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[Continue to next page to start course]

New York: Child Abuse and Maltreatment/Neglect for Mandated Reporters (348)

Authors: JoAnn O'Toole, RN, BSN; Fran Laughton, RN, PHN, MSN, FNP

Contact hours: 2 **Expiration date**: June 30, 2026

Price: $24

Course Description

The NYS Education Department requires licensed healthcare practitioners who previously completed a one-time Child Abuse and Maltreatment course to complete an updated training by April 1, 2025. NY Social Services Law requires updated coursework that includes reducing implicit bias in decision-making, strategies for identifying adverse childhood experiences, and guidelines to assist in recognizing signs of abuse or maltreatment while interacting virtually.

New York State EDUCATION DEPARTMENT Office of the Professions This is an approved course in the Identification and Reporting of Child Abuse and Maltreatment, as mandated by Chapter 56 of the Laws of 2021 amended Social Services Law § 413. Approval #80805.

Certificate of Completion: Upon completion you will receive a general certificate of completion. We will send a second "Certificate of Completion" form via email required by the NY State Education Department. Complete that form, submit the original to the Department of Education, then return a copy to us.

Course Objectives

When you finish this course, you will be able to*:

1. Describe the problem of child maltreatment in the United States and New York State.
2. Summarize the process of reporting to the NY Statewide Central Register (SCR).
3. Describe 3 alternatives to the reporting of child abuse.
4. Explain the 5 components of Child Protective Services.
5. Define imminent danger.
6. Spell out 3 legal protections and legal penalties relevant to mandated reporting.
7. Define child abuse and maltreatment/neglect in New York State.
8. Be able to determine if a child shows indicators of maltreatment or abuse, including in a virtual setting.
9. Describe the physical, emotional, and sexual indicators of child abuse.
10. Recognize the impact of bias on your decision-making.
11. Recognize the impact of trauma and ACEs on children, families, and yourself.
12. List the mitigating effects of 5 protective factors on trauma.
13. Understand legal requirements when working with limited English proficiency, Native American, and immigrant clients.

*__Please note__: Attainment of course objectives will be assessed in the course evaluation.

1. The Grave Problem of Child Abuse

The recognition of child abuse in its multiple forms—physical, sexual, emotional abuse, and neglect—continues to be a considerable social and public health problem throughout the world. While every state, the District of Columbia, and the U.S. Territories mandate reporting by certain individuals, and most require training for those reporters, underreporting of suspected child abuse continues to be a problem.

Underreporting is often related to confusion, uncertainty, lack of knowledge about the signs of mistreatment, or the belief that the family can fix the problem on its own. A mandated reported may genuinely feel that intervention will negatively affect the family and the child.

Pre-Test: Try These Questions Before Continuing

The answers are at the end of the question list.

1. When determining if a child shows indicators of maltreatment or abuse it is important to remember:

a. Indicators will always be of a physical nature and will be visible.
b. Not to view indicators in isolation.
c. The explanation for the presenting concern is irrelevant.
d. Your prior experience with this child should not be factored in.

2. Some Mandated Reporters connect with children virtually. Choose the true statement below:

a. Due to the virtual setting a mandated reporter cannot assess indicators of abuse/maltreatment.
b. Pay attention to non-verbal cues from the child. Does the child's demeanor change when a particular adult enters the room?
c. Mandated reporters can only report what they see or hear in person.
d. Meeting virtually places children in more danger.

3. Which is not a form of maltreatment?

a. Excessive corporal punishment
b. Lack of Supervision
c. Poverty
d. Inadequate guardianship

4. Adverse childhood experiences can have a lasting impact on:

a. Children
b. Persons Legally Responsible (PLR) for children
c. Mandated Reporters
d. All of the above

5. The following are protective factors that can mitigate child abuse and maltreatment except:

a. Parents having concrete supports in time of need.
b. Having a robust network of mandated reporters.
c. The child's social connections.
d. Parental resilience.

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6. Research on bias throughout the child welfare system shows:

a. An under representation of families of color.
b. An over representation of families in poverty and families of color.
c. A mandated reporter's decision to make a report is hardly ever influenced by bias.
d. Bias does not have long lasting impacts on families and communities.

7. As mandated reporters you must use critical thinking when deciding whether to call in a report. Critical thinking includes:

a. Gathering adequate information about the current situation.
b. Analyzing that information to separate facts from assumptions.
c. Determining whether you are legally required to call the SCR, and if not, determine what alternative options are available.
d. All the above.

8. When are mandated reporters required to call the State Central Register to report suspected child abuse or maltreatment?

a. Immediately.
b. Within a week.
c. Within 48 hours.
d. Depends on the severity of the suspected injury.

9. If you are a mandated reporter in a school and a child has been missing from school and the parents are not responding to the schools attempts to discuss the child's lack of attendance, what should you do?

a. Make a report to the SCR for educational neglect.
b. Assess if other efforts can be made by the school to engage the family.
c. Discuss the matter with the child's friends.
d. Call the police.

10. When a mandated reporter finds a family in crisis and the children are not in imminent danger of harm, it is best to:

a. Call the State Central Register and make a report just in case.
b. Assess the situation to see if the family could benefit from other community resources.
c. Do nothing.
d. Call law enforcement.

11. What should a mandated reporter do before reporting any allegations of abuse/neglect?

a. Have clear and sufficient evidence of the abuse or neglect.
b. Discuss the concerns with the parent or guardian of the child.
c. Talk to the child about what to say to the child protective services worker.
d. Have reasonable cause to suspect the child has been abused or neglected.

12. When must a LDSS 2221A form be filed?

a. Depends on the severity of the injury.
b. Within five business days of making the oral report.
c. Within 48 hours of making an oral report.
d. The 2221A is no longer required.

Answers: 1-B, 2-B, 3-C, 4-D, 5-B, 6-B, 7-D, 8-A, 9-B, 10-B, 11-D, 12-C

When the suspected abuser is someone trusted or respected in the community, a reporter may fear not being believed. If the reporter is a friend or acquaintance of the suspected abuser, the reporter may not want to cause trouble for their friend. Unfortunately, an abuser may threaten the mandated reporter, or the reporter may be concerned that a report may cause the abuser to harm the child.

Protecting the child's safety and concern for a child's emotional or mental health are primary reasons for filing a report of child abuse. Legal obligation is another reason to report suspected child abuse.

In 2022, the *Administration for Children and Families* (ACF) reported that more than 3 million children in the United States children received either an investigation response or alternative response. An estimated 560,000 were determined to be victims of child abuse and neglect. Three-quarters of child victims experienced neglect, 17% were physically abused, 10.6% were sexually abused, nearly 7% were psychologically maltreated, and 0.2% were sex trafficked. Nationally, 1,990 children died from abuse and neglect (DHHS, 2024).

In New York State (2021), just under 190,000 referrals of child abuse or neglect received an investigation; nearly 57,000 were substantiated victims. In 2021, two-thirds of child fatalities were younger than 3 years. Close to one-half of child fatalities were younger than 1 year. Although the victimization rates are higher for girls, boys have a higher child fatality rate than girls (DHHS, 2023).

American Indian/Alaska Native children have the highest rate of child victimization and Black children have the second highest rate. Child **fatality rates** are highest among Black/African American populations, followed by American Indian/Alaska Natives, and Native Hawaiian/Pacific Islanders (DHHS, 2024).

That said, any amount of child abuse and neglect is too much. It is believed that the numbers likely underestimate how many children are affected by maltreatment because many cases go unreported or undetected. Physical and emotional scars can last a lifetime and are linked to higher rates of alcoholism, drug abuse, depression, smoking, multiple sexual partners, suicide, and chronic disease.

