| | |
|---|---|
| **New York State**<br>**Office of Children and Family Services**<br>**Bureau of Training** | |

# Satellite Downlink Coordinator Packet and Materials

## *Satellite Broadcast Services*

| | |
|---|---|
| **Teleconference:** | **Mandated Reporting and the Institutional Abuse Process - Part II**(496) |
| **Date:** | December 16, 2004 |
| **Test Time:** | 1:00 PM |
| **Program Time:** | 1:30 – 3:30 PM |
| **Broadcast Channel** | Channel 1 |

**Package Contents:**

1. General Instructions:
2. Roster
3. Evaluation Forms
4. Call In Question Forms
5. Handouts

| | |
|---|---|
| Produced By: | SUNY Distance Learning Project<br>Training Strategies Group, SUNY Central Administration |

## General Instructions

**Introduction:**
The Bureau of Training maintains a network of teleconference downlink sites at residential facilities and local district offices across New York State. BT offers an array of Tele - training topics designed and produced specifically for state and local district staff. The training office will also retransmit programs produced and offered by national organizations such as: National Institute on Corrections, Office of Juvenile Justice and Delinquency Prevention, and the Welfare Reform Academy. BT welcomes suggestions for new teleconferences topics.

Generally BT broadcasts five or six training programs every month. Most programs are offered in the afternoon from 1:30 - 3:30. . A programming guide is maintained on the agency Intranet site. Program announcements are also sent out to all Staff Development Coordinators, Training Coordinators and Downlink Coordinators by email. Videotape copies of all past BT produced programs can be borrowed from the NYS OCFS Multi Media Center (518-473-8072). Downlink site Coordinators are encouraged to may make their own tapes of programs to show at a later time.

Downlink Coordinators are asked to ensure that staff is informed about upcoming teleconferences; and that the teleconferencing equipment is set up and functional prior to each telecast. Problems with equipment should be reported to Martha Murphy at 518-474-2424. BT maintains a technician to visit downlink sites and correct problems. With timely reporting, most problems will be addressable prior to broadcast.

In general the Training Coordinator is responsible for the successful presentation of the teleconference at their downlink site. This general responsibility is meant to include the notification of staff, provision of handouts, testing of equipment, reporting of evaluation results, and ensuring that the site is reserved, set up and presentable.

**Set Up:**
Downlink coordinators should expect to receive information packets about one week prior to the teleconference. Please review the material and make copies of the necessary forms and handouts

Several days prior to the satellite broadcast, please test the TV and satellite receiver to ensure that it functions properly. Any problems should be reported to Martha Murphy at 518-474-2424. With enough advance notice OCFS Bureau of Training will be able to provide the site with technical assistance.

**Trouble Numbers:**
If you experience trouble the day of the teleconference here are some contact numbers

| | |
|---|---|
| NY Network Studios | 518-443-5333 |
| NY Network Uplink and Technical Assistance | 518-453-9521 |
| SUNY Distance Learning Project (Marti Murphy) | 518-474-2424 |

**During The Teleconference:**
During the teleconference, the downlink coordinator's role will depend upon whether or not there are any onsite activities to coordinate and whether there is a call in question segment. In each of these instances, it is expected that the downlink coordinator will facilitate and assist with the needs of the participants

**Evaluations:**
All teleconference evaluations are submitted on line at either the agency Internet site or on the agency Intranet. Specific web sites are listed below. Downlink coordinators have the option of either having participants report on line themselves, or, conducting a paper evaluation for the entire site, summarizing it, and reporting that summary evaluation on line.

To have individuals report their evaluations on line, downlink coordinators can distribute the "Instructions For The On-Line Submission of Teleconference Evaluations By Individuals".
To report a summary for the entire site, downlink coordinators can use the attached forms and submit the summary tabulated evaluation at: http://sdssnet5/ohrd/distancelearning/satellite/evaluation/ (Agency Intranet) or at http://www.dfa.state.ny.us/ohrd/satdefault.htm. (Agency Internet)

**Rosters:**
Everyone who attends a teleconference should sign in on the attendance roster. Downlink coordinators should either establish a sign in desk or pass around a set of rosters prior to the teleconference. Once the teleconference is finished rosters should be FAXed to the OCFS home Office.

