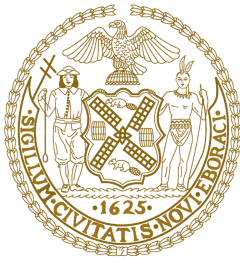


**REPORT OF THE  
MAYOR'S INTERAGENCY TASK FORCE  
ON CHILD WELFARE AND SAFETY  
NEW INITIATIVES AND STATUS UPDATE**



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**DECEMBER 11, 2006**

# **MAYOR'S INTERAGENCY TASK FORCE ON CHILD WELFARE AND SAFETY:**

## **New Medical Initiatives and Status Update**

### **Executive Summary**

In January 2006, following the tragic death of seven-year-old Nixzmary Brown, Mayor Michael Bloomberg announced a series of new city-wide initiatives to strengthen the City's response to child abuse, including the creation of the Mayor's Interagency Task Force on Child Welfare and Safety under Deputy Mayor Linda Gibbs, and directed by Task Force Director, Leslie Cornfeld. Since then there have been substantial interagency reforms that have enhanced the City's ability to protect its children -- through our teachers, police, child protection workers, caregivers and others, as well as all relevant city agencies.

On March 29, 2006, the Interagency Task Force released its report (the "Report") announcing a host of initiatives that were being immediately implemented to better protect the children of our City as a result of areas identified through the Nixzmary Brown tragedy. Those initiatives focused on strengthening the protocols and partnership between child welfare, our school system and law enforcement in targeted areas.

Since then the Task Force has expedited and closely monitored implementation of those reforms to ensure the enhanced protection of our City's children -- in areas ranging from better reporting of abuse, neglect and chronic absences at schools, enhanced police response in child abuse cases, to improved investigative efforts by ACS. The successful results of these initiatives are enumerated in Section II below.

The Report further specified that the Task Force would next address the medical/hospital response to child abuse throughout the City. This decision resulted from its findings that there were several areas within the medical community where interagency and intra-agency responses to child abuse and neglect needed to be strengthened; and that new approaches were necessary in certain areas going forward.

As a result, after several months of inquiry and outreach, the Task Force is announcing a host of new initiatives, to again be implemented on an expedited timeframe. These reflect an unprecedented city-wide effort to strengthen our City's response to child abuse and neglect within the medical community through interagency partnerships and protocols, including:

- Implementing New 911/EMS Ambulance Response Protocol for Suspected Child Abuse and Neglect; and Creation of Specialized Child Abuse/Neglect Emergency Departments Citywide;
- Launching Unprecedented Citywide Medical Training and Awareness Campaign – the “Blanket-the-City” Initiative Targeting all Healthcare Providers Who Interact With Children At All Public and Private Hospitals and Clinics in New York City;
- Requiring, For First Time Ever, Abuse and Neglect Training for All Healthcare Providers Who Intersect with Children at all HHC Hospitals and Clinics; and for all Private Doctors with HHC Affiliations;
- Creating Mayor Bloomberg’s First Ever Citywide Video Message on Child Abuse to all Medical Mandated Reporters: A Call To Action, Which Will Be Electronically Broadcast to Thousands of Healthcare and Daycare Workers Citywide;
- Creating Child Safety Coordinators at All Public and Private Hospitals to Enhance Citywide Coordination; and Placing Trained “Medical Consultants” (Trained Nurse Practitioners) and “Medical Liaisons” in All ACS Field Offices;
- Implementing Outreach Programs Targeting Hard-to-Reach Medical Providers in High Need Communities;
- Creating Additional Co-Located Child Advocacy Centers; and
- Implementing Daycare/Childcare Training Initiative Targeting all 2,000-Plus City-Regulated Facilities Citywide Within Three Months; and Immediately Seeking to Strengthen Child Abuse Training Requirements for City Child Care Services by Requiring Such Training For Group Childcare Service Staff At City-Regulated Facilities as a Condition to Obtaining an Initial or Renewal Permit For City Regulated Providers.

Several of these initiatives were provided at a New York City Council hearing on Reporting Child Abuse and Neglect, held on October 26, 2006, where they were praised by the Council Chairperson conducting the hearing, stating: “we need this kind of extremely aggressive approach in terms of reaching out, in particular through the medical community...and I hope that others around the country will also take note [of these initiatives]...These are models that could be used anywhere, and we are obviously concerned to stop child abuse everywhere.”

It is the hope of the Task Force that these initiatives will help bring our City closer to achieving that objective.