2. Reporting to the Statewide Central Register (SCR)

The *Child Protective Services Act of 1973* established the SCR as the primary recipient of calls regarding suspected abuse and maltreatment of children in New York State. When a mandated reporter suspects abuse or maltreatment, an oral report must be made by calling the SCR. Trained Child Protective Specialists at the SCR receive calls through the toll-free telephone lines 24 hours a day, 7 days a week, 365 days a year [Social Services Law (SSL) §422(2)(a)].

Calls to the SCR come through the:

- Mandated Reporter Line (1-800-635-1522)
- Public Line (1-800-342-3720)
- Mandated Reporter Fax Line (1-800-635-1554)
- Hearing Impaired TTY Line (1-800-638-5163)

The SCR is equipped to receive calls from those who are Limited English Proficient (LEP) on either the public or mandated reporter line by use of a telephone language interpretation service.
The Office of Children and Family Services, SCR, local CPS agencies, and mandated reporters have a shared mission. They promote the well-being of New York's children, families, and communities. SCR functions as a single contact for reporting child abuse or maltreatment while CPS is in each local department of social services.

Within 48 hours of an oral report, mandated reporters must file a signed, written report called: *Report of Suspected Child Abuse or Maltreatment* (LDSS-2221A). If as a mandated reporter, you believe that a child is in immediate danger, call 911 or your local police department.

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 is likely because of better reporting based on training and professional awareness.

For more information see: https://ocfs.ny.gov/programs/cps/manual/.

2.1 Who Is Mandated to Report?

Effective until December 22, 2025, certain persons and officials are required to report or

When analyzing a situation for reasonable cause to suspect child abuse or maltreatment, organize your thinking by asking yourself these four questions:

- 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?

2.1.2 Two Scenarios

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

2.1.2 What Is Professional Capacity?

Mandated reporters are required 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 their official or professional capacity (NYSOFCS, 2024 April).

***Other person legally responsible**: a guardian, caretaker, or other person 18 years of age or older who is responsible for the care of the child.

The individuals listed the previous section are operating in their professional role and are therefore legally mandated to report suspected child abuse or maltreatment whenever they are practicing their profession. For example, a doctor who is examining a child in their practice and has a reasonable suspicion that the child is experiencing abuse must report their concern (NYSOFCS, 2024 April).

In contrast, a doctor who witnesses child abuse when riding their bike while off-duty is not legally mandated to report that abuse but may choose to report. The mandated reporter's legal responsibility to report suspected child abuse or maltreatment ceases when the mandated reporter stops practicing their profession (NYSOFCS, 2024 April).

New York Mandated Reporters (List periodically revised and updated through legislation)	
Any physician	Licensed marriage and family therapist
Registered physician assistant	Licensed mental health counselor
Surgeon	Licensed psychoanalyst
Medical Examiner	Licensed behavior analyst
Coroner	Certified behavior analyst assistant
Dentist	Hospital personnel engaged in the admission, examination, care, or treatment of persons
Dental hygienist	A Christian Science practitioner
Osteopath	School official, which includes, but is not limited to, any school administrator, teacher, psychologist, social worker, nurse, guidance Counselor, or other school personnel required to hold a teaching or administrative license or certificate
Optometrist	Full- or part-time compensated school employee required to hold a temporary coaching license or professional coaching certificate
Chiropractor	Employee or volunteer in a residential care facility for children that is licensed, certified, or operated by OCFS
Podiatrist	Mental health professional
Resident	Substance abuse counselor
Intern	Alcoholism counselor
Psychologist	All persons credentialed by the Office of Alcoholism and Substance Abuse Services
Registered nurse	Peace officer
Social Worker	Police officer
Emergency medical technician	District attorney or assistant district attorney
Licensed creative arts therapist	Investigator employed in the office of a district attorney
Social services worker (See Section A.2, Reporting requirement applicable to social services workers only of this chapter for special requirements applicable to social services workers only)	Other law enforcement official
Employee of a publicly funded emergency shelter for families with children	
Director of a children's overnight camp, summer day camp or traveling summer day camp, as such camps are defined in Section 1392 of the Public Health Law	
Day care center worker	
School-age child-care worker	
Provider of family or group family day care	

Source: NYSOCFS, 2023.

[Unless otherwise noted, the following section is from NYS Senate, 2024, February 9].

Whenever such person is required to report in their capacity as a member of the staff of a medical or other public or private institution, school, facility, or agency, they shall make the report and immediately notify the person in charge of such institution, school, facility, or agency, or their designated agent.

The person in charge—or their designated agent—is responsible for all subsequent administration necessitated by the report. The report must include the name, title, and contact information for every staff person who is believed to have direct knowledge of the allegations in the report.

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 specifically required to report child abuse. At the time of the making of a report, or at any time thereafter, such person or official may exercise the right to request the findings of an investigation.

Social services workers are required to report or cause a report to be made when they have reasonable cause to suspect that a child is an abused or maltreated child where a person comes before them in their professional or official capacity and states from personal knowledge facts, conditions, or circumstances which, if correct, would indicate the child is being abused or maltreated.

Any person, institution, school, facility, agency, organization, partnership, or corporation that employs mandated reporters will provide all current and new employees with written information explaining reporting requirements. The employers are responsible for the costs associated with printing and distributing the written information.

Any state or local governmental agency or authorized agency that issues a license, certificate, or permit to an individual to operate a family daycare home or group family daycare home shall provide each person currently holding or seeking such a license, certificate, or permit with written information explaining the reporting requirements.

Any person, institution, school, facility, agency, organization, partnership, or corporation, which employs mandated reporters, and whose employees, in the normal course of their employment, travel to locations where children reside, shall provide all such current and new employees with information on recognizing the signs of an unlawful methamphetamine laboratory. The office of alcoholism and substance abuse services shall provide employers with information on recognizing the signs of unlawful methamphetamine laboratories.

The Office of Children and Family Services shall update training issued to persons and officials required to report cases of suspected child abuse or maltreatment to include protocols to reduce implicit bias in the decision-making processes, strategies for identifying adverse childhood experiences, and guidelines to assist in recognizing signs of abuse or maltreatment while interacting virtually (NYS Senate, 2024, February 9).

2.2 What Is a Mandated Reporter's Role?

[Unless otherwise noted, this section is from NYS Social Services Law §413.]

While acting in their professional or official capacity, a mandated reporter's role is to:

- Report suspected incidents of child abuse or maltreatment/neglect.
- Make the report to the Statewide Central Register immediately upon the development of reasonable cause to suspect child abuse or maltreatment.

A report is required when:

- A 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.
- A 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.

2.3 Who Can Be Reported?

Knowing who has caused harm to a child is a significant factor in determining how to proceed. 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 a report against a parent, guardian, or other person eighteen years of age or older who is legally responsible for the child. 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, 2023).

According to the Family Court Act (Fam. Ct. Act §1012(g)), 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. Custodian may include 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. 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, 2023).

2.4 Additional Requirements for Social Service Workers

Mandated reporters who are social services workers have expanded reporting requirements. Social services workers are required to report when, in their official or professional role, they are presented with a reasonable cause to suspect child abuse or maltreatment where any person is before the mandated reporter and the mandated reporter is acting in their official or professional capacity (NYSOFCS, 2024 April).

3. Child Protective Services

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 mandated reporters and are in a unique position to recognize and report abuse and neglect.

The *New York State Child Protective Services Act of 1973* encourages reporting of child abuse and maltreatment, provides for the swift and competent investigation of such reports, protects children from further abuse and maltreatment, and provides rehabilitative services [SSL §411] (NYSOCFS, 2023 October).