Rosters from local district sites should be faxed to Martha Murphy at 518-472-5165

Rosters from OCFS facilities should be faxed to Karen Tribley-Smith at 518-473-9169

# Instructions For The On-Line Submission of Teleconference Evaluations By Individuals

Teleconference participants can submit their individual teleconference evaluations directly on-line at either the agency Internet site or at the agency Intranet site.

On the agency Intranet site participants should go to the following web address (http://sdssnet5/ohrd/distancelearning/satellite/evaluation/) and click on “Submit an On-Line Evaluation”. On the agency Internet site the address is: http://www.dfa.state.ny.us/ohrd/satdefault.htm. Click on “Evaluations”, then “Submit and On-Line Evaluation”

The following information is provided to assist in the completion of the on line evaluation form

- This form provides you the opportunity to enter information by typing into a text box or by using a drop down menu to pick (highlight) a selection. The Tab key of your keyboard will advance you to each next field. Your Shift-Tab key will return you to the previous field. Once the last field is completed you must click on the "Submit" button to process your responses. After clicking on the "Submit" button you will be given a confirmation screen. You can review and edit you choices on this screen. Once you are satisfied with your entries, clicking "Confirm' will send your evaluation to the database. Only one submission for each program from each downlink site is allowed.
- You must complete first name, last name, and phone number for your submission to be accepted
- Use the drop down menus to select a program name and the site from which you are reporting
- Please ensure you include the number of attendees
- For each of the four quality measures, please average the individual responses together and report the average response
- For "Comments" and "Suggested Topics" please summarize the comments and topics provided by your attendees
- Once you have completed you evaluation, the results will be immediately tabulated

# Use These Forms To Tabulate And Submit A Site-Wide Evaluation

**New York State Office of Children and Family Services**
**Bureau of Training and Work Force Development**

## Satellite Tele-Training Evaluation Form

| | | | |
|---|---|---|---|
| **Program Name:** | | **Program Date:** | |
| **Downlink Site:** | | | |

Please complete the following questions on the scale provided and return this form to your staff development coordinator or site facilitator:

| | Please rate the teleconference on the following scale ( 1 = poor, 5 = excellent) |
|---|---|
| This tele-training addressed the objectives as described in the anouncements | |
| This tele-training provided me with information that I can use in my work duties | |
| This tele-training provided me with skills that I can use in my work duties | |
| I would give this tele-training an overall rating of : | |

Comments:

## New York State Office of Children and Family Services
## Bureau of Training and Work Force Development

## SUMMARY REPORT

## Satellite Tele-training Evaluation Form

**This form is to be used by site facilitators and staff development coordinators to summarize individual evaluations and report back the summative findings. Please ensure that attendance is reported**

| | | | |
|---|---|---|---|
| **Program Name:** | | **Program Date:** | |
| **Downlink Site:** | | | |
| **Attendence:** | | | |

Please report the average response for each item below:

| | Please rate the teleconference on the following scale ( 1 = poor, 5 = excellent) |
|---|---|
| This tele-training addressed the objectives as described in the anouncements | |
| This tele-training provided me with information that I can use in my work duties | |
| This t tele-training provided me with skills that I can use in my work duties | |
| I would give this tele-training an overall rating of : | |

Comments

This form can be FAXed to Martha Murphy at 518-472-5165

**Call in or FAX Question Form**
**THE DAY OF THE BROADCAST**
**NY Network SUNYSAT Broadcasts Only**
PLEASE USE THE FOLLOWING NUMBERS:

FAX: 518-426-4098

TOLL-FREE TELEPHONE NUMBER: 1-877-280-7400

***Questions can only be taken using these numbers on the date of the teleconference***

I'm calling from
_____ County.