## **Section I**

### **New Initiatives: Strengthening the Medical Community's Response to Child Abuse and Neglect**

#### **Overview:**

Medical providers and health care/mental health personnel are often on the front lines in identifying, handling and reporting child abuse and neglect in our City, providing them with a unique opportunity to identify and prevent such abuse. Moreover, by law, medical and healthcare personnel are “mandated reporters” and are required to report abuse and neglect when they have “reasonable cause to suspect” abuse or maltreatment.<sup>1</sup>

Approximately eight percent (8%) of all abuse and neglect cases last year were reported by medical/mental health personnel -- totaling approximately 4,000 cases. As the chart below demonstrates, most mandated reporters from other areas such as law enforcement, education, and social services, were slightly to significantly above that rate.

**SCR Reports by Reporter (2002 – 2006)**

Reporter	2002		2003		2004		2005		2006	
	Total	% of Total	Total	% of Total	Total	% of Total	Total	% of Total	Total	% of Total
Child Care/Substitute Care Personnel	547.0	1.0%	496.0	0.9%	452.0	0.9%	530.0	1.1%	586.0	1.1%
Educational Personnel	15060.0	27.0%	14898.0	28.2%	13600.0	27.8%	13566.0	28.5%	17127.0	30.8%
Law Enforcement	6195.0	11.1%	5649.0	10.7%	4920.0	10.1%	4580.0	9.6%	4957.0	8.9%
Medical/Mental Health Personnel	4595.0	8.3%	4218.0	8.0%	3952.0	8.1%	3860.0	8.1%	4080.0	7.3%
Mandated-Other	296.0	0.5%	303.0	0.6%	206.0	0.4%	177.0	0.4%	155.0	0.3%
Social Service Personnel	9691.0	17.4%	8823.0	16.7%	8502.0	17.4%	8739.0	18.3%	10001.0	18.0%
Anonymous	7902.0	14.2%	7966.0	15.1%	7454.0	15.3%	6497.0	13.6%	7276.0	13.1%
Friends/Neighbors/Other Relatives	4070.0	7.3%	3628.0	6.9%	3189.0	6.5%	3267.0	6.9%	3883.0	7.0%
Non-Mandated-Other	4896.0	8.8%	4532.0	8.6%	4405.0	9.0%	4273.0	9.0%	5080.0	9.1%
Parent	2420.0	4.3%	2241.0	4.2%	2178.0	4.5%	2138.0	4.5%	2403.0	4.3%
Foster Parent	17.0	0.0%	14.0	0.0%	9.0	0.0%	20.0	0.0%	19.0	0.0%
<b>Total</b>	<b>55689.0</b>	<b>100.0%</b>	<b>52768.0</b>	<b>100.0%</b>	<b>48867.0</b>	<b>100.0%</b>	<b>47647.0</b>	<b>100.0%</b>	<b>55567.0</b>	<b>100.0%</b>

The Task Force’s outreach efforts, and recent cases, have suggested a need to target the medical community -- from hospital-based physicians and nurse practitioners to private doctors and healthcare workers -- to ensure that cases of suspected child abuse are being reported as they should be.

Throughout its investigation, the Task Force observed the extraordinary talent and dedication of the medical/mental health community, and its commitment to

<sup>1</sup> Pursuant to NY CLS Soc Serv. Law, Section 413, mandated reporters include but are not limited to any physician, registered physician assistant, surgeon, medical examiner, dentist, dental hygienist, osteopath, optometrist, chiropractor, podiatrist, intern resident, psychologist, registered nurse, social worker, emergency medical technician, licensed mental health counselor, hospital personnel engaged in the admission, examination, care or treatment of persons, day care center worker, provider of family or group family day care.

protecting the children of our City. Yet the Task Force's inquiry also found that there were areas where the medical response could be significantly strengthened as is detailed in Section I below.

The Task Force's outreach included discussions with approximately one hundred individuals covering all aspects of child safety in the medical community -- from health care workers at municipal and private hospitals and clinics, physicians, emergency room doctors, nurse practitioners, social workers, mental health professionals, to Commissioners and staff of city and state agencies, directors and staff at child advocacy and child protection centers, to police officers, school officials, fire department and EMS officials, district attorneys, and case workers. In addition, the Task Force conducted data analysis, on-site visits, a city-wide survey of child protection centers, and round table discussions with all levels of the medical community.