CPS has five fundamental components:

1. State Central Register (SCR) of reports.
2. Third-party recognition of children in danger, including mandatory and voluntary reporting of suspected child abuse and maltreatment.
3. Child Protective Services to:
    a. verify reports,
    b. provide immediate protection of children, and
    c. provide rehabilitative and ameliorative services to help families.
4. Emergency protective custody of children in “imminent danger”.
5. When necessary, 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 perpetrator to law enforcement for prosecution).

Today, the laws that guide New York CPS services are Article 6, Title 6 of the Social Services Law.

3.1 When You Make the Call

When you make a call, it will be answered by a CPS specialist trained to help you through the process of making a report. 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 of abuse.

3.2 The LDSS-2221A Form

The LDSS-2221A form will help you organize your thoughts and gather the information you need in preparation for making the call. Although the child's welfare is the top priority rather than completing the form, a CPS specialist will help you complete the form and ask you many of the same questions that appear on the form (NYSOCFS, 2023).

While gathering information to make a report, 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. Close and consistent contact with a child 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; NYSOCFS, 2023).

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. 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.

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, 2023).

3.3 CPS Response

When 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 a supervisor and the source of the report in order to make such a decision (NYSOCFS, 2023).

The investigation will encompass two interrelated and simultaneous processes (NYSOCFS, 2023):

- Investigation to determine if there is some credible evidence of abuse or maltreatment.
- Development of a service plan.

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 will make a determination (NYSOCFS, 2023).

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 (NYSOCFS, 2023).

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 (NYSOCFS, 2023).

3.4 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).

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) have 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.

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 someone at SCR who is 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.

4. Alternatives to Reporting

Mandated reporters are legally obligated to call the SCR only in certain circumstances. Families in crisis may not meet the legal criteria required to call the SCR and may be better served by being connected to a variety of community services in their area.

In some states, reports of maltreatment may not be investigated, but are instead assigned to an alternative track, called alternative response, family assessment response, or differential response. An *alternative response* is a response other than an investigation that determines if a child or family needs services (DHHS, 2023).

In these types of cases, a determination of maltreatment is **not** made, and a perpetrator is not determined. Cases receiving this response often include early determinations that the children have a low or moderate risk of maltreatment (DHHS, 2023).

Alternative responses usually include the voluntary acceptance of CPS services. The term “disposition” is used when referring to both investigation response and alternative response (DHHS, 2023).

4.1 Family Assessment Response (FAR)

In New York, *Family Assessment Response* (FAR) is the state’s alternative Child Protective response to some reports of child maltreatment. FAR does **not** require an investigation and determination of allegations and individual culpability for families reported to the SCR (NYSOCFS, Nd).

FAR provides protection to children by engaging families in an assessment of child safety, family needs, and solutions to family problems. The process identifies informal and formal supports to meet family needs and increases their ability to care for their children (NYSOCFS, Nd).

4.2 H.E.A.R.S.

The OCFS H.E.A.R.S. program **h**elps, **e**mpowers, **a**dvocates, **r**eassures, and **s**upports families by providing resources and referrals to a variety of services such as food, clothing, housing, childcare, parenting education, and more. Representatives are available to help Monday through Friday 8:30am-4:30pm. If you know a family that could use support, please ask them to call the OCFS HEARS family line at 888-554-3277.

4.3 NY Project Hope

NY Project Hope provides emotional support for New York State residents. This includes an Emotional Support Helpline (1-844-863-9314), Online Wellness Groups, and a website filled with supportive resources (NYProjectHope.org).

4.4 Prevent Child Abuse New York

Prevent Child Abuse New York also has a prevention and parent helpline available for parents and caregivers. It is confidential and multi-lingual and can refer or connect caregivers to community-based services. This helpline is available Monday through Friday from 9am-4pm at 1-800-CHILDREN.

4.5 Calling 211

Parents and caregivers may also call 2-1-1, operated by the United Way, for health and human services information, referrals, assessments, and crisis support to help them find the assistance they need to address the everyday challenges of living, as well as those that develop during times of disaster or other community emergencies. 2-1-1 is multi-lingual and available 24 hours a day 7 days a week.

5. Imminent Danger

Imminent danger means that the child is unsafe or at immediate risk or substantial risk of harm. Imminent danger considers 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.

When assessing imminent danger, apply the standard of reasonableness: Ask yourself, "Is it reasonable to believe an intervention 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, 2023).

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. In this instance, it is reasonable to believe this could have happened (NYSOCFS, 2023).

If a child is imminent danger, first call 911 or the police department, and then call the

Statewide Central Registry (SCR). Scenarios in which such action might be appropriate could include a parent who arrives to pick up their child from an appointment 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.

5.1 Law Enforcement Referrals

If a call to the SCR provides information about an immediate threat to a child or a crime committed against a child, but the perpetrator is not a parent or other person legally responsible for the child, the SCR staff will make a **Law Enforcement Referral** (LER). The relevant information will be recorded and transmitted to the *New York State Police Information Network* or to the *New York City Special Victims Liaison Unit*. This is not a CPS report, and local CPS will not be involved (NSOCSF, 2024 April).

5.2 When to Report to the Justice Center

The *Protection of People with Special Needs Act* (Act) requires persons who are mandated reporters 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, mandated reporters to the Statewide Central Register are also mandated reporters to the VPCR, except for daycare providers and staff. Daycare 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!**

6. Legal Protections

The more training mandated reporters receive, the more confident they feel in making good decisions about their duties to report suspected child maltreatment. While most states have penalties for failure to report, they are often minor and/or rarely imposed (Krase, 2024).

A mandated reporter who fails to report suspected child abuse or maltreatment could be charged with a Class A misdemeanor (punishable by up to a year in jail and/or a fine of up to $1,000) and subject to criminal penalties. Additionally, mandated reporters can be sued in a civil court for monetary damages for any harm caused by the mandated reporter's failure to make a report to the SCR (NYSOFCS, 2024 April).

CPS is required by law to refer to the appropriate law enforcement agency or district attorney any case where CPS suspects the reporter knowingly made a false report of child abuse or maltreatment. Any person making a child abuse or maltreatment report who knows the information reported to be false or baseless may be guilty of a class A misdemeanor (NYSOCFS, 2023).

6.1 Immunity from Liability

NY Social Services Law (SSL §419) provides immunity from liability for mandated reporters who report to the Statewide Central Register. 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.

6.2 Source Confidentiality

Social Services Law provides confidentiality for mandated reporters and all sources of child abuse and maltreatment reports. OCFS and local CPS units 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 written permission for them to do so. Information regarding the source of the report may be shared with court officials, police, and district attorneys, but only in certain circumstances (NYSOFCS, 2024 April).

6.3 Protection from Retaliatory Personnel Action

Section 413 of the Social Services Law specifies that no medical or other public or private institution, school, facility, or agency shall take any retaliatory personnel action against an employee who made a report to the Statewide Central Register. Furthermore, no school, school official, childcare provider, foster care 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 (NYSOFCS, 2024 April).

6.4 Mandated Reporter Records

Upon request, CPS may obtain from the mandated reporter any records that are essential to a full investigation of alleged child abuse and maltreatment. The mandated reporter must determine which records are essential to the full investigation and provide those records to CPS when requested to do so. Within 60 days of initiating the investigation, CPS will determine whether the report is indicated or unfounded. Mandated reporters may ask to be informed of the outcome of the report (NYSOFCS, 2024 April).

Written reports from mandated reporters are admissible in evidence in any proceedings relating to child abuse or maltreatment. It is important to be aware that *Health Insurance Portability and Accountability Act of 1996* (HIPAA) regulations state that HIPAA privacy rules do not apply to reporting of child abuse. Exceptions stipulate that healthcare providers suspecting child abuse or maltreatment must make a report and provide material in accordance with state law (NYSOCFS, 2023).

