capacity, the number to call is:

800 342 3720

When to Report to the Justice Center

The Protection of People with Special Needs Act (Act) requires persons who are Mandated Reporters under that Act to report Abuse, Neglect and Significant Incidents involving vulnerable persons to the Vulnerable Persons' Central Register (VPCR) operated by the NYS Justice Center for the Protection of People with Special Needs (<http://www.justicecenter.ny.gov/>).

Under the Act, persons who are mandated reporters to the Statewide Central Register of Child Abuse and Maltreatment are also mandated reporters to the VPCR, with the exception of day care providers and staff. Day care providers and staff are mandated reporters to the SCR, but not to the VPCR.

Effective June 30, 2013, persons who are Mandated Reporters under the Act have a legal duty to:

- Report to the Justice Center, by calling the VPCR at 855 373 2122, if they have reasonable cause to suspect abuse or neglect of a Vulnerable Person, including any person receiving residential services in a facility operated by, or provider agency facility licensed or certified by, the Office of Children and Family Services (OCFS).
- Report all Significant Incidents regarding vulnerable persons to the Justice Center by calling the VPCR at:

855 373 2122.

- Continue to call the Statewide Central Register of Child Abuse and Maltreatment if they have reasonable cause to suspect abuse or maltreatment of children in family and foster homes, as well as day care settings. Suspicion of child abuse or maltreatment in a day care setting, foster care, or within a family home must continue to be reported to the Statewide Center Register of Child Abuse and Maltreatment at 800 635 1522.

Note: If you are confused about where to call, the trained professionals at either location can help you get to the right place. The most important thing is to *make the call!*

What to Expect When You Make the Call

Your call will be answered by a CPS specialist trained to help you through the process of making a report. You need to be prepared to articulate your concerns clearly and concisely, and to provide as much information as you can to help the CPS specialist make a determination.

You may find that using the LDSS-2221A form (which you will eventually have to submit if your call is registered) will help you organize your thoughts and gather the information you have in preparation for making the call. While at this point the child's welfare is your priority rather than completing the form, the CPS specialist is going to ask you many of the same questions that appear on the form (NYSOCFS, 2016, 2016a, 2014, 2011, n.d.-d, -e).

In order to gather information to make a report you should ask yourself the following questions:

- What is the role of the parent (or the person legally responsible)?
- What information can I provide to show who is responsible?
- Is this situation part of an ongoing pattern?
- Where is the child now?
- What do I know about the child's siblings?
- Does the child have any special needs? If so, what are they?
- Is an interpreter needed?
- Is the child on any medications?
- Are there any other related issues that could be helpful for a local caseworker to know?

- Are there personal safety issues for a local CPS case worker (ie, dogs, guns in the home, etc.)?
- When and how can I best be reached, including after hours?

The CPS specialist will want to know your suspicions and concerns relative to the child and if the child has been subjected to harm and why. If you have close and consistent contact with a child this may give you an advantage in assessing the situation. In addition, you will need to provide some identifying information so the local CPS agency will be able to locate the child (SSL §415; New York State Assembly, 2014; NYSOCFS, 2011).

Did You Know . . .

When registering a report, you may ask to be contacted directly by the local CPS agency that is assigned to the report.

Just because you are calling as a mandated reporter does not mean your report will automatically be registered. If your report is not registered, the reason should be clearly explained to you and you should be offered the opportunity to speak with a supervisor. Supervisors are on duty all the time and if you are not satisfied with the result of your interview with the CPS specialist, you should ask to speak with one. Some reports are not registered because CPS intervention is not the appropriate response. In those cases, preventive services may be needed and you can call the local CPS directly to obtain a referral for the family (NYSOCFS, 2011).

If your report is registered, be sure to ask for and write down the call identification number assigned to your report and the full name of the CPS specialist who took your report. You can also request a "Summary of Findings": a brief report made by the local agency after the investigation and its outcome are complete (NYSOCFS, 2016, 2011).

Law Enforcement Referrals

If your call to the SCR indicates an immediate threat to a child's health or safety—or a crime—but the report is not registerable, the SCR staff will send the information to the New York State Police Information Network, or to the New York City Police Department for necessary action. These types of calls are referred to as **Law Enforcement Referrals (LERs)**. They are not registered SCR reports and are not assigned a call identification number. If you are a mandated reporter in an LER situation you do **not** need to file the LDSS-2221-A form (NYSOCFS, 2016, 2011).

