

**Welcome to the Child Abuse Prevention Center's
Mandated Child Abuse Reporter Training (MCART)
for Birth & Beyond.**

This Participant Guide is designed to supplement the three-hour training conducted through Zoom. You can take notes on this document and use it to refer to in the future. On the top right corner of each slide in the PowerPoint presentation, you will see the page number of the Participant Guide that corresponds with the information being presented on that slide.



Culturally Responsive Practice

- How has your culture been shaped your thoughts, beliefs, and actions?
- How has your culture influenced your ideas of acceptable child behavior and discipline?
- How has your culture influenced your reactions to stress, trauma, and abuse?

Notes:

How do we Honor a Family's Culture?

- When serving families, how do you engage with them to understand their culture?
- How might culture influence the ideas of acceptable child behavior and discipline in the families you serve or will be serving?
- How might culture influence the ways the families you serve react to stress, trauma, and abuse?

Notes:

Protective Factors

Defining the Five Protective Factors

Families are supported to build:

Parental Resilience

The ability to recover from difficult life experiences, and often to be strengthened by and even transformed by those experiences.

Social Connections

The ability and opportunity to develop positive relationships that lessen stress and isolation and help to build a supportive network.

Knowledge of Parenting and Child Development

The ability to exercise effective parenting strategies to guide and know what to expect as children develop in multiple domains (physical, cognitive, language and social and emotional).

Social and Emotional Competence of Children

Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions and establish and maintain relationships.

Concrete Support in Times of Need

Access to supports and services that reduce stress and help to make families stronger.

COVERED FOR THE STATE OF CONNECTICUT

strengthening families
A PROTECTIVE FACTORS INITIATIVE

CHILDREN'S
TRUST FUND
Alliance

ctfalliance.org/protective-factors

Safely Surrendered Baby Law



The [Safely Surrendered Baby Law](#) was created in 2001 and the intent to prevent the abandonment of infants. This law allows parents of infants 72-hours of age or younger to surrender their baby at a designated location, typically a fire station or hospital, with no questions asked. A parent can drop the baby off with a staff member at the designated location. The baby and the parent will both receive a wrist band so that if the parent changes their mind, they can come back and reclaim the baby within 14 days. To find a safe surrender location, call 1(877)222-9723.

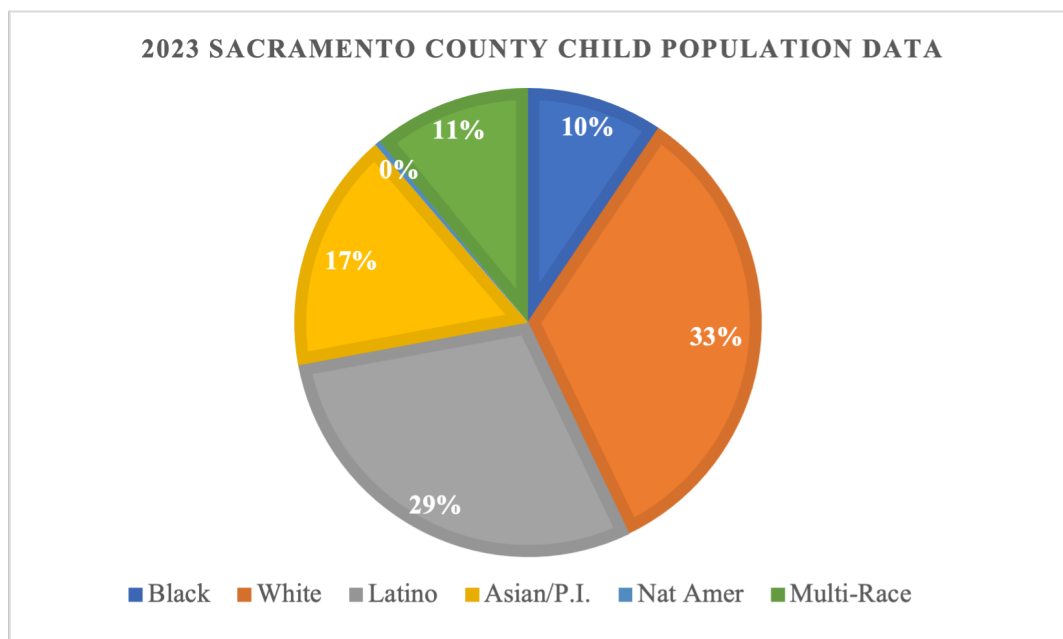
2022 Sacramento County Child Welfare Data