The mandated reporter makes the first determination of what information being sought by CPS is essential to its investigation. If CPS is requesting additional information 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, 2023).

6.5 The Abandoned Infant Protection Act

New York State's *Abandoned Infant Protection Act* (AIPA) allows 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.

In 2010, the law 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 appropriately cared for;
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, 2016).

AIPA does not affect the responsibilities of a mandated reporter, amend the law regarding mandated reporters, nor does it change or lessen a reporter's 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, 2016).

7. Defining Child Abuse and Maltreatment / Neglect

The *Federal Child Abuse Prevention and Treatment Act* (CAPTA), 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.

Under New York law, children are defined as individuals from birth up to 18 years of age. Prenatal abuse cannot be reported, but if a child is born with neonatal drug withdrawal, a report can then be made. 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.

To qualify as abuse, there needs harm or substantial likelihood of harm related to the actions or inactions of the person responsible for the child. You do not need to know if the incident is abuse or maltreatment to make a report. That determination will be made by the SCR or by the local CPS during its investigation.

7.1 Physical Abuse

Physical abuse occurs when the parent or caregiver inflicts or allows to be **inflicted** on a child serious physical injury by other than accidental means, and such action causes or creates a substantial risk of death, serious or protracted disfigurement, impairment of physical or emotional health, or impairment of the function of any bodily organ.

Abuse also occurs when the parent or caregiver creates or allows to be **created** a substantial risk of physical injury to the child by other than accidental means when such action causes or creates a substantial risk of death or serious or protracted disfigurement, impairment of physical or emotional health, or protracted loss or impairment of the function of any bodily organ.

7.2 Maltreatment / Neglect

The terms *maltreatment* and *neglect* are often used interchangeably. Both terms have legal foundation in the CPS system. Maltreatment is the term defined in NY Social Services Law and neglect is defined in Section 1012 of the Family Court Act. Although the terms are not synonymous in the law, for the purposes of this course, the terms neglect and maltreatment are used interchangeably.

Maltreatment refers to the quality of care a child is receiving from those responsible for the child. It occurs when a parent or other person legally responsible for the care of a child harms a child or places a child in imminent danger of harm by failing to exercise the minimum degree of care in providing the child with any of the following: food, clothing, shelter, education, or medical care when financially able to do so.

Abandonment of a child or failing to provide adequate supervision is also considered to be maltreatment. A child may be maltreated if a parent engages in excessive use of drugs or alcohol if it interferes with their ability to adequately supervise the child.

Neglect is defined as the failure of a parent or caretaker to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm.

7.3 Sexual Abuse

Under New York Penal Law, sexual abuse is a considered to be a form of abuse or maltreatment. Sexual abuse by an adult involving a child is described as sexual misconduct, persistent sexual abuse, forcible touching, incest, rape, facilitating a sex offense with a controlled substance, or encouraging a child to engage in any act that would render a child a victim of sex trafficking.

Sexual abuse also includes criminal sexual acts, aggravated sexual abuse, sexual conduct against a child, female genital mutilation, and promoting prostitution. The use of a child in a sexual performance, promoting an obscene sexual performance by a child, promoting a sexual performance by a child, possessing an obscene sexual performance by a child, or possessing a sexual performance by a child is considered to be sexual abuse.

7.4 Excessive Corporal Punishment

New York State allows *reasonable* physical correction of a child, but *excessive* corporal punishment is an indicator of neglect. As of October 25, 2023, corporal punishment is prohibited in every school within the state and is classified as child abuse (Education Law §1125 and §305). Defining excessive corporal punishment is always on 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.

When evaluating a situation involving potential excessive corporal punishment, ask yourself the following questions. If you answered yes to any of these questions it may indicate the punishment was excessive (NYSOCFS, 2023):

- 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?

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, such as the head, face, abdomen, especially if it results in identifiable markings as a result ("pattern injuries," such as ligature marks, cord marks, brush patterns, burns, bite marks).

If you have **reasonable cause to suspect** child maltreatment, make the report. Trained personnel will then investigate and make the appropriate determination.

Beginning with the 2024-2025 school year, each public school district, *Board of Cooperative Educational Services*, charter school, State-operated school pursuant to Articles 87 and 88 of the Education Law, and private residential school operated pursuant to Article 81 of the Education Law, must submit an annual report to the *New York State Education Department* on the use of physical restraint and timeout, substantiated and unsubstantiated allegations of use of prohibited interventions, corporal punishment, mechanical restraint and other prohibited aversive interventions, prone physical restraint, and seclusion (NYSED, 2024 February 9).

8. Online and Virtual Child Abuse

Technology-facilitated abuse is defined as the misuse of digital systems such as smartphones or other internet-connected devices to harm an individual. The proliferation of these devices, exacerbated by the COVID19 pandemic, has increased the risks of technology-facilitated abuse for vulnerable members of society. These forms of abuse are on the rise, with perpetrators using digital technologies such as GPS Tags and device spyware tools to monitor and control another person (Straw and Tanczer, 2023).

Victims, including children and young adults, experience a range of abuses, including general harassment, digital surveillance using spyware and tracking devices, and sextortion (having intimate images or videos shared without their consent). GPS trackers have been a growing phenomenon in domestic violence cases, including reports of trackers being placed in children's toys and strollers. The harm from this type of abuse is significant, causing anxiety and trauma, a heightened risk for future psychological symptoms, self-injury, and suicidal ideation (Straw and Tanczer, 2023).

Online sexual abuse is very common. It is often related to unwanted sexual approaches, especially by an adult who contacts children for sexual purposes. Even if an interaction is voluntary, many users report being persuaded or coerced into sexual activity. (Jonsson et al., 2019).

In a Swedish study of 14–15-year-old children, sexual approaches were experienced more often by girls than boys and were also more common among older adolescents and those defining themselves as gay, bisexual, or as being unsure about sexual orientation. The group most vulnerable to sexual approaches and grooming tend to consist of high-risk youths with a prior history of sexual abuse. Individuals who use chatrooms, communicate with people met online, engage in sexual behavior online, and who share personal information online also place themselves at risk (Jonsson et al., 2019).

Common online behaviors that can lead to abuse include sharing contact information, looking for someone to talk to about sex (or have sex with), sending nude pictures, and posting nude pictures on a community or internet site. Because of this, healthcare providers working with children and young adults should screen their patients for online behavior and online abuse (Jonsson et al., 2019).

> In the United Kingdom police are investigating a landmark case of an alleged rape in a virtual reality game after a teenage girl was "sexually attacked" by a group of strangers in the online metaverse. The girl, allegedly under the age of 16, is said to have been left traumatized after her avatar—her personalized digital character—was "sexually attacked" by a group of online strangers. The victim, wearing a headset, remained unharmed as there was no physical assault (Farrant 2024).

9. Indicators of Child Abuse, Maltreatment, or Neglect

Indicators, or signs, of child abuse or maltreatment are physical or behavioral acts that cause you to be concerned about the presence of abuse. When evaluating a situation to determine if there is reasonable cause to suspect child abuse or maltreatment/neglect based on injuries to the child:

- 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.

Accidental childhood injuries usually involve bony areas such as shins, elbows, and knees. Toddlers learning to walk often 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, 2023).

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.

9.1 Indicators of Physical Abuse

9.1.1 Physical Indicators

[The following material is from NYSOCFS, 2020, unless otherwise cited.]

Unexplained bruises and welts can be strong indicators of child abuse. When doing a physical exam, note bruises or welts on the face, lips, mouth, torso, back, buttocks, or thighs—especially in various states of healing.

Bruises that are clustered, form regular patterns, or reflect shape of article used to inflict, such as an electric cord or belt buckle are cause for concern. Also consider bruises that regularly appear after absence, weekend, or vacation.