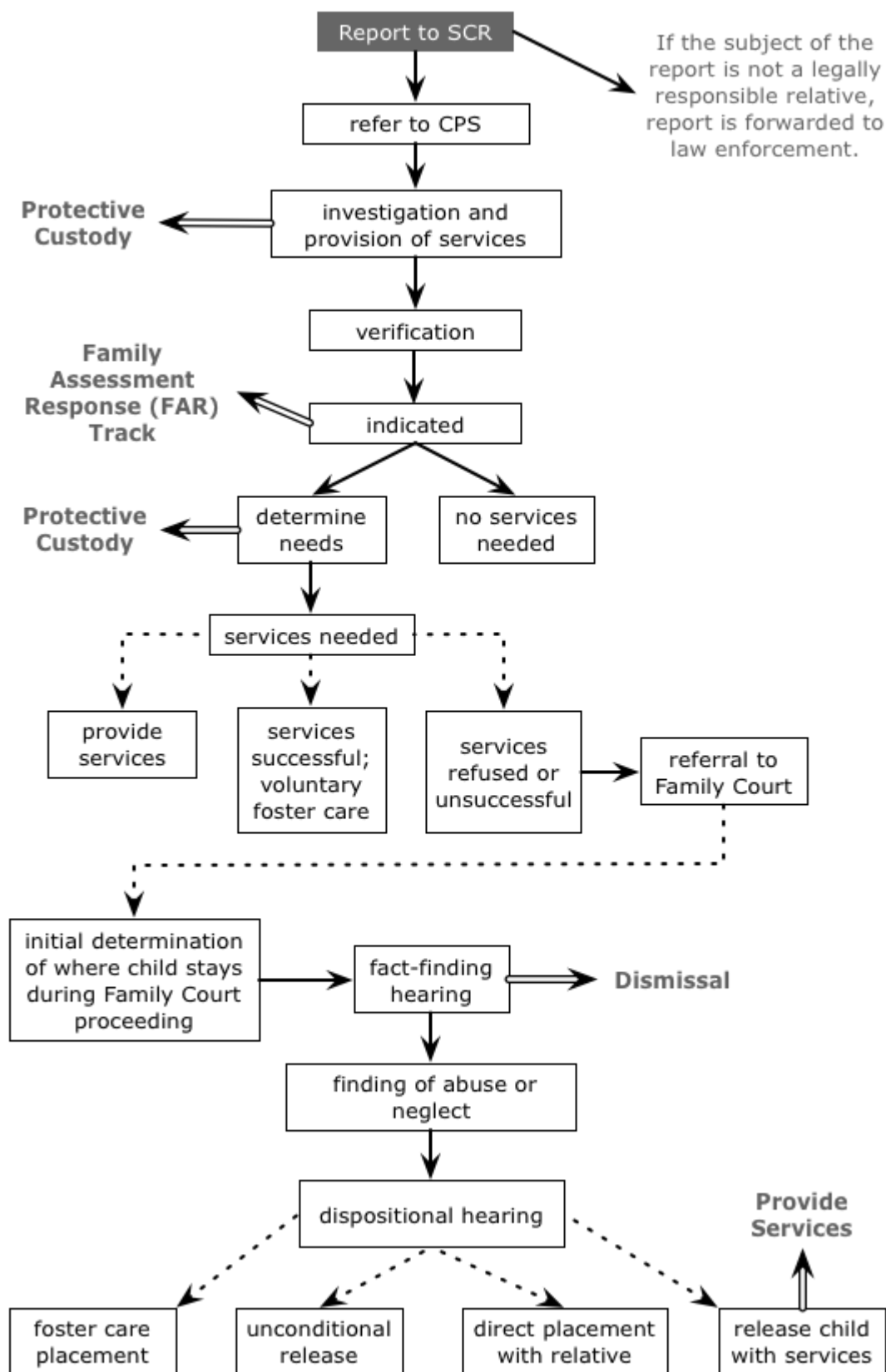
Following Up the Call

If your report is registered you will be given a call identification number, which you will need to note in the space marked at the upper right corner of the form LDSS-2221A. Two copies of this form must be forwarded to the local CPS agency within 48 hours of your oral report. The LDSS-2221A form and contact information for local CPS agencies are available from the OCFS website at www.ocfs.state.ny.us and from local social services departments (New York State Assembly, 2014; NYSOCFS, 2016, 2011, n.d.-d).