(Webster et al, 2022)

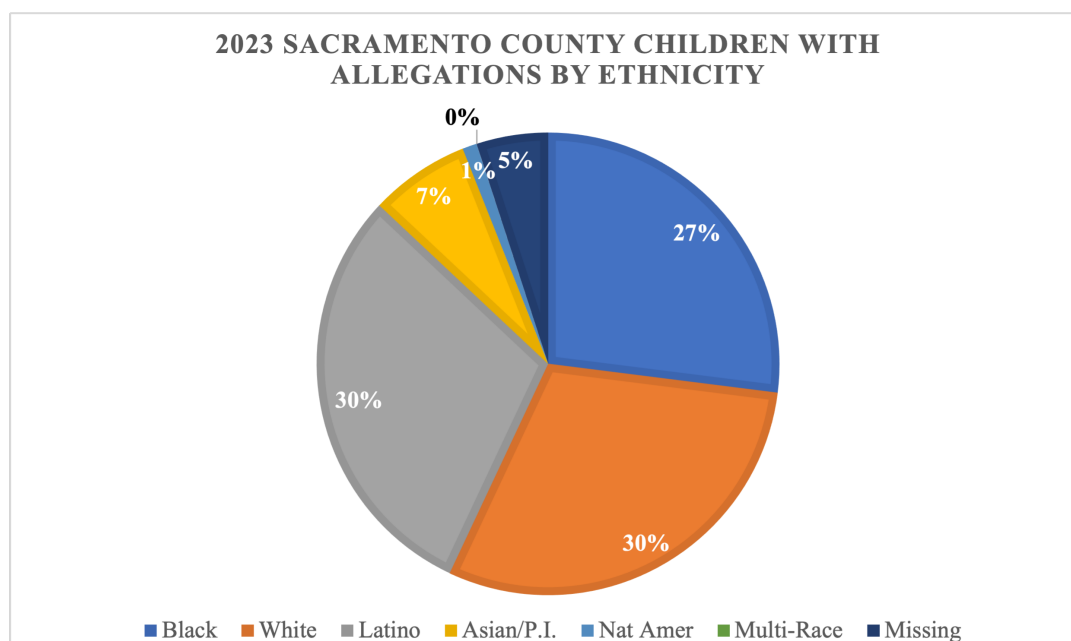
Disposition Data

Disposition Type	Number of Reports/Percent of Total Reports Filed
Substantiated	2,074 (9.9%)
Inconclusive	5,406 (25.9%)
Unfounded	4,599 (22%)
Information Only/Evaluated Out	8,736 (41.8%)
Not Yet Determined	63 (0.3%)
Total Reports Filed in 2022	20,878

The chart below shows the Sacramento County child population by race/ethnicity.



The chart below shows the percent of children with CPS allegations by race/ethnicity.



Mandated Reporter Defined

A Mandated Reporter is “an administrator, board member, or employee of a public or private organization whose duties require direct contact and supervision of children, including a foster family agency” (CPC 11165.7(a)(8)).

Here are some examples of people who are designated as Mandated Reporters:

Public & Private School Teachers, T.As., & Administrators	Classified School Employees
Childcare Providers	Healthcare Providers
Public Health Employees	Paramedics & EMTS
Dentists & Dental Hygienists	Optometrists
Mental Health & Counseling Professionals	Coroners & Medical Examiners
Clergy Members	Firefighters
Law Enforcement	Animal Control & Humane Society Officers
Probation & Parole Officers	Public Assistance Workers
Social Workers	Child Protective Agency Workers
Child Visitation Monitors	Youth Camp/Recreation Program Employees
Foster Parents	Foster & Group Home Personnel
Film & Video Processors	CASA Workers
Coaches & Coaching Staff	Volunteers are NOT Mandated Reporters
Commercial Computer Technician	Qualified Autism Service Providers

Note: This is not an exhaustive list of mandated reporters and is used only to provide examples of roles designated as mandated reporters.

