

2025 NYS MANDATED REPORTER TRAINING SYLLABUS

Module 1: Introduction

1. Purpose
 - a. When you are legally required to call the SCR
 - b. When children and families may be more appropriately assisted through community-based services or other supports
 - c. Reduce bias in the decision-making process of whether a call must be made to the SCR
 - d. The impact of trauma and Adverse Childhood Experiences (ACEs) on children and families
 - e. Protective factors and the supports that you can refer families to in lieu of making a report.
2. Objectives
 - a. By the end of this training, you will:
 - i. Be able to determine if a child shows indicators of maltreatment or abuse, including in a virtual setting
 - ii. Recognize signs of intellectual and/or developmental disabilities in children and factors to consider when determining whether a child with intellectual and/or developmental disabilities shows indicators of maltreatment or abuse
 - iii. Recognize the impact of trauma and ACEs on children, families, and yourself
 - iv. Recognize the mitigating effects of the five protective factors on trauma
 - v. Recognize the impact of bias on your decision-making
 - vi. Understand when you have a legal obligation to call the SCR
 - vii. Recognize how you may better connect individuals and families with services
 - viii. Know how to prepare to make the call to the SCR
 - ix. Know how to complete the LDSS 2221A form
 - x. Understand your rights as a mandated reporter
3. Background
 - a. Social Services Law requires:
 - i. SCR as a single contact for reporting child abuse or maltreatment
 - ii. CPS in each local department of social services
 - b. CPS needs strong partnerships within the community to help prevent child abuse and maltreatment
 - c. Certain professionals are designated as “mandated reporters” under the law.
4. Shared Mission
 - a. OCFS, the SCR, local CPS agencies and mandated reporters promote the well-being of New York’s children, families and communities
 - b. Mandated reporters are legally obligated to call the SCR only in certain circumstances
 - c. 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
 - d. Resources include:
 - i. **The OCFS H.E.A.R.S.** – Help, Empower, Advocate, Reassure and Support - family line assists 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.
 - ii. OCFS lists on its website resources on adverse childhood experiences, including information on how to access a wide variety of services:
<https://ocfs.ny.gov/programs/cwcs/aces.php>

- iii. **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).
- iv. **The New York State Office for the Prevention of Domestic Violence** has a website that provides a number of resources for people who may be experiencing, or are survivors of, domestic violence:
<https://opdv.ny.gov/survivors-victims>
- v. **Prevent Child Abuse New York** also has a prevention and parent helpline available for parents and caregivers that 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**.
- vi. 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.
- vii. For more information on what services are available for children and parents in your community, visit <http://nysmandatedreporter.org>

Module 2: Understanding Trauma and Adverse Childhood Experiences (ACEs)

1. Trauma
 - a. Trauma is an intense event that threatens a person's life or safety in a way that is too much for the mind to handle and leaves the person powerless.
 - b. Trauma can bring about physical reactions such as rapid heart rate, tense muscles, or shallow breathing. Common traumatic events could be going through or seeing:
 - i. Family violence
 - ii. Sexual abuse
 - iii. Emotional abuse
 - iv. Violence in the community
 - c. For many parents, having a child removed from the home and dealing with the child welfare system are traumatic events.
2. ACEs
 - a. Adverse childhood experiences (or ACEs) are negative experiences that occur during childhood.
 - b. Research has shown that ACEs can have lasting impacts on physical, emotional, and mental health throughout a person's life.
 - c. Research shows that ACEs are very common in **all** socioeconomic groups
 - d. 61-67% of the U.S. population has experienced at least one ACE.
 - e. Children who have experienced numerous adverse experiences have higher rates of negative health outcomes including depression, obesity, substance use, anxiety, heart disease and early death.
 - f. Other factors can intensify the effects of ACEs including poverty, racism, generational trauma and frequent unintended or indirect discrimination.
 - g. Child maltreatment and abuse are adverse childhood experiences.
 - h. For more information on ACEs, please visit <https://ocfs.ny.gov/programs/cwcs/aces.php>.
 - i. Toxic stress occurs when a person experiences severe, prolonged adversity without adequate support. Toxic stress means that the stress response stays continuously activated in the body.
 - j. Toxic stress impacts children developmentally/behaviorally.
3. Trauma-informed Practice
 - a. Trauma-informed practice is a model for engaging with individuals and families that recognizes the impact and influence that trauma may have on the individuals and families you serve.
 - b. Goals of a trauma-informed practice are to avoid the inadvertent re-traumatization of individuals through your own interactions with them and to understand that trauma may have an impact on a person's behavior.
 - c. Trauma-informed practice will assist you in identifying when your own past experiences or trauma may impact the way you evaluate an incident you encounter in your professional role.
 - d. Key elements of trauma-informed practice
 - e. The importance of protective factors
4. Summary
 - a. Trauma impacts much of the work mandated reporters do.
 - b. Trauma may impact the child or family that you are interfacing with
 - c. Your own past experiences and trauma may impact your decision-making
 - d. ACEs and trauma alone may not rise to the level of child abuse or maltreatment, it is the impact on the child that should be assessed.
 - e. Reduce the effects of ACEs while supporting children and families and increasing protective factors
 - f. Additional resources include:

- i. OCFS Adverse Childhood Experiences (ACEs):
<https://ocfs.ny.gov/programs/cwcs/aces.php>
- ii. National Child Traumatic Stress Network: www.nctsn.org
- iii. National Center for PTSD: www.ptsd.va.gov
- iv. Parents Anonymous: www.parentsanonymous.org
- v. Center for the Study of Social Policy www.cssp.org
- vi. Prevent Child Abuse NY www.preventchildabuseny.org
- vii. New York State Trauma-informed Network:
<https://www.traumainformedny.org/Home>

Module 3: Understanding and Reducing Implicit and Explicit Bias

1. Implicit Bias in Decision-making

a. Understanding Bias

- i. As humans we all have biases, whether implicit or explicit, that affect our beliefs, decisions and actions.
- ii. A bias is a personal and sometimes unreasoned judgment against a person, place or thing. Biases – including how a person looks, sounds, and even where they live – may influence our decision-making.
- iii. An implicit bias is a bias or prejudice that is present but not consciously held or recognized so we are often unaware of them.
- iv. An explicit bias is a personal and unreasoned judgement that we have about a person, place or thing on a conscious level.
- v. Both implicit and explicit bias can show up as prejudice, discrimination and/or oppression on individual, group or systemic levels.
- vi. Individual biases are often deeply entrenched and are born out of a long history rife with unequal treatment of different social groups, discrimination and oppression, cultural conditioning, individual's upbringing and stereotypical portrayals of social groups.
- vii. The impact of decisions made that are rooted in biases often have significant impacts on individuals, social groups and communities.
- viii. One of the benefits of being aware of the potential impact of your own biases is that you can choose to take a proactive role in reducing how they impact your decision-making.

2. Understanding the Impact of Implicit Bias in Child Welfare

a. National research shows, and OCFS data confirms, disparities exist throughout the child welfare system presently and historically.

- i. OCFS' Disproportionate Minority Representation (DMR) data shows historical overrepresentation of children and families of color in the child welfare system.
 1. Families of color have been more likely to be involved in a report to the SCR.
 2. Children of color have been more likely to be placed in foster care and generally experience slower achievement of permanency goals.
- ii. Research shows that income status of families is a significant predictor of involvement with the child welfare system.
- iii. Poverty in and of itself does not equate to child abuse or maltreatment.
- iv. Research shows that families investigated by CPS have several poverty related risk factors such as unemployment, single parenthood, food insecurity, housing stability or lack of access to childcare.
- v. Families living below the poverty line are three times more likely to be substantiated for child maltreatment.
- vi. This disparity has long lasting and devastating impacts on both families and communities.

b. A mandated reporter's decision whether to call the SCR can change the course of the life of a child and the members of a family.

- i. It is important to be aware of the propensity for implicit or explicit bias and to be intentional about making decisions based on the objective facts of a situation.
- ii. Part of this process is to increase our own awareness regarding our own beliefs including those that may be hidden or unconscious.
- iii. As a professional, you must ensure that your own implicit or explicit biases do not impact your decision to call the SCR.
- iv. Would your decision to call the SCR with a report of suspected child maltreatment or abuse change if the race, ethnicity, sex assigned at birth, gender