As soon as you complete your call to the SCR you must immediately notify the person in charge (or their designated agent) at your institution, school, facility, or agency and give them the information you reported to the SCR, including the names of other persons identified as having direct knowledge of the alleged abuse or maltreatment and other mandated reporters identified as having reasonable cause to suspect. Once people in charge (or their agents) has been notified of the report to the SCR, they become responsible for all subsequent administration concerning the report, including preparation and submission of the form LDSS-2221A (see earlier section on institutional reporting paradigm).

Local CPS Response

The flowchart below shows the life cycle of a report called in to the SCR. Once a call report is made, the CPS specialist determines if it is registered or not registered. If it is not registered but there is a crime or imminent danger to a child they will make an LER (NYSOCFS, 2011).



If a report is registered it is immediately transmitted to the local CPS agency, which must begin an investigation within 24 hours. Some reports may require emergency action but these are often difficult decisions and the local caseworker will usually consult with their supervisor and the source of the report in order to make such a decision (NYSOCFS, 2016, 2011).

The local CPS has 60 days to conduct the investigation, which will encompass two interrelated and simultaneous processes:

- Investigation to determine if there is some credible evidence of abuse or maltreatment
- Development of a service plan (NYSOCFS, 2011)

During its investigation caseworkers, in addition to visiting the family, may call or visit relatives, schools, doctors, hospitals, police and any other service provider or agency that might have information about the child. The local CPS must assess the safety, risk, and well-being of the child identified in the report and any other children living in the home. After evaluating all information collected, caseworkers make a determination (New York State Assembly, 2014; NYSOCFS, 2016, 2011).

If a report is determined to be unfounded—no credible evidence was found—it is sealed and will be expunged ten years after receipt. In some situations, unfounded cases may be referred for community services (New York State Assembly, 2014; NYSOCFS, 2011).

If the investigation reveals credible evidence—evidence “worthy of belief”—the report remains on file at the agency. If a service plan was developed, provision of the services is monitored, and once services are no longer needed, the case is closed (New York State Assembly, 2014; NYSOCFS, 2011).

Conclusion

Child abuse and maltreatment or neglect are serious problems that affect people from all walks of life all across the country. “During 2014, the [New York] SCR hotline received 294,356 calls, which resulted in 156,515 reports being electronically transmitted to LDSSs [local departments of social services] for further action. The SCR handled 262,000 Database Check Clearance requests, 8,000 Administrative Review requests and received 12,000 Requests for Information” (NYOCFS, 2014).

The impact of child abuse and neglect is often discussed in terms of physical, psychological, behavioral, or societal consequences; in reality, however, it is impossible to separate them completely. Physical consequences such as damage to a child’s growing brain can have psychological implications such as cognitive delays or emotional difficulties. Psychological problems often manifest as high-risk behavior. Depression and anxiety may make a person more likely to smoke, abuse drugs or alcohol, or overeat. High-risk behaviors, in turn, can lead to long-term physical health problems such as sexually transmitted infections, cancer, or obesity. Furthermore, children who are abused are at increased risk of abusing their own children (CWIG, 2013).

The State of New York requires that certain professionals intercede on behalf of the helpless victims of child abuse by making an official report when they have reasonable cause to suspect that such abuse may be taking place. These professionals, called mandated reporters, are in a unique position to help interrupt the complex and damaging cycle of violence that results from child abuse and maltreatment/neglect.

Resources and References

Resources

New York State Office of Children and Family Services

52 Washington Street

Rensselaer, New York 12144-2834

To report abuse or neglect

800 342 3720

TDD/TTY: 800 638 5163

Justice Center

855 373 2122

Prevent Child Abuse New York

4 Global View

Troy, NY 12180

Phone: 518 880 3592

Fax: 518 880 3566

Parent Helpline: 1-800-CHILDREN (800 244 5373) (9am–10pm daily)

<http://www.preventchildabuseny.org>

Provides information and resources for kids, parents, and concerned citizens.