When to Report Child Abuse

“A mandated reporter shall make a report to [CPS or Non-Emergency Law Enforcement] whenever the mandated reporter, in the mandated reporter’s *professional capacity* or *within the scope of the mandated reporter’s employment*, has *knowledge of or observes* a child whom the mandated reporter *knows or reasonably suspects* has been the victim of child abuse or neglect.” (CPC 11166(a))

Reasonable Suspicion

“‘Reasonable suspicion’ means that it is *objectively reasonable* for a person to entertain a suspicion, based upon facts that could cause a *reasonable person in a like position*, drawing, when appropriate, on the person’s training and experience, *to suspect child abuse or neglect*. ‘Reasonable suspicion’ *does not require certainty* that child abuse or neglect has occurred *nor does it require a specific medical indication* of child abuse or neglect; *any ‘reasonable suspicion’ is sufficient.*” (CPC 11166(a)(1))

Protections for Mandated Reports

- Immune from civil and criminal liability (CPC 11172(a))
- Can receive up to \$50,000 to cover legal fees (CPC 11172(e)(1))
- Confidentiality
 - The identity of the mandated reporter will not be disclosed to the parents/caregivers or anyone other than investigating agencies (CPC 11167(d)(1))
 - The identity of the mandated reporter will not be disclosed to the mandated reporter’s employer (CPC 11167(d)(2))
- Employer cannot impede or inhibit reporting duties and cannot sanction and employee for completing a report (CPC 11166(i)(1))
- Mandated reporters are not required to notify the caregivers that a report has been filed.

Reporting Responsibility

(E)(i)(1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article. An internal policy shall not direct an employee to allow the employee’s supervisor to file or process a mandated report under any circumstances.

Failing to Report

A mandated reporter who fails to complete a report can be charged with a misdemeanor punishable by up to six months in a county jail and/or with a fine of \$1,000. The mandated reporter can also be liable for damages in a civil suit and can lose any professional license or credential (CPC 11166(c); Landeros v. Flood, 1976).

Birth & Beyond Policy and Procedure

- A. Should staff identify safety concerns for any family member in the BBCR program, staff will not wait for supervision and will immediately consult with a BBCR site supervisor.
- B. The supervisor will immediately review the case with the staff member and/or the family's home visitor.
- C. The supervisor will decide to do one or more of the following:
 - a. Make a CPS report by calling (916)875-KIDS.
 - b. Request the BBCR staff to continue to monitor the family and report back to their direct supervisor and the Multidisciplinary Resource Team (MRT).
 - c. Make an immediate home visit with the home visitor to further assess for safety.
 - d. Contact the appropriate MRT specialist to assist with assessment.
 - e. Contact the supervisor of the MRT specialist for consultation, if MRT specialist is unavailable.
 - f. Contact Birth & Beyond Community Response DCFAS Program Planner(s) for consultation.
 - g. Advise family to seek medical assistance.
 - h. Call 911.
 - i. Complete a BBCR Critical Incident Report.

If a CPS Report Must be Submitted

- 1) Within 24 hours or as soon as safely possible, call Child Protective Services at (916)875-KIDS

and

- 2) Within 36 hours, write and submit to CPS a DOJ Suspected Child Abuse Report (Form SS-8572). Include the name and contact information for both the mandated reporter and their immediate supervisor.

Documentation and Notification

1. Staff will document the safety situation and outcome and place in the appropriate BBCR family case file. If no case file exists, documentation will be filed in a designated secure area.
2. BBCR management will follow agency notification protocol.
3. The appropriate BBCR management will follow the Critical Incident Report Policy, if applicable.
4. In the event a CPS report was made, mandated reporters have the right to ask what action will be taken.

Engaging with a Caregiver

- During your first visit, share your role as a mandated reporter.
- Create a relationship.
- Listen to their experiences.
- Recognize and support their strengths.
- Be interested, person-centered, and advocate.
- Listen, validate, respect, and normalize their concerns.