Unexplained burns are another cause for concern. Cigars or cigarettes can be used to create burn patterns on a child's soles, palms, back, and buttocks. Burns in sock-like, glove-like, or doughnut-shaped patterns on buttocks or genitalia (immersion burns), or patterned burns from an electric burner or iron, as well as rope burns on arms, legs, neck, or torso are indicators of abuse.

Unexplained lacerations or abrasions to a child's mouth, lips, gums, eyes, ears, or external genitalia are also indicators of abuse. Consider lacerations on the backs of a child's arms, legs, or torso, human bite marks, or frequent injuries that are "accidental" or unexplained.

9.1.2 Behavioral Indicators

Both children and adults often exhibit behaviors that can indicate the presence of abuse. A child may be wary of adult contact, frightened of parents or afraid to go home. They may be apprehensive or nervous when they hear other children cry and may exhibit extremes of behavior such as aggressiveness, withdrawal, or sudden changes in behavior.

Some children try to hide injuries by wearing long-sleeved shirts or pants or similar clothing. Others may have difficulties with emotional boundaries or seek inappropriate affection from an adult.

Parents and caregivers also often engage in behaviors that can indicate the presence of abuse. They may seem unconcerned about the child, attempt to conceal the child's injury, or take an unusual amount of time to obtain needed medical care. They may offer an inadequate, inconsistent, or inappropriate explanation for the child's injury. To conceal the abuse, they may take the child to a different doctor or hospital for each injury.

Adults who abuse children often have poor impulse control and may also have a personal history of abuse as a child. They may have a history of abuse of alcohol or other drugs or a history of mental illness. An adult may discipline the child too harshly considering the child's age or what they did wrong or describe the child as bad, evil, etc.

9.2 Maltreatment or Neglect

9.2.1 Physical Indicators

For children who are experiencing maltreatment or neglect, certain physical indicators may be present. They may be consistently hungry, have poor hygiene, or dress inappropriately. They often have unmet physical problems or medical or dental needs. These children often experience a lack of supervision for long periods of time. They may be left overnight or even abandoned.

9.2.2 Behavioral Indicators

For children experiencing maltreatment of neglect, certain behavioral indicators are present. They may state they have no caretaker and may beg for or steal food. They are often tired and fatigued and fall asleep in class. School attendance may be infrequent, or conversely, a child may try to stay in school, arriving early and staying late. Be aware of signs of alcohol and drug abuse.

For a parent or guardian, behavior indicators of neglect or maltreatment of a child include misuse alcohol or other drugs, evidence of limited intellectual capacity, a history of neglect as a child, or exposing the child to unsafe living conditions.

The parent may have a disorganized home life, be isolated from friends, relatives, and neighbors, and feel as though nothing will change. Be aware if the parent or caregiver has a long-term chronic illness. In some instances, the parent or caregiver is completely absent or cannot be found.

9.3 Emotional Maltreatment

9.3.1 Physical Indicators

For children, physical indicators of emotional maltreatment overlap with other indicators. Physically, a child may lag in physical development and exhibit a failure to thrive.

Certain disorders are common in children experiencing emotional maltreatment:

- Conduct disorders (fighting in school, anti-social, destructive behaviors)
- Habit disorders (rocking, biting, sucking fingers)
- Neurotic disorders (tics, sleep problems, inhibition of play)
- Psychoneurotic reactions (phobias, hysterical reactions, compulsion, hypochondria)

9.3.2 Behavioral Indicators

For a child, emotional maltreatment can cause mental and emotional developmental delays. Look for overly adaptive behaviors such as inappropriately adult or inappropriately infantile behavior. A child may exhibit extremes of behavior (compliant, passive, aggressive, demanding). Suicide attempts or gestures and self-mutilation are common.

In adults, behavioral indicators of emotional maltreatment of a child may be obvious to a healthcare provider. The adult may treat children in the family unequally or blame or belittle the child—even in public.

An adult may be cold and rejecting and not seem to care much about the child's problems. Emotionally controlling adults often exhibit inconsistent behavior toward the child.

9.4 Sexual Abuse

9.4.1 Physical Indicators

A child who has been sexually abused may come to the emergency department because of an injury caused by the abuse. Look for signs such as difficulty in walking or sitting, torn, stained, or bloody underclothing, pain or itching in genital area, or bruises or bleeding in external genital, vaginal, or anal areas.

Signs of sexual abuse of a child. Source: WikiHow. Creative Commons. https://creativecommons.org/licenses/by-nc-sa/3.0/.
From: https://www.wikihow.life/Identify-a-Victim-of-Child-Abuse#/Image:Identify-Emotional-Abuse-Step-2-Version-2.jpg #3

Other indicators of child sexual abuse include pregnancy, especially in early adolescent years, and sexually transmitted diseases, venereal diseases, and oral infections (especially in pre-adolescent age group).

9.4.2 Behavioral Indicators

For children, there are a number of behavioral indicators of sexual abuse. Some may be obvious while others are more subtle. For example, a child may directly report a sexual assault by caretaker. They may exhibit bizarre, sophisticated, or unusual sexual behaviors or knowledge for their age. They may have an exaggerated fear of closeness or physical contact, often with the perpetrator.

Withdrawal, fantasy, or infantile behavior is often common in children who are being sexually abused. Self-injurious behaviors or suicide attempts may be the reason a child ends up in the emergency department.

Some behavioral indicators of sexual abuse may be less obvious—especially during a healthcare appointment. A child who is being sexually abused may have poor peer relationships, may be unwilling to change for, or participate in, physical education classes, exhibit aggressive or disruptive behaviors, may run away from home, or refuse to attend school.

For parents or caregivers, behaviors that indicate sexual abuse of a child are varied. They may be overly protective or jealous of child, have low self-esteem, or misuse alcohol or other drugs. Parents may be geographically isolated or lack social and emotional contacts outside the immediate family. A sexually abusive parent or caretaker may encourage the child to engage in prostitution or sexual acts in the presence of the caretaker.

Sometimes evaluating possible child abuse or maltreatment 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. Although the above lists identify many common indicators of possible abuse or maltreatment, 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.

10. The Impact of Bias on Decision Making

To remedy the impact of bias, we must consider factors that can be changed and improved, such as opportunities for quality education, good paying jobs, access to quality clinical care, healthy foods, green spaces, and secure and affordable housing. Unfair policies and practices at many levels and over many decades have affected the health of people with lower incomes and communities of color.

10.1 Implicit Bias

Humans have developed many automatic responses that can help us move through our daily lives efficiently and without conscious thought. We don't think about how our bodies maintain balance, when to withdraw our hand from a hot stove, or why it is important to avoid rotten food. We have developed automatic and reflexive responses that allow us to function efficiently, without conscious thought.

Implicit biases might be viewed in this light. They occur below the level of consciousness, using information developed from our life experiences and habits. They help us to make sense of the world, allowing us to classify individuals into categories quickly and automatically. Although efficient and easy, biases have caused considerable harm to people who are their target, leading to discrimination and lack of access to the benefits available to members of society who do not experience these biases.

Implicit bias affects a person's perception, action, or decision-making in an unconscious manner. It can contribute to unequal treatment based on characteristics such as race, ethnicity, nationality, gender, gender identity, sexual orientation, religion, socioeconomic status, age, or disability.

Decades of research has demonstrated that discrimination, driven by implicit bias, impacts healthcare access, trust in clinicians, care quality, and patient outcomes (Dirks et al, 2022). Implicit bias is widespread, even among individuals who explicitly reject prejudice (Payne et al., 2019).

The troubling thing for healthcare professionals is the possibility that biased judgment and biased behavior can affect patient care (FitzGerald et al., 2019).