- identity or expression, sexual orientation, religion, immigration status, primary spoken language, culture, age, neighborhood where they reside, their disability, occupation or socioeconomic status of the individual or family were different?
 - v. You should only call the SCR as a mandated reporter when you have a legal obligation to do so.
 - c. You can support a family without having to report a family.
 - i. It is important to keep in mind that we must approach our responsibility as mandated reporters with empathy, compassion, care and curiosity.
 - ii. 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, we must ask ourselves the right analytical and evaluative questions.
 - iii. Also consider if the needs of the family can be met through other means outside of the CPS system.
 - 1. Can this family's needs be met by providing services or other resources outside of CPS involvement?
- 3. Strategies to Reduce Implicit Bias
 - a. The first step in unraveling implicit bias is understanding our own lens that we see the world through.
 - b. Bias can show up in a variety of ways. Bias might look like subconscious thoughts (implicit), conscious thoughts (explicit), stereotypes, or inaccurate judgments.
 - c. Bias can be unlearned.
 - i. A proven strategy to reduce bias is to examine whether the facts of the situation would lead you to the same decision to call the SCR if the demographic information for the child or family were different.
 - ii. Would you make the same decision to call if any of the following were different? The child or family's:
 - Race?
 - Ethnicity?
 - Sex assigned at birth?
 - Gender Identity or Expression?
 - Sexual Orientation?
 - Religion?
 - Immigration status?
 - Primary Spoken Language?
 - Culture?
 - Age?
 - Neighborhood where they reside?
 - Presence of a disability?
 - Occupation?
 - Socio-economic status of the family?
 - iii. If you answered yes, bias may be impacting your decision to call the SCR.
 - d. The best tool we have to reduce bias is critical thinking.
 - i. As mandated reporters, you must use critical thinking when deciding whether to call in a report to the SCR.
 - 1. Identify what specifically concerns you about the current situation
 - 2. Gather adequate information about the current situation
 - 3. Analyze that information to separate facts from assumptions
 - 4. Recognize the possibility of bias in your personal opinions
 - 5. Develop multiple hypotheses that could explain the situation
 - 6. Determine whether you are legally required to call the SCR and, if not, whether an alternative option is better, such as connecting the individual or family to appropriate services in their community

- ii. Approach the situation with humility, recognize that we do not know everything about the situation and the family, and be open and willing to learn, and consider information that might be different from our first impressions and assumptions.
- e. Harvard University developed the Implicit Association Test (IAT) which measures attitudes and beliefs that you may be unwilling or unable to report.
 - i. You can access a variety of IAT tests here:
<https://implicit.harvard.edu/implicit/takeatest.html>

Module 4: General Framework

1. Mandated Reporters are required by law to call the SCR when in their professional role, they develop a reasonable cause to suspect a child under the age of 18 is being maltreated or abused by a parent or person over the age of 18 who is legally responsible for the care of the child at the relevant time.
2. Professional Role
 - a. Working or volunteering in a role that requires your specific licensure or certification
3. Reasonable Cause to Suspect
 - a. A “reasonable cause to suspect” occurs when what you have observed or been told, combined with your professional experience or training, leads you to reasonably believe that a child has been or is being maltreated or abused.
 - b. A reasonable suspicion does not require proof a child has been maltreated or abused.
 - c. One indicator or several indicators in combination may give you a reasonable suspicion.
 - d. Poverty, in and of itself, does not equate to maltreatment or abuse.
4. Person Legally Responsible (“PLR”)
 - a. The term PLR includes the child’s custodian, guardian, and any person responsible for the child’s care at the relevant time.
 - b. The term “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.
5. Confidentiality
 - a. State law provides confidentiality for mandated reporters and all sources of child abuse and maltreatment reports.
 - b. However, CPS or the SCR may be required to provide the identity of the source of the CPS report in very limited circumstances and only as described in the law.
 - c. For more information on when the identity of a source of a report to the SCR may be disclosed please visit: <http://nysmandatedreporter.org>
 - d. Your legal obligation to report suspected child abuse and maltreatment under New York State law supersedes client-patient confidentiality provisions.
 - i. The Health Insurance Portability and Accountability Act (commonly referred to as “HIPAA”) contains specific provisions allowing health care and other professionals to report information to the SCR, including personally protected health information that is otherwise confidential.
6. Liability and Immunity
 - a. The law gives all mandated reporters immunity from criminal and civil liability whenever a mandated reporter makes a report because they had a reasonable cause to suspect child abuse or maltreatment.
 - b. The law presumes mandated reporters make such reports in “good faith” and, therefore, mandated reporters are protected – even if CPS finds no evidence of abuse or maltreatment.
 - c. A mandated reporter who fails to call the SCR when they have a reasonable suspicion of child abuse or maltreatment while in their professional role may be subjected to criminal and civil liability.
 - d. The mandated reporter may also be held civilly liable for any harm suffered by a child due to their failure to call the SCR.
 - e. No employer or organization is permitted to require that you seek or obtain approval prior to calling the SCR.
 - f. Your legal obligations as a mandated reporter are personal to you, and your organization may not impede you from calling the SCR.
 - g. All employers and organizations are also prohibited from retaliating against you in any way for fulfilling your duties as a mandated reporter.