Engaging Children

- Use play.
- Be interested.
- Ask open-ended questions.
- Manage your own emotional responses.

Neglect

General Caregiver Indicators of Abuse or Neglect

- Lacks understanding of healthy child development.
- Negative perception of child.
- Unaddressed stressors.

Definition of Neglect

“. . .failure of a parent(s)/guardians or caretakers(s) to provide the care and protection necessary for the child’s healthy growth and development.”

Environmental Challenges

- Unsanitary conditions, extreme dirt or filth
- Lack of heating or plumbing in the home
- Fire hazards
- Harmful substances within reach of a child
- Guns or other weapons not properly secured
- Trash, rotted food, insects, animal waste
- Choking hazards

Child Behavioral Indicators of Neglect

- Unable to form healthy attachments or clingy/indiscriminate attachments
- Withdrawal from social activities/friends
- Extreme changes in behavior and/or school performance
- Depression or anxiety
- Fear of going home
- Antisocial or destructive behavior
- Taking money without permission
- Stealing or hoarding food

Child Physical Indicators of Neglect

- Poor growth or weight gain
- Lack of medical, dental, or mental healthcare
- Poor hygiene
- Speech or eating disorders
- Runaway attempts
- Self-harm, suicide attempts

Child Abuse Definition

“Nonaccidental commission of injuries against the child by or allowed by a parent(s)/guardian(s) or other person(s). The term also includes emotional, physical, severe physical, and sexual abuse as defined in [WIC] Sections 31-002(c)(7) (A) through (D).”

Definition of Physical Abuse

“Nonaccidental bodily injury that has been or is being inflicted on a child. It includes, but is not limited to, those forms of abuse defined by Penal Code Sections 11165.3 and 11165.4 as ‘willful cruelty or unjustifiable punishment or a child’ and ‘corporal punishment or injury.’”

Unlawful Corporal Punishment

“Any person willfully inflicts upon any child any cruel or inhuman corporal punishment or injury resulting in a traumatic condition.”

Child General Indicators of Physical Abuse

- Withdrawal from social activities, friends
- Extreme changes in behavior and school performance
- Depression or anxiety
- Fear of going home
- Attempts to run away
- Self-harm, suicide attempts

Child Indicators of Physical Abuse – Children 0-5 Years Old

- Unexplained injuries
- Repeated injuries
- Afraid of parents, caregiver, or other adults
- Cry and fight when it's time to go home/daycare

Characteristics of an Injury

- Size
- Shape
- Location
- Child's level of development
- Correlation between injury and explanation of how the injury occurred.

Emotional Abuse

Definition of Emotional Abuse

“. . .nonphysical mistreatment, the results of which may be characterized by disturbed behavior on the part of the child such as severe withdrawal, regression, bizarre behavior, hyperactivity, or dangerous acting-out behavior. Such disturbed behavior is not deemed, in and of itself, to be evidence of emotional abuse.”

Child General Indicators of Emotional Abuse

- Delayed or atypical emotional development
- Regress to previous developmental levels
- Decrease in school performance
- Poor self-esteem
- Loss of interest and/or withdrawal
- Depression

Child Indicators of Emotional Abuse – Children 0-5 Years Old

- Excessively clingy or avoids parents' affections
- Less talkative or stop communicating
- Acting "parental" towards other children
- Headaches or stomachaches without other medical cause
- Believes they are a bad person

Sexual Abuse

Definition of Sexual Abuse

“. . .the victimization of a child by sexual activities, including, but not limited to, those activities defined in Penal Code Section 11165.1.”

“Child sexual abuse includes sexual assault or sexual exploitation of anyone under the age of 18. Sexual assault includes sex acts with children, intentional masturbation in the presence of children, and child molestation. Sexual exploitation includes preparing, selling, or distributing pornographic materials involving children; performances involving obscene sexual conduct; and child prostitution.”