10.2 Decision Making and Diagnostic Bias

> The use of racial terms to describe epidemiologic data perpetuates the belief that race itself puts patients at risk for disease, and this belief is the basis for race-based diagnostic bias. Rather than presenting race as correlated with social factors that shape disease or acknowledging race as an imperfect proxy for ancestry or family history that may predispose one to disease, the educators we observed portrayed race itself as an essential—biologic—causal mechanism.
>
> Amutah, et al., 2021
>
> New England Journal of Medicine

Healthcare providers are vulnerable to a range of biases when making decisions, particularly diagnostic and treatment decisions. Many biases have been described in the healthcare literature, and many of these have been shown to influence decisions (Featherston et al., 2020).

Patient-provider interactions, treatment decisions, patient adherence to recommendations, and patient health outcomes can be influenced by bias. This can lead to an unintentional form of discrimination that affects decision-making structurally and systematically and is hard to identify and uncover (Nápoles et al., 2022).

Studies have shown that implicit racial bias profoundly influences clinical decision-making. Its affects nonverbal behaviors such as eye contact and posture and has been shown to influence the quality of physicians' interpersonal communication with Black patients and, in turn, patients' trust and perceptions of their physicians (van Ryn et al., 2015).

10.3 The Impacts of Bias in Child Welfare

Significant disparities exist throughout the child welfare system. Research has shown that mandated reporters' decisions to report a family to the Statewide Central Register (SCR) is often influenced by biases and personal beliefs. An implicit bias may even sway you to make a report against one parent/caregiver and not another even when the objective facts and information are the same.

Research also shows that these biases contribute to a disproportionate number of reports being called into the SCR on specific individuals or groups—including communities of color and Black communities in particular—far more than others. This leads to a disproportionate level of Child Protective Services (CPS) involvement in certain communities that can have long-lasting and devastating impacts on families and communities (NYSOCFS, 2024).

Once reported, cases with Black children are more likely to be accepted for investigation, be confirmed, be brought to court, result in removal of the children from their families for longer periods of time, and take longer to be closed, possibly related to surveillance bias. Multiple points in this process are subject to bias, but the process begins with reporting (Palusci and Botash, 2021).

When assessing information received about a child and their family, instead of making assumptions or jumping to conclusions that a child is being maltreated or abused, mandated reporters must evaluate potential biases that affect their decision to report (NYSOCFS, 2024).

For example, would my decision to call the Statewide Central Register with a report of suspected child maltreatment or abuse change if any of the following were different?

- primary spoken language
- age
- neighborhood where they reside
- presence of a disability
- socioeconomic status of the family
- race
- gender or gender identity
- sexual orientation or sexual expression
- culture and/or immigration status
- religion (NYSOCFS, 2024)

When considering a mandated report for suspected child abuse or neglect, consider the following questions (Palusci and Botash, 2021):

- Why do I suspect maltreatment?
- What is the objective evidence?
- If the family does not look like me, share my values, or lives on the “other” side of town, is that affecting my thinking?
- If my gut is telling me to report, why is that?

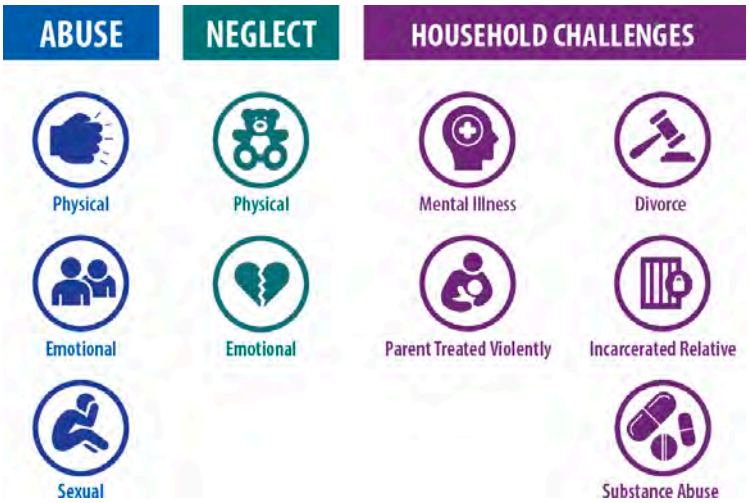
Similarly, when considering not to report, check if these thoughts are coming up: “they are such a good family,” “I have known them since they were children,” “my patients would never do that,” or similar emotional reasoning (Palusci and Botash, 2021).

11. Adverse Childhood Experiences and Trauma

Adverse childhood experiences, or ACEs, are preventable, potentially traumatic events that occur in childhood. These experiences can be caused by neglect, experiencing, or witnessing violence, or having a family member attempt suicide or die by suicide (CDC, 2021). Abuse and neglect, substance use, family members with mental health problems, parental separation or incarceration, and household violence can also undermine a child’s sense of safety, stability, and bonding (CDC, 2021).

Trauma is the result of a frightening, dangerous, or violent event that poses a threat to a child’s life or bodily integrity. Witnessing a traumatic event that threatens the life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their parents of caregivers (NCTSN, nd).

These experiences, and their negative impact on health over time—including the intersection of ACEs, suicide, and overdose—are interrelated and preventable. Living in under-resourced or racially segregated neighborhoods, frequently moving, being subjected to homelessness, or experiencing food insecurity can be traumatic and exacerbate the effects of other ACEs (CDC, 2021).



Source: CDC, Public Domain.

Adverse childhood experiences are common across all socioeconomic groups. Children who have been subjected to a higher number of adverse events, particularly in the absence of protective factors, are more likely to experience ongoing trauma, negative health outcomes, and increases in chronic health conditions such as obesity, diabetes, and heart disease (NYSOCSF, 2024).

Source: CDC, Public Domain.

11.1 Complex Trauma

Complex trauma describes both children's exposure to multiple traumatic events—often of an invasive, interpersonal nature—and the wide-ranging, long-term effects of this exposure. These events, such as abuse or profound neglect, are severe and pervasive. When they occur early in life, they can disrupt many aspects of the child's development and the formation of a sense of self. Since these events often occur with a caregiver, they interfere with the child's ability to form a secure attachment. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability (NCTSN, nd).

11.2 Early Childhood Trauma

Early childhood trauma generally refers to the traumatic experiences that occur to children aged 0-6. Because an infant's or young child's reactions may be different from those of older children, and because they may not be able to verbalize their reactions to threatening or dangerous events, many people assume that young age protects children from the impact of traumatic experiences (NCTSN, nd).

A growing body of research has documented that young children can be affected by events that threaten their safety or the safety of their parents or caregivers. These traumas can be the result of intentional violence—such as physical or sexual abuse, domestic violence, or the result of natural disasters, accidents, or war. Young children may also experience traumatic stress in response to painful medical procedures or the sudden loss of a parent or caregiver (NCTSN, nd).

11.3 Historical Trauma

Trauma due to systemic racism and discrimination, the impact of multigenerational poverty, and limited educational and economic opportunities intersect and exacerbate adverse childhood experiences (CDC, 2021). Historical power imbalances have had a profound effect on certain racial and ethnic groups: early deaths, unnecessary disabilities, and enduring injustices and inequalities (Global Health 50/50, 2020).

Structural racism is rooted in a hierarchy that privileges one race over another, influencing institutions that govern daily life, from housing policies to police profiling to incarceration (Muramatsu and Chin, 2022). Over centuries, structural racism has become entrenched, influencing the way medicine is taught and practiced as well as the functioning of healthcare organizations (Geneviève et al., 2020).