My Question is:
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

**OCFS-4448** (Rev. 1/2004) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

# TRAINING ROSTER

***(Please Print)*** ***Page*** ***of***

| CONTRACT PROVIDER | COURSE IDENTIFIER/NUMBER | NAME OF COURSE | TOTAL NUMBER OF CLASS HOURS |
|---|---|---|---|
| COURSE LOCATION | INSTRUCTOR(S) | START DATE | END DATE |

**NOTE:** Instructors are responsible for ensuring that all items are fully completed by the trainees. The information MUST be provided in an accurate and legible manner.

| TRAINEE NAME | | SOCIAL SECURITY NUMBER (Last 4 digits only) | POSITION (JOB TITLE) | AGENCY/FACILITY NAME (E.g. NYS OCFS, Albany Co. DSS, Baker Hall, Tryon Residential) | Reverse For Codes | | | | To Be Completed By Instructor | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Last Name | First Name | | | | TARGET POPULATION | Functional Area | JOB TYPE | COUNTY CODE (Where Job is Located) | TOTAL NO. OF HOURS ATTENDED | PASS | FAIL | INCOMPLETE |
| **SMITH** | JOHN | **-9999** | **YDA IV** | **TRYON** | 1 | 9 | 4 | 17 | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

INSTRUCTOR(S) REMARKS:

| CERTIFICATES REQUESTE | ISSUED: | SIGNATURE IF REQUIRED: | DATE: |
|---|---|---|---|
| ☐ YES ☐ NO | | **X** | |

# TARGET POPULATION

| CODE | |
|---|---|
| 1 | -Employed by New York State Office of Children and Family Services (OCFS) |
| 2 | -Employed by New York State Office of Temporary and Disability Assistance (OTDA) |
| 3 | -Employed by New York State Department of Health (DOH) |
| 4 | -Employed by New York State Department of Labor (DOL) |
| 6 | -Employed by a Local District Department of Social Services (County DSS or NYC HRA or NYC ACS). |
| 7 | -Employed by any private human service agency that provides services under contract to OCFS, Local Social Services District, NYC HRA or NYC ACS |
| 8 | -Employed by public agency (city, county, state, or federal) other than local social services districts, OCFS, OTDA, DOH or DOL. |
| 9 | -Individual Category such as foster parents, adoptive parents, and family day care providers. |

# FUNCTIONAL AREA

| CODE | |
|---|---|
| 1 | **ADMINISTRATIVE FUNCTIONS** |
| | (Such as Commissioner's Office, Budget Office, Contract Management, Finance Management, Personnel, Quality Assurance, Information Technology, Staff Development & Training or Support Services). |
| | **CHILDREN & FAMILY SERVICES** |
| 2 | OCFS Rehabilitative Services |
| 3 | Adoption |
| 4 | Child Protective Services |
| 5 | Day Care |
| 6 | Domestic Violence Prevention |
| 7 | Foster Care |
| 8 | Residential Child Care |

| CODE | |
|---|---|
| | **CHILDREN & FAMILY SERVICES (Cont)** |
| 9 | Blind & Visually Handicapped Services |
| 10 | Preventive/Family Support Services |
| 11 | Indian Affairs Services |
| 12 | Adult Services |
| 13 | Services/Other |
| 14 | **LEGAL AFFAIRS/COUNSEL** |
| | **TEMPORARY AND DISABILITY ASSISTANCE** |
| 15 | Energy Programs |
| 16 | Food Stamps |
| 17 | Temporary Assistance |
| 18 | Child Support Enforcement |
| 19 | Disability Determinations |

| CODE | |
|---|---|
| | **TEMPORARY AND DISABILITY ASSISTANCE (Cont)** |
| 20 | Transitional Services |
| 21 | Homeless Services |
| 22 | Fraud & Abuse |
| | **HEALTH SERVICES** |
| 23 | Medicaid Skills |
| 24 | Medicaid |
| 25 | Managed Care |
| 26 | Dept of Health/Other |
| 27 | Welfare-To-Work |
| 28 | Dept of Labor/Other |