Concerning Adult Behaviors

(Stop it Now!, n.d)

Personal Space	Relationships with Children	Conversations/ Behaviors Around Children
<ul style="list-style-type: none"> • Ignoring a child's physical/emotional boundaries • Hugging/touching when a child doesn't want to 	<ul style="list-style-type: none"> • Too good to be true • Buying gifts for seemingly nothing in return • Turns to child for physical/emotional comfort 	<ul style="list-style-type: none"> • Tells suggestive jokes around children • Exposes children to adult sexual interactions • Overly interested in a child's sexuality

Child Indicators of Sexual Abuse

- Disclosure of abuse
- Sexual behavior/knowledge not typical for the child's age and/or developmental level
- Inappropriate sexual contact with other children
- Pregnancy or STI
- Blood in underwear

Child Indicators of Sexual Abuse – Children 0-5 Years Old

- Pain, itching, bleeding bruises around genital area
- Difficult walking or sitting
- Urinary Tract Infections
- Insist on wearing multiple undergarments
- Sexual knowledge, curiosity, behavior beyond age/level of development
- Regress to previous developmental level

Completing a Mandated Child Abuse Report

(CPC 11166(a))

Mandated Reporters are required to submit *both* a phone report *and* written report.

Phone Report

The phone number for Sacramento County CPS is (916)875-5437.

The phone report must be submitted *immediately*. The report will be submitted to either Child Protective Services (CPS) or Non-Emergency Law Enforcement depending on who the mandated reporter believes the suspect to be.

Report to CPS when:

- The suspect is in the home.
- The suspect is in the family.
- The suspect is unknown.

Report to Non-Emergency Law Enforcement when:

- The suspect is a third party (e.g., daycare provider, coach, neighbor, teacher)

Licensed childcare facilities must also report to Community Care Licensing in addition to submitting both a phone report and written report to CPS or Non-Emergency Law Enforcement.

When making the phone report, be prepared to provide the following information:

- Your name, business address, and business phone number
 - *Note: Mandated Reporters **CANNOT** report anonymously and must provide their contact information when reporting.*
- Child's name, address, present location, school, grade, and class
- Names, addresses, and phone numbers of child's caregivers
- Names, addresses, and phone numbers of suspect(s)
- Potential COVID-19 exposure
- Information that gave rise to reasonable suspicion or knowledge of abuse

Note: Missing some of the information above does not excuse the mandated reporter from completing a report. A mandated reporter is responsible for submitting the report with the information they have.

Written Report

- The written report must be completed on the DOJ Suspected Child Abuse Report (SCAR) form. The form can be accessed here:
https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf

Note: Missing some of the information request on the SCAR does not excuse the mandated reporter from completing a report. A mandated reporter is responsible for submitting the report with the information they have.

- While the phone report must be submitted immediately, a mandated reporter has **36-hours** from the time they obtained knowledge or reasonable suspicion about abuse to submit the written portion.
- If submitting the report to Non-Emergency Law Enforcement, ask the agency, when making the phone report, for the fax number to submit the written report

- If submitting the report to Sacramento County CPS, the report can be submitted by fax at (916)874-4002 or online at <https://dcfas.saccounty.net/CPS/Pages/Emergency-Response/GI-SuspectedChildAbuseOnlineForm.aspx>
 - The above website is password protected. There is a password that changes every day. When you submit the phone report, ask the Intake Social Worker who takes your phone report for the password of the day to access the online form.

Note: It is important to keep a copy of your written report and note the name of the person who took your phone report. Ask your supervisor where copies of the report should be filed at your agency.

Practice Completing a Report

Questions to consider while completing the report:

- What are the physical and behavioral indicators of possible child abuse?
- What risk factors exist for this family?
- What protective factors exist for this family?
- How is your site able to help the family?
- What referrals to community resources could your site make for this family?