The unequal burden of COVID-19 on underserved populations has forced the medical community to reckon with uncomfortable truths about its role in perpetuating structural racism in modern society. A race-conscious conversation in medicine is evolving that acknowledges race as a social construct that creates and upholds barriers underlying health disparities (Santos, Dee, and Deville, 2021).

11.4 Offsetting ACEs and Trauma

A person's adverse childhood experiences do not have to determine their future and can be mitigated by protective factors that offset trauma (NYSOCSF, 2024).

A comprehensive approach to preventing adverse childhood experiences focuses on primary prevention but also includes strategies to mitigate the long-term consequences of ACEs (CDC, 2021):

1. Strengthen economic supports for families.
2. Promote social norms that protect against violence and adversity.
3. Ensure a strong start for children.
4. Enhance skills to help parents and youths handle stress, manage emotions, and tackle everyday challenges.
5. Connect youths to caring adults and activities.
6. Intervene to lessen immediate and long-term harms.

Source: CDC, Public Domain.

12. Protective Factors

In the past, child maltreatment prevention and intervention strategies have focused on eliminating risk factors—conditions, events, or circumstances that increase a family's chances for poor outcomes, including child abuse and neglect. This emphasis on family risks, such as maternal depression, family violence, or history of maltreatment often left families feeling stigmatized or unfairly judged. In addition, focusing on risk factors does not always point the way toward solutions (CWIG, 2020).

A "protective factors approach" to the prevention of child maltreatment focuses on positive ways to engage families by emphasizing their strengths and what parents and caregivers are doing well. One goal is to identify areas where families have room to grow with support (CWIG, 2020).

Protective factors are the characteristics of a child, a family, or the environment that diminish the probability of suffering from adverse experiences such as child maltreatment, abuse, or neglect. They improve an individual's response to adverse experiences that would typically lead to a negative outcome (Navarro-Pérez et al., 2024).

Protective factors reduce the risk of child-to-parent violence. Additionally, protective factors can moderate trauma-related distress in children who have experienced maltreatment or household dysfunction (Navarro-Pérez et al., 2024).

Five commonly cited protective factors are:

1. Parental resilience
2. Child social and emotional competence
3. Parental knowledge of child development and parenting skills
4. Concrete support for parents
5. Social connections

Using this approach, agencies can build capacity and partnerships with other service providers—such as early-childhood and youth-service systems—that are likely to enhance support for children and families and promote their well-being. Children, youth, and families can build resilience and develop skills, characteristics, knowledge, and relationships that offset risk exposure and contribute to both short- and long-term positive outcomes (CWIG, 2020).

Families, communities, practitioners, and advocates can help foster social and emotional competencies at the individual, family, and community levels. These strategies can help children who experience adversity develop resilience and skills. Adverse childhood experiences can be mitigated by positive childhood experiences, and more children can have healthy environments in which to play, learn, and grow into mentally, emotionally, and physically healthy adults (CWIG, 2020).

The Child Welfare Information Gateway offers a two-part podcast series on protective factors:

"Prevention: Protective Factors Part 1"

"Prevention: Protective Factors Part 2"

Information Gateway's podcasts cover a broad array of topics and are available via the Child Welfare Information Gateway Podcast Series webpage or wherever you get your podcasts.

13. Special Populations

13.1 Limited English Proficiency (LEP) Services

[Unless otherwise noted, the following section is from NYSOCFS, 2023 October]

Title VI of the Civil Rights Act of 1964 requires all recipients of federal funds to provide meaningful access to services and programs for persons with limited English proficiency (LEP). Those with limited proficiency in English are individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.

Agencies must offer LEP persons involved in child protective cases with appropriate, free, and timely language assistance by providing oral interpretation and translation of "vital documents." All agencies receiving any federal funding, directly or indirectly, are mandated to comply with these requirements. This includes all local social service departments and agencies with which they contract to provide protective services.

13.2 Compliance with the Indian Child Welfare Act

The federal Indian Child Welfare Act (ICWA) protects the best interests of Native American children by supporting their cultural identity in issues pertaining to foster care, termination of parental rights, emergency removals, and adoption proceedings. The law establishes minimum federal standards for the removal of Native American children from their families.

The Office of Children and Family Services addresses the requirements for implementation of ICWA in child custody proceedings, including voluntary and involuntary foster care and termination of parental rights proceedings, emergency proceedings, and the voluntary relinquishment (surrender) of parental rights involving Indian children.

In every case, inquiries regarding the child's status as a Native American child must be made of the family and, depending on age and capacity, the child. If there is reason to know that the child is American Indian or Alaska Native, all protections afforded under ICWA apply until it has been determined by the court that the child does not meet the definition of an Indian child.

In each child custody proceeding initiated by a social services official, the official must notify the child's parent or Indian custodian (and each tribe or nation in which the Native American child is a member or citizen or may be eligible for membership or citizenship) of the pending proceeding and of the right of the parent/Indian custodian/tribe to intervene in that proceeding. The notification must be made by registered or certified mail with return receipt requested. Treating the child as a Native American child from the early stages of a case prevents delays and possible changes in foster care placement.

Federal statutory and regulatory standards limit application of ICWA only to Indian children who are members or citizens of federally recognized tribes or nations, or are eligible for membership or citizenship, and the biological child of a member or citizen of a federally recognized tribe or nation. New York State extends the application of most of the provisions of ICWA to children who are members/citizens of state-only recognized Indian tribes/nations.

There are nine tribes/nations in New York State:

1. St. Regis Mohawk Tribe (located in Franklin County, New York, also known by its Mohawk name, Akwesasne)
2. Cayuga Nation (a member of the Haudenosaunee Confederacy, located between the Seneca Nation to the west and the Onondaga Nation to the east)
3. Seneca Nation of Indians (located in western New York)
4. Tuscarora Nation (located in Niagara County)
5. Onondaga Nation (located south of Syracuse, a member of the Haudenosaunee Confederacy)
6. Tonawanda Band of Senecas (one of two federally recognized Seneca tribes in Western New York)
7. Oneida Indian Nation (headquartered in Verona, New York)
8. Shinnecock Indian Nation (based at the eastern end of Long Island)
9. Unkechaug Nation (located on the Poospatuck Reservation in Suffolk County)

Both federal and state laws allow the emergency removal of a Native American child from the custody of his or her parents or Native American custodians, or the emergency placement of such child in a foster home or childcare facility to prevent **imminent physical damage or harm** to the child. ICWA has established preference provisions for both foster care and adoption placements: first preference is placement with a member of the child's extended family; second preference is with a member of the child's tribe/nation; and the third preference is with other Native American families.

13.3 Working with Immigrant Families

It is not uncommon for caregivers who are not documented citizens of the United States to have their legal status used against them. Members of these communities may be distrustful of state agencies and law enforcement officials for many reasons, one of which may be related to negative experiences with government agencies in their countries of origin.

CPS may need to use intervention strategies for families dealing with immigration issues that are different from the intervention strategies used in cases where immigration status is not a factor. This includes preparing a safety plan that considers the cultural expectations and realities that a family may be experiencing. All plans should be tailored to fit the specific needs of the family while promoting a safe environment for the child. The safety plan is vital in preventing the unnecessary placement of children into foster care if their parents or caretakers are detained by Immigration Customs Enforcement or deported to their countries of origin.

In New York State, a caregiver's lack of proper immigration status is neither an allegation of abuse or neglect nor a violation of the minimum degree of care. However, whenever CPS responds to a report of suspected child abuse or maltreatment, they must be alert and sensitive to the possibility that the caregivers may lack proper immigration status. The family does not have to reveal their immigration status, nor should they feel pressured into doing so as a condition of an impartial CPS investigation.