Centers for Disease Control and Prevention (CDC)

Child Abuse and Neglect Prevention

<https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html>

U.S. Department of Health & Human Services

Administration for Children and Families, Children's Bureau

Child Welfare Information Gateway

Topics: Child Abuse and Neglect, Preventing Child Abuse and Neglect, Responding to Child Abuse and Neglect

<http://www.childwelfare.gov>

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Post Test

Use the answer sheet following the test to record your answers.

1. Statistics show that for both the United States and New York State the largest percentage of cases of child maltreatment involve:
 - a. Sexual abuse.
 - b. Physical abuse.
 - c. Psychological maltreatment.
 - d. Neglect.

2. Mandated reporters are:
 - a. Journalists who report on illegal treatment of children.
 - b. Reporters designated by the state to specialize in children's issues.
 - c. Individuals required by their state to report child maltreatment.
 - d. Expectations of Child Protective Services.

3. In New York State, mandated reporters include:
 - a. All citizens who observe incidents of child maltreatment.
 - b. Both healthcare professionals and law enforcement officials.
 - c. Healthcare professionals but not mental health professionals.
 - d. School officials only.

4. A report of child abuse or neglect is required by law in New York State:
 - a. Only when a mandated reporter is acting in a professional or official capacity.
 - b. When any citizen observes an incident of child maltreatment.
 - c. Only when the observer is a healthcare professional.
 - d. When a parent or guardian is behaving in a suspicious way.

5. Mandated reporters may make a report of child abuse out of earnest concern, but the possibility of their criminal or civil liability still exists, especially if investigation reveals no abuse:
 - a. True
 - b. False

6. Any mandated reporter who fails to report suspected child abuse:
 - a. Could be fired by the facility employer.
 - b. Is liable for a misdemeanor but not for civil damages.
 - c. Can be subject to both criminal penalties and a civil suit.
 - d. Is liable for civil damages but not for criminal charges.

7. A mandated reporter from whom CPS is requesting additional records essential to investigating a report of child abuse or maltreatment can never be compelled to provide those records:
 - a. True
 - b. False

8. Under New York State law, child abuse is:
 - a. Any act of abuse by any person on a child.
 - b. Allowing infliction of serious physical harm to a child.
 - c. Limited to acts of a sexual nature on a child under 18.
 - d. Defined as applying to any child under 21 years of age.

9. Under New York State law, child maltreatment means the responsible person:
 - a. Failed to exercise a minimum degree of care.
 - b. Exercised only a minimum degree of care.
 - c. Exercised an excessive degree of care.
 - d. Inflicted serious physical injury.

10. Under the Abandoned Infant Protection Act, a mandated reporter:
 - a. Does not have to make a report to the SCR if a safely abandoned baby is 5 days old.
 - b. Does not have to make a report to the SCR if a safely abandoned baby is 29 days old.
 - c. Does not have to make a report to the SCR if a safely abandoned baby is 31 days old.
 - d. Must report any safely abandoned baby to the SCR.

11. An indication of possible abuse may be observed when a child:

- a. Has a history of run-ins with law enforcement.
 - b. Is frightened of its parents.
 - c. Exhibits neurotic disorders.
 - d. Is always hungry and dirty.
12. An indication of possible neglect may be observed when the parent:
- a. Spends a lot of time with friends, relatives, and neighbors.
 - b. Is under 18 years of age.
 - c. Exposes the child to unsafe living conditions.
 - d. Insists repeatedly that the child is fine.
13. An indication of possible emotional maltreatment may be observed when a child:
- a. Exhibits conduct disorders such as fighting at school.
 - b. Is apprehensive when other children cry.
 - c. Is wary of adult contact.
 - d. Is angry at parent.
14. An indication of possible sexual abuse may be observed when the parent:
- a. Dresses the child provocatively.
 - b. Refuses to allow private examination of the child.
 - c. Threatens to sue the healthcare professional for invasion of privacy.
 - d. Is very protective or jealous of the child.
15. When speaking with a child:
- a. Tell the child that you will do your best to protect and support them.
 - b. Promise the child to keep the incident secret.
 - c. Take the child's side by making negative comments about the alleged perpetrator.
 - d. Express shock if the child doesn't want to talk about the abuse.
16. Reportable suspicion of harm to a child can be as simple as an inconsistent explanation for an injury:
- a. True
 - b. False
17. A report of abuse must be made to the NY Statewide Central Register (SCR):

- a. By any electronic medium that is available.
- b. By telephone.
- c. By email only.
- d. By fax in order to provide a paper copy.