Scenario 1: Juanita (Mom), Carlos (Dad), Esmé (13yrs, daughter), José (10yrs, son) and Alejandra (9mos, daughter)

You have been having home visits with Juanita and her children for about three months. There is a history of domestic violence with the children's biological father, Carlos. He has used drugs and was deported shortly after Juanita left him. Esmé and José are dealing with difficult behaviors and exhibiting some mental health concerns, including self-harm, depression, and extreme anxiety. Esmé also has special medical needs caused by a cancerous tumor in her brain. During a visit,

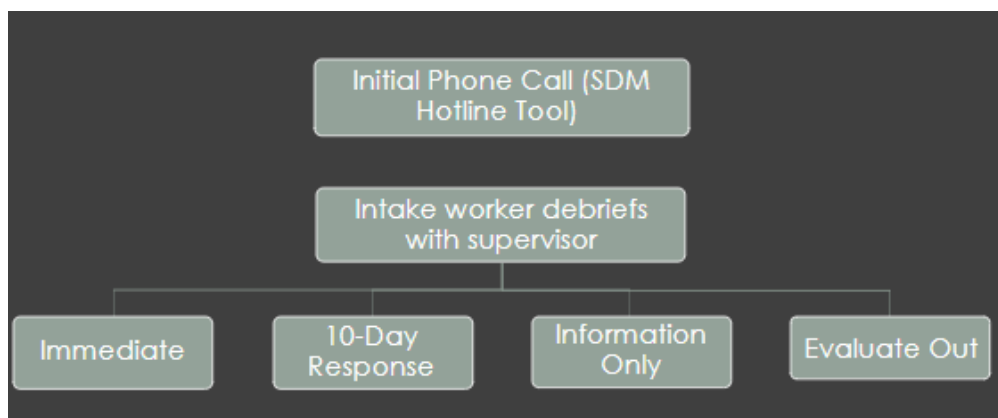
Juanita disclosed Esmé told her she had been touched sexually by Carlos when he lived with them. Juanita shared she did not know Carlos had done this. This was the first time Esmé had disclosed sexual abuse. Juanita was distraught and emotional during the visit. Carlos has been living in a different country for more than four years. Juanita and the children are safe and stable. When talking to your team leader, you addressed concerns that making a mandated report to CPS report would only add more stressors and challenges for Juanita. Juanita is doing everything possible to keep her children safe (enrolling in B&B home visitation, connecting with mental health services, applying for full custody of children, etc). The team leader suggested a good way to approach the report is to discuss it directly with Juanita and encourage her make the report with you.

Scenario 2: Nevaeh (Mom), James (Dad), Anthony (4yrs, son), Jude (3yrs, son)

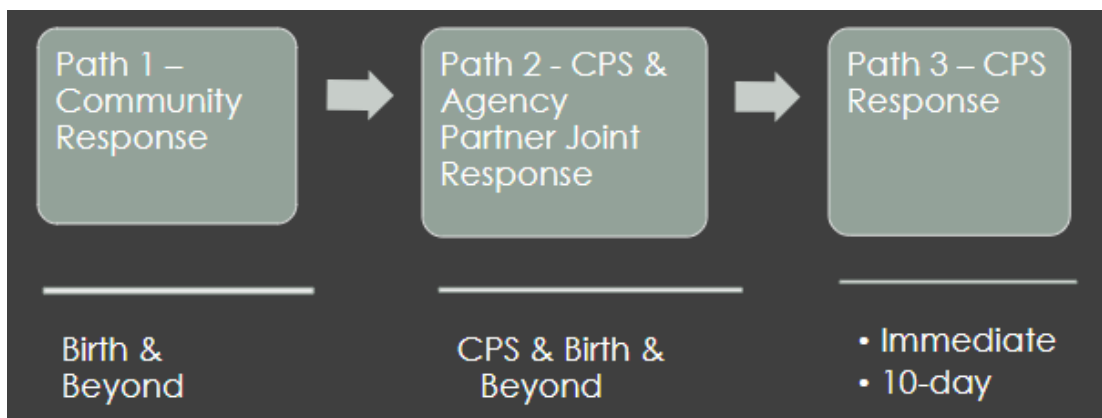
You arrived at the home for a scheduled appointment to bring toys to the home for the boys. You were running a bit behind and Nevaeh called. She said James was at work and wondered how long before you got there. She needed to run to the store for milk. She thought she could get to the store and back within 20 minutes. When you knocked on the door, no one answered. You could hear noise inside, so you knocked again. Still no one came to the door. You called Nevaeh and she said she was on her way back and would be there shortly. After about ten minutes Nevaeh arrived with Jude. When she opened the door, you immediately saw a girl who appeared to be about 10 years old. Nevaeh said she had been taking care of the girl, Daisy, and her 2-year-old sister, Penelope. Both Anthony and Penelope were asleep on the couch. Nevaeh said she had taken advantage of the younger babies sleeping and Daisy being in the home to go to the store. Daisy had her own cellphone in case she needed to call someone and knew not to open the door.