# JOB TYPE

| CODE | |
|---|---|
| 1 | Administrator |
| 2 | Supervisor/Manager |
| 3 | Clerical/Support Staff |
| 4 | Consultant |
| 5 | Caseworker/Case Manager/Social Worker |
| 6 | Direct Child Care Worker |
| 7 | Eligibility Worker |

# JOB TYPE

| CODE | |
|---|---|
| 8 | Foster/Adoptive Parent |
| 9 | Investigator |
| 10 | Volunteer Worker |
| 11 | Health Care Worker |
| 12 | Teacher/Vocational Specialist |
| 13 | Professional Staff (Policy Planning, Program Development, etc) |
| 14 | Recreation Specialist |

## COUNTY CODES

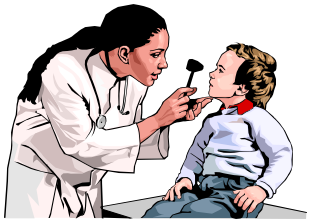
| COUNTY | Code | COUNTY | Code | COUNTY | Code | COUNTY | Code | COUNTY | Code | COUNTY | Code | COUNTY | Code | COUNTY | Code | COUNTY | Code |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Albany | 01 | Chenango | 08 | Essex | 15 | Jefferson | 22 | Niagara | 29 | Otsego | 36 | Schoharie | 43 | Tompkins | 50 | Yates | 57 |
| Allegany | 02 | Clinton | 09 | Franklin | 16 | Lewis | 23 | Oneida | 30 | Putnam | 37 | Schuyler | 44 | Ulster | 51 | New York City | 65 |
| Broome | 03 | Columbia | 10 | Fulton | 17 | Livingston | 24 | Onondaga | 31 | Rensselaer | 38 | Seneca | 45 | Warren | 52 | | |
| Cattaraugus | 04 | Cortland | 11 | Genesee | 18 | Madison | 25 | Ontario | 32 | Rockland | 39 | Steuben | 46 | Washington | 53 | | |
| Cayuga | 05 | Delaware | 12 | Greene | 19 | Monroe | 26 | Orange | 33 | St. Lawrence | 40 | Suffolk | 47 | Wayne | 54 | | |
| Chautauqua | 06 | Dutchess | 13 | Hamilton | 20 | Montgomery | 27 | Orleans | 34 | Saratoga | 41 | Sullivan | 48 | Westchester | 55 | | |
| Chemung | 07 | Erie | 14 | Herkimer | 21 | Nassau | 28 | Oswego | 35 | Schenectady | 42 | Tioga | 49 | Wyoming | 56 | | |

# Handouts

# Who are Mandated **Reporters**?

- Persons required, under SSL, to report or cause a report to be made when there is reasonable cause to suspect that a child is being abused or neglected include:

* Physicians
* Peace Officers
* Surgeons
* School Officials
* Medical Examiners
* Medical Residents
* Coroners
* Medical Interns
* Police Officers
* Registered Nurses
* Dentists
* Hospital Personnel
* Osteopaths
* EMTs
* Optometrists
* Day Care Center Workers
* Social Service Workers
* Foster Care Workers
* Mental Health Profs.
* Social Workers
* D.A.s and A.D.A.s, and their investigators
* Day Care Providers
* Child Care Workers
* Employees/Volunteers in Residential Care Facilities
* Substance Abuse and Alcoholism Counselors



Complete List Found at: www.ocfs.state.ny.us

# Reasonable Cause to Suspect:

- Do not have to prove it
- Distrust or doubt is enough
- Based on observation or disclosure
- Child is harmed or at risk of harm

# When am I mandated to report?

- Whenever in your professional capacity, you suspect Child Abuse or Neglect, a report should be made immediately, at any time of the day and on any day of the week, by telephone to the SCR.
- “Reasonable cause to suspect” means that a reasonable person would have a basis to believe that a child may have been abused or neglected.
- Your agency may have guidelines and a designated agent to make reports; you must notify that person immediately. If that person does not make a report, you must cause a report to be made.