A caregiver may not be ready or able to discuss the existence of an immigration issue because of the fear of the potential consequences, such as deportation, and they may have worries about how CPS might act regarding their children. It is important to show concern for the caregiver's well-being along with the required CPS focus on the safety of the children in the home and their level of risk of harm.

CPS personnel should set aside any biases they may have regarding immigration and the immigrant community. It is important to suspend judgment and understand that one solution, such as returning to their country of origin is not always the safest strategies for the caregivers or the children. It is important that CPS personnel recognize the limitations of their knowledge and draw upon available resources, such as a supervisor, an immigration advocate, or materials from the *New York State Office for New Americans* or some other community resource.

14. Conclusion / Resources

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.

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.

Since the COVID pandemic, healthcare organizations have come to recognize the incredible impact bias can have on child abuse reporting, medical decision-making, and diagnoses. Now, instead of making assumptions or jumping to conclusions that a child is being maltreated or abused, mandated reporters are encouraged to evaluate potential biases that can affect their decision to report or not report.

Adverse childhood experiences and childhood trauma can have a negative impact on a child's health over time. A comprehensive approach to preventing adverse childhood experiences and trauma focuses on primary prevention, supporting families, and encouraging children to be involved in social activities. These sorts of protective factors can reduce the risk child abuse and violence, and moderate trauma-related distress.

It has become increasingly important for helping professionals to understand and embrace the diversity that is a vibrant part of American culture. Understanding Native cultures, immigrants, and people with limited English proficiency is fast becoming an essential skill for healthcare providers and other mandated reporters.

Resources

New York State Office of Children and Family Services

To report abuse or neglect

800 342 3720 TDD/TTY: 800 638 5163

Justice Center

855 373 2122

Prevent Child Abuse New York

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

http://www.childwelfare.gov

[Continue to next page for course references]

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[Continue to next page to start quiz]

16. Quiz

A score of 80% or higher is required.

1. **Statistics show that the largest percentage of cases of child maltreatment involve**:
   a. Sexual abuse.
   b. Physical abuse.
   c. Psychological maltreatment.
   d. Neglect.

2. **What should a mandated reporter do before reporting any allegations of abuse/neglect?**
   a. Have clear and sufficient evidence of the abuse or neglect.
   b. Discuss the concerns with the parent or guardian of the child.
   c. Talk to the child about what to say to the child protective services worker.
   d. Have reasonable cause to suspect the child has been abused or neglected.

3. **A report of child abuse or neglect is required by law in New York State**:
   a. 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.

4. **In New York State, mandated reporters include, among others**:
   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.

5. **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. Employees of Child Protective Services.

6. **Child Protective Services**:
   a. Verifies reports of child abuse.
   b. Provides immediate protection of children.
   c. Provides rehabilitative and ameliorative services to help families.
   d. All of the above.

7. **When must a LDSS 2221A form be filed?**
   a. Depends on the severity of the injury.
   b. Within five business days of making the oral report.
   c. Within 48 hours of making an oral report.
   d. The 2221A is no longer required.

8. **An *alternative response* is a response other than an investigation that determines if a child or family needs services**.
   a. True
   b. False

9. **Reportable suspicion of harm to a child can be as simple as an inconsistent explanation for an injury.**
   a. True
   b. False

10. **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.

11. **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.

12. **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.

13. **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

14. **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.

15. **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.

16. **Under New York State law, child abuse** is:
    a. Any act of abuse by any person on a child.
    b. Allowing infliction or creation 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.

17. **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.

18. **Online sexual abuse is often related to unwanted sexual approaches, especially by an adult who contacts children for sexual purposes**.
    a. True
    b. False

19. **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.

20. **An indication of possible neglect may be observed when the parent**:
    a. Spend a lot of time with friends, relatives, and neighbors.
    b. Is under 18 years of age.
    c. Exposes child to unsafe living conditions.
    d. Insists repeatedly that the child is fine.

21. **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.

22. **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 child.

23. **Research has shown that mandated reporters' decisions to report a family to the Statewide Central Register (SCR) is often influenced by biases and personal beliefs**.
    a. True
    b. False

24. **Adverse childhood experiences, particularly in the absence of protective factors, can lead to ongoing trauma, negative health outcomes, and increases in chronic health conditions**.
    a. True
    b. False

25. **Young age protects children from the impact of traumatic experiences because they are not able to verbalize their reactions to threatening or dangerous events**.
    a. True
    b. False

26. **Protective factors are the characteristics of a child, a family, or the environment that diminish the probability of suffering from adverse experiences such as child maltreatment, abuse, or neglect**.
    a. True
    b. False

27. **The federal Indian Child Welfare Act (ICWA) protects the best interests of Native American children by supporting their cultural identity in issues pertaining to foster care, termination of parental rights, emergency removals, and adoption proceedings**.
    a. True
    b. False

[Continue to next page for answer sheet]

Answer Sheet: NY Child Abuse and Maltreatment/Neglect for Mandated Reporters (348)

Name (Please print) _____

Date _____

Passing score is 80%

1. _____	15. _____
2. _____	16. _____
3. _____	17. _____
4. _____	18. _____
5. _____	19. _____
6. _____	20. _____
7. _____	21. _____
8. _____	22. _____
9. _____	23. _____
10. _____	24. _____
11. _____	25. _____
12. _____	26. _____
13. _____	27. _____
14. _____	

[Continue to next page for course evaluation]

Course Evaluation: NY: Child Abuse and Maltreatment/Neglect for Mandated Reporters (348)

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

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

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

1. Describe the problem of child maltreatment in the United States and New York State.	1 2 3 4 5
2. Summarize the process of reporting to the NY Statewide Central Register (SCR).	1 2 3 4 5
3. Describe 3 alternatives to the reporting of child abuse.	1 2 3 4 5
4. Explain the 5 components of Child Protective Services.	1 2 3 4 5
5. Define imminent danger.	1 2 3 4 5
6. Spell out 3 legal protections and legal penalties relevant to mandated reporting.	1 2 3 4 5
7. Define child abuse and maltreatment/neglect in New York State.	1 2 3 4 5
8. Be able to determine if a child shows indicators of maltreatment or abuse including in a virtual setting.	1 2 3 4 5
9. Describe the physical, emotional, and sexual indicators of child abuse.	1 2 3 4 5
10. Recognize the impact of bias on your decision-making.	1 2 3 4 5
11. Recognize the impact of trauma and ACEs on children, families, and yourself.	1 2 3 4 5
12. List the mitigating effects of 5 protective factors on trauma.	1 2 3 4 5
13. Understand legal requirements when working with limited English proficiency, Native American, and immigrant clients.	1 2 3 4 5

*The author(s) are knowledgeable about the subject matter.	1 2 3 4 5
*The author(s) cited evidence that supported the material presented.	1 2 3 4 5
*Did this course contain discriminatory or prejudicial language?	Yes No
*Was this course free of commercial bias and product promotion?	Yes No
*As a result of what you have learned, will 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? 1 2 3 4 5

*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 _____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. _____Social Media

_____Other _____

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:

[Continue to next page for registration and payment]

Registration and Payment: NY Child Abuse and

Maltreatment/Neglect for Mandated Reporters (348)

Please answer all the following questions (* required).

*Name: _____

*Email: _____

*Address: _____

*City and State: _____

*Zip: _____

*Country: _____

*Phone: _____

*Professional Credentials/Designations:

_____

*License Number and State: _____

Teachers only: If you are a teacher, please include your birthdate and the last 5 digits of your SS number.

Payment Options

You may pay by credit card, check, or money order.

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

2 contact hours: $24

Credit card information

*Name: _____

Address (if different from above):

*City and State: _____

*Zip: _____

*Card type: Visa Master Card American Express Discover

*Card number: _____

*CVS#: _____ *Expiration date: _____