Nevaeh explained expectations she gave Daisy and what to do if there was an emergency. Daisy knew to call Nevaeh or 911 if there was an emergency or to seek help from their upstairs neighbor. Daisy also knew that if someone attempted to break into the home, she should run to one of the back bedrooms, taking the other children with her, and to lock the door.

CPS Decision Making Process



Sacramento County CPS Interventions – Differential Response



Disposition

NAME OF AGENCY:	Sacramento County DHHS	DEPARTMENT/ DIVISION:	Child Protective Services
STREET ADDRESS:	6015 Watt Avenue		
CITY AND ZIP CODE:	Sacramento, California 95660	COUNTY:	Sacramento
NAME OF SOCIAL WORKER	CASELOAD ID	TELEPHONE	
Social Worker A		(916) 875-1234	
EMERGENCY RESPONSE NOTICE OF REFERRAL DISPOSITION			
NAME OF CHILD(REN)		CHILD ID NUMBER	
Baby Doe			
		REFERRAL NUMBER	

John Doe
 P. O. Box 269057
 Sacramento, California 95826

The above named family or child was referred by you to this agency for Emergency Response intervention on:

The result of the initial Emergency Response intervention is:

- Does not meet the State requirements for intervention
- Allegations appear to be unfounded - case closed
- Allegations cannot be substantiated - case closed
- Situation stabilized - case closed
- Family has agreed to voluntary Social Services
- Case open for service
- Referred to community agency
- Referred to Juvenile Court for Investigation

_____ (Worker)

_____ (Phone #)

_____ (Agency Name)

_____ (Agency Phone #)

COMMENTS:

Social Worker A

Anitra McMillon

4/8/08

(Date)

_____ (Caseload Number)

_____ (Title)

(916) 875-1234

(Telephone Number)

Important Phone Numbers

Sacramento County CPS Reporting Hotline: (916)875-KIDS

CAPC Information & Referral Line: (916)244-1906

24-Hour Parent Support Line: 1(888)281-3000

Additional Resources

[The Adverse Childhood Experiences Study \(ACE\)](#) is a joint project of Kaiser Permanente and the Centers for Disease Control and Prevention that studied the impact of traumatic events experienced between the ages of 0-17 on the children's lifelong health outcomes.

California Penal Code section of the [Child Abuse and Neglect Reporting Act](#)

[The CWS/CMS Dynamic Report System](#), maintained by the UC Berkeley School of Social Welfare, contains data on Child Welfare Services.

For information on evidence-based child abuse prevention and child welfare strategies, visit the [California Evidence-Based Clearinghouse for Child Welfare](#)

[Polaris](#) is an agency working to end human trafficking. Visit their website to learn more about Commercial Sexual Exploitation of Children (CSEC) and other forms of human trafficking.

[The Sacramento County Child Death Review Team](#) reviews the death of every child in Sacramento County. The primary function is to identify how and why children die in order to facilitate the creation and implementation of strategies to prevent future child deaths.

[The Sacramento County Department of Children, Family, and Adult Services Ombudsperson](#) is a neutral party who helps resolve complaints or answer questions about DCFAS Agency policies or practices. Click the link to view the Ombudsman's contact information.

[The Safely Surrendered Baby](#) law provides a safe alternative to abandonment of a newborn baby – up to 72 hours after birth.

[Shaken Baby Syndrome](#) is an injury that is the result of shaking a baby. Mandated Reporters who care for infants and toddlers should visit the Mayo Clinic article linked here to learn more.

Information about child abuse & neglect prevention and intervention are also available through the [US Department of Health & Human Services Child Welfare Information Gateway](#).

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