- h. The law does not require multiple reports on the same incident from the same organization.

Module 5: Defining Maltreatment and Abuse

1. Minimum Degree of Care
 - a. Parents and PLRs in New York State must provide their children with the minimum degree of care.
 - i. Adequate food
 - ii. Adequate clothing
 - iii. Adequate shelter
 - iv. Adequate medical care
 1. Basic dental care
 2. Mental health services
 3. Treatment for drug or alcohol misuse.
 - v. Adequate education
 1. Parents must ensure the children in their care are actively enrolled in school.
 2. Actively enrolled in school does not mean a child has to be earning high grades, participating in activities or have impeccable attendance.
 3. The minimum degree of care regarding adequate education is measured by looking at the conduct of the parent after considering any efforts previously made by the school and/or CPS.
 - vi. Adequate supervision
 1. There is no provision in New York State law or regulation that dictates how old a child must be to be left alone without adult supervision.
 2. Determining whether a child can be safely left alone must be made on a case-by-case basis.
 3. A child left alone in a residence or in the community must be able to demonstrate that they have the knowledge and skills necessary to properly respond to a potential emergency and to care for themselves.
 4. Just because an individual child may be left safely alone does not mean that child has the necessary skills to supervise other children without an adult present.
 - vii. No excessive corporal punishment
 1. New York State law permits parents to use corporal (physical) punishment to discipline their children, but it cannot be excessive.
 2. Excessive corporal punishment includes when:
 - a. The child lacks the capacity to understand the corrective quality of the discipline
 - b. A less severe method is available and likely to be effective
 - c. The punishment is inflicted due to the parent's rage
 - d. The child receives injuries or bruises as a result
 - e. The length of punishment surpasses the child's endurance
 - b. The minimum degree of care regarding adequate food, clothing, shelter and medical care must be considered in regard to whether the parent or PLR was financially able to do so or was offered other financial or reasonable means to do so.
2. Maltreatment
 - a. Under New York State law, a child is maltreated when:
 - i. A parent or other person legally responsible for the child fails to provide the minimum degree of care and that failure results in impairment or imminent danger of impairment to the child's physical, mental or emotional condition, OR
 - ii. A parent or other person legally responsible for the child causes a non-accidental, serious physical injury to the child.
 - b. It is important to note actual impairment or harm is not required.

- c. Poverty in and of itself is not maltreatment.
- 3. Abuse
 - a. Under New York State law, a child is abused when:
 - i. A parent or person legally responsible for a child inflicts (or allows someone else to inflict) a non-accidental serious injury which causes:
 - 1. a substantial risk of death
 - 2. serious or protracted disfigurement
 - 3. protracted loss or impairment of the function of any bodily organ, OR
 - ii. A parent or person legally responsible for a child creates (or allows to be created) a substantial risk of non-accidental physical injury which would be likely to:
 - 1. cause death
 - 2. serious or protracted disfigurement
 - 3. protracted loss or impairment of the function of any bodily organ, OR
 - iii. A parent or person legally responsible commits (or allows someone else to commit) a sex crime against a child.