The new initiatives reflect an extraordinary interagency partnership on a city and state level -- as well as with non-governmental entities to assist in strengthening and expanding our efforts. The success of these initiatives is a result of the focused and proactive work of Interagency Task Force members, and of the Task Force's Medical and Child Advocacy Center Workgroups, which includes senior representatives from: the Administration for Children's Services (ACS), the New York City Health & Hospitals Corporation (HHC), New York City Police Department (NYPD), Fire Department (FDNY), NY State Office of Children and Family Services (OCFS), Mayor's Criminal Justice Coordinators Office (CJC), the District Attorneys Offices (DAs), Greater New York Hospital Association (GNYHA), Department of Health and Mental Hygiene (DOHMH), chief pediatricians and medical directors from municipal and non-municipal hospitals throughout the City, representatives of Child Advocacy Centers, Child Protection Centers, and various medical associations, including the American Academy of Pediatrics, American College of Emergency Physicians, and the American College of Surgeons.

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The result is an unprecedented city-wide campaign to strengthen the way child abuse and neglect is handled in our City in connection with the medical community. The initiatives that are being implemented immediately are set forth below.

## New Initiatives:

### ***Citywide Medical Training & Awareness Campaign: Expanding Medical Expertise and Awareness for Abuse and Neglect throughout the City***

- **Unprecedented Citywide Abuse and Neglect Training of All Hospital Personnel Who Interact with Children:** HHC, GNYHA, OCFS, and selected medical societies will assist with an unprecedented citywide effort to train all health care providers who interact with children at all municipal and private hospitals in New York City. This “Blanket-the-City” training and awareness initiative will extend to thousands of health care personnel who interact with children -- from emergency room chiefs to nurse practitioners. The Task Force has partnered with OCFS and ACS to provide *customized* training for every NYC hospital, public and private -- through on-site teleconferences with call-in capacity (and pre-taped Video Message from the Mayor), on-site DVD presentations with facilitators, and off-site sessions where necessary; this campaign was launched this month.

Until now, there has been no uniform or citywide effort to train all hospital/medical personnel who interact with children in abuse and neglect on this scale.

Nor is there any requirement for child abuse training for medical mandated reporters who handle these cases or interact with children – other than a single two hour course required by the state for licensure. Nor has ongoing training been required for medical mandated reporters.

These initiatives will help fill that void in our City to better protect our children.

- **First Time Ever, New Continuing Education/Training Requirement:** HHC will mandate that all HHC medical/healthcare personnel who interact with children will be required to take child abuse and neglect “refresher” training every two years – and will offer such training regularly on-site. HHC will track participation to ensure compliance. Similar training will be made available on a regular basis and strongly encouraged by hospital leadership in all non-HHC hospitals, with enhanced incentives as set forth below.

- **New Focus of Medical Awareness and Training Campaign -- Not Only on Identifying and Reporting Abuse, But *Overcoming Reluctance to Report* within the Medical Community and Elsewhere:** The Task Force found that a new approach to “training” was required. Even among educated healthcare personnel, there is a *reluctance* to report suspicions of abuse and neglect, based on such concerns as further harming the child, removal, fear of retribution, reducing patient trust, and the burdens imposed after reporting. This reluctance is a major hurdle to overcome in reporting abuse and neglect, and has been insufficiently addressed in training and awareness efforts in the past. All new training will address this issue in an effort to overcome this obstacle to reporting.
  
- **Mayor Bloomberg Citywide Video Message to Mandated Reporters: A Call To Action:** The Mayor will record a short pre-taped message to all mandated reporters and other employees in the medical community who interact with children which will be shown at the beginning of all training sessions in the City -- and will be available electronically through internet/intranet sites of various public and private hospitals, HHC, GNYHA, DOHMH, ACS, and various medical societies. The message will subtly address the *reluctance* to report within the medical community -- and reinforce the view that calling the State Hotline will get children and their families the help they need.
  
- **Medical Awareness Campaign Will Target Municipal and Private Hospitals, and Private “Unaffiliated” Doctors in High-Need Communities Who Have Been Difficult To Reach and Engage in the Past:** This outreach will be accomplished through a variety of pre-existing vehicles, including:

  - Partnering between ACS and DOHMH in targeted, high-need communities as part of DOHMH’s outreach through office and clinic visits in these communities;
  - Electronic outreach through DOHMH and other intranet sources used by Medicaid managed care services and private healthcare providers, including electronic communications that target over 20,000 physicians who contract with managed care organizations that serve Medicaid recipients in the City;
  - Offering and promoting Continuing Medical Education (“CME”) credits for child abuse/safety training, where it was previously unavailable, to private doctors and others – and offering electronic access for parts of this training.