# Definition of Abuse

An **abused** child in residential care means a child whose custodian:

**1.)SSL 412.8(a)(i)**: Inflicts a physical injury by other than accidental means which causes or creates substantial risk of death, serious or protracted disfigurement or serious physical or emotional injury

OR

**2.)SSL 412.8(a)(ii):** With knowledge or deliberate in difference allows such physical injury to be inflicted

OR

**3.)SSL 412.8(b)(i):** Creates a substantial risk of injury by other than accidental means which would likely cause death, serious or protracted disfigurement, or serious physical or emotional injury

OR

**4.)SSL 412.8(b)(ii):** With knowledge or deliberate indifference creates substantial risk of such injury

OR

(next page)

# Definition of Abuse (cont.)

**5.)SSL 412.8 (c):** Commits, promotes, encourages, or permits the commission of a sex offense against a child, as described in article 130, 230, or section 255.25 of the Penal Law. Also, allows, promotes, or uses a child in acts described in article 263 of the Penal Law.

Penal Law:

130 – Rape, Sodomy, Forcible Touching, Sex Abuse and others

230 – Patronizing, promoting or permitting prostitution

255.25 – Incest

263 – Using a child in a sexual performance. Also, promoting or possessing a sexual performance by a child (in person, video, computer, still photos, etc.)

OR

**6.)SSL 412.8(d):** Fails to comply with a rule or regulation involving care or supervision of a child and such failure results in death or serious injury

# Definition of Neglect

- **<u>A Neglected</u>** child in residential care means a child whose custodian:

1)**SSL 412.9(a):** Inflicts, by act or omission, physical injury, excluding minor injury, by other than accidental means **OR**

2)**SSL 412.9(b):** Creates substantial risk of physical injury, excluding minor injury, by other than accidental means **OR**

3)**SSL 412.9 (c ):** Fails to comply with a rule or regulation and such failure results in physical injury or serious emotional injury where such result was reasonably foreseeable **OR**

4)**SSL 412.9(d):** Fails to meet a personal duty imposed by an agreed upon plan of prevention and remediation and such failure results in physical injury or serious emotional injury or risk thereof to the child **OR**

5) **SSL 412.9(e)** Intentionally administers a prescription drug other than in substantial compliance with a prescription

# What protection do I have when I make a report?

- Mandated reporters have immunity from any civil or criminal liability.
  - Any person, official or institution who in **good faith** makes a report, takes photographs and/or takes protective custody, has immunity from any civil or criminal liability
  - Persons or officials who are required to report suspected Child Abuse or Neglect are presumed to have done so in good faith so long as they were acting in the discharge of their official duties within the scope of their employment

# What if I don’t make a report when I suspect abuse or neglect?

- You can be convicted of a crime.
  - Any person, official or institution required by the law to report a case of suspected Child Abuse and Maltreatment, who willfully fails to do so, may be guilty of a Class A misdemeanor.
- You can be personally liable ($) to the victim.
  - Any person, official or institution required by the law to report a case of suspected Child Abuse or Maltreatment who knowingly and willfully fails to do so may be civilly liable for damages caused by the failure to do so

# Making the Call

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

**1-800-635-1522**

**Mandated Reporter Express Line**

# What information should I be prepared to report?

- To the best of your knowledge, describe the situation in detail:
  - How is the child at risk of harm?
  - Who placed the child at risk?
  - What is that person's relationship with the child?
  - Where is the child now?
  - When and where did the incident happen?
  - Are there other people involved?
  - Are the police or other service providers involved?
  - Are there any additional concerns?