Module 6: Indicators of Child Maltreatment and Abuse

1. Physical Indicators of Child Maltreatment and Abuse
 - a. Unexplained bruises, fractures, burns, welts or lacerations
 - b. Suspicious injury or bruising including where:
 - i. the location of the injury may be atypical
 - ii. the explanation provided for the injury doesn't match the pattern of injury
 - iii. the bruise or laceration is shaped like an object (such as a handprint or looped cord)
 - c. Unattended physical problems, medical or dental needs
 - d. Pain or itching in the genital area
 - e. Lags in physical development or growth
2. Behavioral Indicators of Child Maltreatment and Abuse
 - a. Child is not acting like they normally do
 - b. Acting oddly shy or attention-seeking
 - c. A sudden drop in grades or lack of interest in activities
 - d. Engaging in self-destructive behaviors
 - e. Isolating from peers
 - f. Begging for or stealing food
 - g. Consistent fatigue or falling asleep in class
 - h. Lingered in school due to reluctance to go home
 - i. Use of alcohol or illegal drugs
 - j. Infrequent school attendance
 - k. Sudden new sexual behavior or knowledge that is inconsistent with the child's development, age, circumstances or past behaviors
3. Do NOT view indicators in isolation
 - a. Each indicator must be considered in relation to the child's current age and circumstances and in the context of their physical condition or behavior.
 - b. You may need to assess if there is an explanation for the presenting concern and whether the explanation is consistent with the observed physical and behavioral indicators.
 - c. Abuse or maltreatment should never be assumed.
 - i. Consider your prior experiences with this child and whether there is a difference in what you are currently observing.
 - ii. It is important to make an objective assessment that is free from any implicit or explicit bias.
4. Understanding Intellectual and Developmental Disabilities in Children
 - a. Definition of Intellectual and Developmental Disability
 - b. Some Examples of Developmental Disabilities:
 - i. Intellectual Disabilities
 - ii. Autism Spectrum Disorder
 - iii. Cerebral Palsy
 - iv. Epilepsy
 - v. Prader-Willi Syndrome
 - vi. Familial Dysautonomia
 - vii. Neurological Impairment
 - c. Physical Indicators of Child Maltreatment and Abuse in Children with I/DD:
 - i. Unexplained Injuries
 - ii. Poor Hygiene
 - iii. Malnutrition or Dehydration
 - iv. Medical Neglect
 - v. Physical Restraint Marks

- d. Behavioral Indicators of Child Maltreatment and Abuse in Children with I/DD:
 - i. Sudden or Gradual Changes in Behavior
 - ii. Regression in Previously Acquired Skills
 - iii. Self-Harming
 - iv. Signs of Agitation, Anxiety or Stress Around Particular Caregivers
 - v. Inappropriate Sexual Behavior
 - vi. Changes in Sleep Pattern
 - e. Communication Changes in Children with I/DD:
 - i. Difficulty Communicating
 - ii. Changes in Vocalization
 - iii. Non-verbal Cues
 - f. Behavioral Indicators of Caregivers to Children with I/DD:
 - i. Inconsistent Explanations
 - ii. Dismissive Attitude
 - iii. Excessive Anger or Frustration
 - iv. Isolation from Support Networks
 - g. Scenarios for Mandated Reporters to Consider
5. Virtual Environment
- a. Mandated reporters may have interactions with children that occur in a virtual environment. For example, children may attend school remotely, visit doctors using telemedicine and participate in therapy sessions on virtual platforms.
 - b. It is important to remember that if you are interacting with children in your professional role – your responsibilities as a mandated reporter are the same in a virtual environment.
 - c. When assessing safety virtually, where possible:
 - i. Be alert for indications that a child is trying to communicate something to you without someone else in the room noticing
 - ii. Note if a child's demeanor or behavior is different when someone else enters the room
 - iii. Listen for concerning statements a child makes to you, siblings, or their peers
 - iv. You may observe or hear an altercation between children or adults. If what you hear or observe does not rise to a level of making a report, it may still create an opportunity for a conversation about safety or managing stress
 - v. Try to observe the child's body, even if you can only see the child's face, neck, shoulders, and chest, is there anything that seems suspicious?
 - vi. Does the child appear depressed or anxious?
 - d. Also be sure to:
 - i. Use reliable technology with adequate lighting and sound.
 - ii. Make sure the child is present for at least part of the visit.
 - iii. Make sure to have everyone introduced that is in the room with the child or who enters the room after the visit starts.
 - iv. Ask if there is enough privacy for the child and/or parent to discuss sensitive matters.
 - 1. This may mean asking nonparticipating household members to move to a different room.
 - v. Confirm their physical location in the event you need to contact emergency services.
 - vi. Watch carefully, verbalize what you think you are seeing and ask if the family agrees.
 - e. Also be sure to:
 - i. Provide clear channels to reach out.
 - 1. This can be done by email, phone, chat, text, or online tool.
 - ii. Pay attention to non-verbal cues.