18. If there is a crime or imminent threat to a child's health or safety but the call is not registerable, the SCR:

- a. Telephones the child's physician immediately.
- b. Sends a notifying letter to the parent or legal guardian.
- c. Transmits the information to law enforcement directly.
- d. Notifies CPS to look into the allegation.

Answer Sheet

NY: Child Abuse and Maltreatment/Neglect for Mandated Reporters

Name (Please print your name): _____

Date: _____

Passing score is 80%

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

Course Evaluation

Please use this scale for your course evaluation. Items with asterisks * are required.

- 5 = Strongly agree
- 4 = Agree
- 3 = Neutral
- 2 = Disagree
- 1 = Strongly disagree

* Upon completion of the course, I was able to:

a. Briefly describe the problem of child maltreatment in the United States and New York State.

5 4 3 2 1

b. Explain mandated reporting of child abuse or maltreatment/neglect in New York State.

5 4 3 2 1

c. Spell out the legal protections and legal penalties relevant to mandated reporting.

5 4 3 2 1

d. Define child abuse and maltreatment/neglect in New York State.

5 4 3 2 1

e. Describe the physical, emotional, and sexual indicators of child abuse.

5 4 3 2 1

f. Explain what is involved in deciding and preparing to report child abuse in New York State.

5 4 3 2 1

g. Summarize the process of reporting to the NY Statewide Central Register (SCR).

5 4 3 2 1

* The author(s) are knowledgeable about the subject matter.

5 4 3 2 1

* The author(s) cited evidence that supported the material presented.

5 4 3 2 1

* This course contained no discriminatory or prejudicial language.

Yes No

* The course was free of commercial bias and product promotion.

Yes No

* As a result of what you have learned, do you intend to make any changes in your practice?

Yes No

If you answered Yes above, what changes do you intend to make? If you answered No, please explain why.

* Do you intend to return to ATrain for your ongoing CE needs?

- Yes, within the next 30 days.
- Yes, during my next renewal cycle.
- Maybe, not sure.
- No, I only needed this one course.

* Would you recommend ATrain Education to a friend, co-worker, or colleague?

- Yes, definitely.
- Possibly.
- No, not at this time.

* What is your overall satisfaction with this learning activity?

5 4 3 2 1

* Navigating the ATrain Education website was:

- Easy.
- Somewhat easy.
- Not at all easy.

* How long did it take you to complete this course, posttest, and course evaluation?

- 60 minutes (or more) per contact hour
- 50-59 minutes per contact hour
- 40-49 minutes per contact hour
- 30-39 minutes per contact hour
- Less than 30 minutes per contact hour

I heard about ATrain Education from:

- Government or Department of Health website.
- State board or professional association.
- Searching the Internet.
- A friend.
- An advertisement.
- I am a returning customer.
- My employer.
- Other
- Social Media (FB, Twitter, LinkedIn, etc)

Please let us know your age group to help us meet your professional needs.

- 18 to 30
- 31 to 45

46+

I completed this course on:

- My own or a friend's computer.
- A computer at work.
- A library computer.
- A tablet.
- A cellphone.
- A paper copy of the course.

Please enter your comments or suggestions here: _____

Registration Form

Please print and answer all of the following questions (* required).

* Name: _____

* Email: _____

* Address: _____

* City: _____ * State: _____ * Zip: _____

* Country: _____

* Phone: _____

* Professional Credentials/Designations:

Your name and credentials/designations will appear on your certificate.

* License Number and State: _____

* Please email my certificate:

Yes No

(If you request an email certificate we will not send a copy of the certificate by US Mail.)

Payment Options

You may pay by credit card or by check.

Fill out this section only if you are **paying by credit card**.

2 contact hours: \$19

Credit card information

* Name: _____

Address (if different from above): _____

* City: _____ * State: _____ * Zip: _____

* Card type:

Visa Master Card American Express Discover

* Card number: _____

* CVS#: _____

* Expiration date: _____