* You will be asked to give your name and a contact number.

# Where should a report be made?

- Reports should be made to the State Central Register (SCR) of Child Abuse and Maltreatment by using the statewide, toll-free Mandated Reporter telephone #: ***1-800-635-1522***

- A signed written report (***LDSS-2221A***) containing the information you provided for the registered oral report must be filed with the SCR or the appropriate regional office within 48 hours after making the report to the SCR.

# Following up the Call

- Within 48 hours
- To SCR or Regional Office

**LDSS-2221-A** (Rev. 10/2002) FRONT

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

| Report Date | Case ID | Call ID |
|---|---|---|
| Time AM/PM : | Local Case # | Local Dist/Agency |

**SUBJECTS OF REPORT**

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

| Line # | Last Name | First Name | Aliases | Sex (M, F, Unk) | Birthday or Age Mo/Day/ Yr | Ethnic Code | Relation Code | Role | Lang. |
|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |

☐ MORE

| List Addresses and Telephone Numbers (Using Line Numbers From Above) | Telephone No. |
|---|---|
| | ( ) - - |
| | ( ) - - |
| | ( ) - - |

# Following up the Call

- Within 48 hours
- To SCR or Regional Office

**BASIS OF SUSPICIONS**

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "**ALL**".

| | | |
|---|---|---|
| ____ DOA/Fatality | ____ Child's Drug/Alcohol Use | ____ Swelling/Dislocation/Sprains |
| ____ Fractures | ____ Poisoning/Noxious Substances | ____ Educational Neglect |
| ____ Internal Injuries (i.e. Subdural Hematoma) | ____ Choking/Twisting/Shaking | ____ Emotional Neglect |
| ____ Lacerations/Bruises/Welts | ____ Lack of Medical Care | ____ Inadequate Food/ Clothing/Shelter |
| ____ Burns/Scalding | ____ Malnutrition/Failure to Thrive | ____ Lack of Supervision |
| ____ Excessive Corporal Punishment | ____ Sexual Abuse | ____ Abandonment |
| ____ Inappropriate Isolation/Restraint(Institutional Abuse Only) | ____ Inadequate Guardianship | ____ Parent's Drug/Alcohol Misuse |
| ____ Inappropriate Custodial Conduct(Institutional Abuse Only) | ____ Other specify) ____ | |

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)

MO

DAY

YR

The Mandated Reporter Requests Finding of Investigation ☐ YES ☐ NO

# Following up the Call

- Within 48 hours
- To SCR or Regional Office

| *CONFIDENTIAL* | | SOURCE(S) OF REPORT | | *CONFIDENTIAL* |
|---|---|---|---|---|
| NAME | TELEPHONE ( ) - | NAME | | TELEPHONE ( ) - |
| ADDRESS | | ADDRESS | | |
| AGENCY/INSTITUTION | | AGENCY/INSTITUTION | | |

**RELATIONSHIP ( ✓ = REPORTER, X = SOURCE)**

___ Med. Exam/Coroner ___ Physician ___ Hosp. Staff ___ Law Enforcement ___ Neighbor ___ Relative ___ Instit. Staff

___ Social Services ___ Public Health ___ Mental Health ___ School Staff ___ Other Specify)

| **For Use By Physicians** | Medical Diagnosis on Child | Signature of Physician who examined/treated child<br>X | Telephone No.<br>( ) - |
|---|---|---|---|
| | Hospitalization Required: ☐ None | ☐ Under 1 week | ☐ 1-2 weeks ☐ Over 2 weeks |

| Actions Taken Or About To Be Taken | | | | |
|---|---|---|---|---|
| | ☐ Medical Exam | ☐ X-Ray | ☐ Removal/Keeping | ☐ Not. Med Exam/Coroner |
| | ☐ Photographs | ☐ Hospitalization | ☐ Returning Home | ☐ Notified DA |

| Signature of Person Making This Report | Title | Date Submitted<br>Mo. Day Yr. |
|---|---|---|
| | | |