1. Note if a child's demeanor or behavior is different when someone else enters the room.
 - iii. Be alert if a child turns off a webcam or is very hesitant to use one.
 - iv. Look at the environment.
 1. Are there noticeable unsafe conditions?
 - v. Is there appropriate supervision for the child?
 - vi. Are young children watching even younger siblings?
6. Educational Neglect
 - a. Poor school attendance, in and of itself, does not equate to a reasonable cause to suspect maltreatment.
 - b. A report of suspected educational neglect should be called in to the SCR as a remedy for excessive absences only as a last resort.
 - i. School personnel should first try working with the student, family and community agencies to identify needs and resources available to meet those needs.
 - c. All of the following elements must be present to warrant a call to the SCR for educational neglect:
 - i. Child must be of compulsory school age and currently living in NYS
 - ii. Child must be excessively absent without a valid reason or excuse
 - iii. The child's education must be impaired due to the excessive absenteeism (or the child has an IEP and has missed necessary services due to excessive absenteeism)
 - iv. The Parent or PLR has been made aware of the excessive absenteeism and impairment by means beyond simply sending a note home or leaving a voicemail message
 - v. School officials have made efforts to engage the child & parent or PLR
 - vi. No parent or PLR has taken any action to rectify the situation

Module 7: Learning Exercises – providers are encouraged to create real world learning exercises or practice examples to allow mandated reporters to apply what they have learned during training.

Module 8: Making the Call to the SCR and What Happens Next

1. Making the Call
 - a. if while in your professional role you have developed a reasonable suspicion that a child is being abused or maltreated, you are required to call the SCR **immediately** at the mandated reporter line: 1-800-635-1522.
 - b. Always call 911 first if you are in an emergency situation.
2. LDSS 2221A Form
 - a. Required to fill out and submit to local department of social services within 48 hours of call to SCR.
 - b. Form is available on OCFS' website: <https://ocfs.ny.gov/forms/ldss/LDSS-2221/OCFS-LDSS-2221A.docx>
 - i. Upon completion of the form, send the LDSS-2221A form to your Local Department of Social Services. There is a link included on the form to assist with finding that address.
 - c. Information needed:
 - i. Full name of the parent or person legally responsible for the child
 - ii. Parents or other adults' dates of birth, when available
 - iii. Full name of the child or children you suspect are being abused or maltreated
 - iv. Child or children's dates of birth, when available
 - v. Specific information which led to you having a reasonable suspicion of abuse or maltreatment
 - vi. Addresses or locating information for the relevant adults and children - Please note, that it is crucial that you have an address or locating information for the child and/or relevant adults when you call the SCR. The SCR will not be able to accept the report if you do not have this information.
 - vii. Your full name as Mandated Reporter
 - viii. The name of your agency or organization
 - ix. Your contact information including phone number and email address
 - x. The name of any other mandated reporter you believe personally observed or was provided with relevant information about the child
3. Report Criteria
 - a. The SCR is bound by legal criteria which dictates whether they can accept a report.
 - b. For the SCR to accept a report, the following 3 criteria must be met:
 - i. The child must be born and must be under 18 years old,
 - ii. The alleged perpetrator must be the child's parent or another person over age 18 who is a PLR for the child, and
 - iii. The conduct described must meet the legal definition of maltreatment or abuse.
 - c. The SCR is not legally required to accept the report just because you are calling as a mandated reporter.
 - d. The SCR staff will conduct their own interview to determine if the information you provide during the call rises to the legal level of suspected child abuse or maltreatment.
 - i. If it does not rise to this level, based on the information you provide, the SCR cannot accept the report.
 - e. If you call the SCR and provide all the information you have, you have fulfilled your legal obligation by making the call even if the SCR declines to accept the report.
4. What Happens Next
 - a. Once the SCR has accepted a report, the SCR forwards it to the local department of social services for investigation.

- i. The SCR also obtains a confirmation from the local department of social services that the report has been received.
- b. Once the local department of social services has the report, they must commence an investigation within 24 hours of receiving it.
- c. During the investigation, the assigned CPS caseworker must comply with numerous regulations and policies to ensure they conduct a thorough investigation and safety assessment.
 - i. CPS is required to contact the parent or PLR and child(ren) involved.
 - ii. CPS will also contact the source of the report and may ask for clarification or additional information.
 - iii. The CPS caseworker may also request copies of records or reports which you are required by law to provide.
- d. Within 60 days, the CPS agency must determine whether the allegations are substantiated (meaning there was a fair preponderance of evidence the allegations were true) or unsubstantiated (meaning there was not a fair preponderance of evidence the allegations were true).
- e. CPS caseworkers are also required to offer the parents or PLR and children services which may be helpful.
- f. The most common outcome of a CPS investigation is that the caseworker will work with the family to obtain necessary services or aid to alleviate problems and promote safety.
 - i. It is important to keep in mind that CPS intervention is not required for parents, children or families to obtain services.
 - ii. You can support a family without having to report a family.