# What about Confidentiality?

- Both the IAB report and the resulting investigation materials have confidentiality protection in the Law.
- The source of a report has additional confidentiality protections. Only certain people in certain circumstances, such as a Court or a D.A.'s office, may gain access to source information. For all others authorized by law to see the record, the information identifying the source will be removed (redacted) from the material before it is sent.
- All information maintained by a mandated reporter concerning a report of suspected Child Abuse and Maltreatment should be kept confidential.

# Who can be an IAB "Subject"?

- Any person who is a director, operator, employee or volunteer:
  - of a residential care facility or program
  - with any entity that provides goods or services to an agency pursuant to a contract, and who has the potential for regular and substantial contact with children in residential care

**REMEMBER THAT AS A MANDATED REPORTER YOU MUST ALSO CAUSE A REPORT TO BE MADE IF THE SUBJECT IS:**

- Any parent, guardian, or other person eighteen years of age or older legally responsible for a child reported to the SCR. These reports will be investigated by the appropriate local district child protective services unit.

# Summary of events in an IAB Investigation:

- The report is transmitted by the SCR to the appropriate Regional Office
- A 24 Hour Safety Assessment is completed
- Notification letters are provided to the subject(s), facility, parent and custodial agency
- A 7 Day Investigation Status Assessment is completed
- Interviews are conducted with all relevant parties
- Any pertinent documentation from facilities, hospitals, etc. is collected and reviewed
- An Exit Interview may be held
- A Determination is made of either unfounded or indicated
- Determination letters are provided to subject(s), facility, parent and custodial agency
- Letters of Concern may be sent
- Remediation & Corrective Action Plans

# Making the Determination

- The investigator will weigh all information and apply it to definitions and requirements of Social Services Law.
- The investigator will add any individual(s) and/or allegations identified during the investigative process.
- The investigator will “indicate” or “unfound” a report of abuse and/or neglect within 60 days.
- “Indicated” means that at least one allegation in a report is “substantiated” by the existence of some credible evidence.
- “Unfounded” means that all allegations in a report are “unsubstantiated” or not supported by some credible evidence”
- “Some Credible Evidence” means information worthy of belief

# Rights of the Subject

- The subject has the right to request a copy of the report and its determination by writing to the SCR.

  Information released to the subject of the report is edited to protect the confidentiality of the source and possibly others
- The subject has the right to appeal any Indicated determinations against him or her. This includes the right to an Administrative Review and, if necessary, a Fair Hearing.

# OCFS Regional Offices

Albany Regional Office
155 Washington Avenue
Albany, NY 12210
(518) 486-7078

Buffalo Regional Office
545 Ellicott Square Bldg
Buffalo, NY 14203
(716) 847-3145

New York City Regional Office
80 Maiden Lane 5th Floor
New York, NY 10038
(212) 383-1788

Rochester Regional Office
259 Monroe Ave.
Monroe Square 3rd Floor
Rochester, NY 14607
(585) 238-8201

Syracuse Regional Office
2 Clinton Square, Suite 350
Syracuse, NY 13202
(315) 423-1200

Yonkers Regional Office
525 Nepperhan Ave. Suite 201
Yonkers, NY 10703
(914) 377-2080

# Regional Office Jurisdictions

| Rochester | Buffalo | New York City |
|---|---|---|
| Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates | Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming | Bronx, Brooklyn, Manhattan, Queens, Staten Island |
| **Albany** | **Syracuse** | **Yonkers** |
| Albany, Clinton, Columbia,Delaware, Essex, Franklin, Fulton Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington | Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tioga, Tompkins | Ulster, Sullivan, Dutchess, Putnam, Nassau, Orange, Suffolk, Rockland, Westchester |