- **New Electronic Approach to Mandated Reporter Awareness and “Training”:** Regular “Electronic Child Safety Blasts” To All Mandated Reporters:
  - HHC and GNYHA will facilitate these communications through launching special alert messages and highlighting certain informational links on Child Abuse and Safety on their websites, and through electronic and other communications with members;
  - DOHMH will assist with electronic access to health care professionals and mental health professionals citywide, including through its Health Action Network (“HAN”) which reaches approximately 17,000 health care providers and administrators in New York City;
  - Several Medical Societies are partnering with the Task Force in on-going outreach to its members to ensure that a diverse group of healthcare professionals are reached, from pediatric dentists and nurses to surgeons, including the American Academy of Pediatrics, American College of Emergency Physicians, and American College of Surgeons.
  - The objective is to utilize existing, diverse channels of communication within the medical community in new ways to target hard-to-reach healthcare workers on an on-going basis -- by partnering with city and state agencies, public and private hospitals, and medical associations, to expand the scope of outreach.
  
- **Engaging Private Doctors:** HHC will require and offer child abuse training for all private doctors with HHC hospital privileges in NYC as part of its recertification and reappointment process every two years. GNYHA will strongly encourage and promote this training.
  
- **Child Abuse Training for Mandated Reporters in Private and Municipal Settings to be More Frequent and Easier to Access in NYC:** OCFS will offer regular customized-training sessions throughout the City throughout the year, and HHC, GNYHA, ACS, along with various medical societies, will promote and publicize this CME-accredited training on their websites.

Previously, it was difficult to receive such training due to limited offerings, limited CME availability, and limited communications regarding such training.

- **For First Time, All New Child Abuse and Awareness Training Will Qualify for Continuing Education Credits for Physicians and Nurses:** Through adjustments in the course curriculum and other areas, courses being implemented through these initiatives will now satisfy CME (physician) and CEU (nurse) requirements -- including courses being electronically offered, which were not previously eligible for such credit.

***Strengthening the Partnership between Medical Providers/Healthcare Workers and ACS, NYPD, and DAs***

- **“Child Safety Coordinators” Will Be Established at Every NYC Hospital:** To ensure better coordination and communication internally and externally, HHC and GNYHA will appoint at every New York City hospital a “Child Safety Coordinator” as the central point person for child abuse and neglect issues, for hospital staff and for other outside agencies, including ACS, and will be responsible, among other things, for serving as liaison with other agencies, coordinating and ensuring compliance with in-hospital training, compiling performance statistics, and coordinating requests for medical information.<sup>2</sup>

The Child Safety Coordinators from all NYC hospitals will meet twice a year with ACS and the NYPD to review protocols, performance, problem and best practice issues as set forth below.

The Child Safety Coordinator’s responsibilities will be clearly delineated and published in HHC and GNYHA materials.

- **Child Safety Coordinators From Each Hospital Will Be Known Internally and to the Necessary Agencies:** To ensure continued effectiveness the Child Safety Coordinator’s name and contact information will be kept current through electronic postings and updates on HHC and GNYHA websites every six months, and where feasible the name will be listed on the intranet of each hospital.
- **ACS Is Placing Trained ‘Medical Consultants’ and ‘Medical Liaisons’ in All ACS Field Offices:** ACS is placing trained nurse practitioners in its CPS field offices to serve as Medical Consultants to strengthen and support child protective staff in decision making, and to facilitate community-based services. (Consultants are currently being placed in the Brooklyn, Manhattan and Staten Island field offices, and will be placed in the other boroughs in the near future;

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<sup>2</sup> HHC had a similar program at its hospitals previously, which will now be reenergized and strengthened.

ACS will designate Medical Liaisons in the field offices to serve as the contacts for hospitals. ACS will list the names of these Medical Consultants and Liaisons on their websites and will provide updated contact information/listings to HHC and GNYHA regarding these consultants/liaisons every six months.

- **ACS Has Appointed For the First Time a Pediatrician to Serve as Assistant Commissioner:** This Assistant Commissioner, the first pediatrician to assume a key managerial position at ACS, will be responsible for, among other things, enhancing the agency's collaboration with the medical provider community, including hospitals and Child Advocacy/Protection Centers.
- **'NYC Child Safety Medical Summits' Will be Held Twice a Year By Borough With The Core Responders/Partnering Agencies for Child Abuse and Neglect:** Agencies including ACS, NYPD, Hospital Child Safety Coordinators and other relevant medical staff, Child Protection Center/Child Advocacy Center directors will convene to review current protocols, problem and best practice issues bi-annually. ACS will organize these meetings.

### ***New 911/EMS Ambulance Response Protocol for Suspected Child Abuse***

For several years there has been an effort to have EMS transport children who are the suspected victims of child abuse and neglect to hospital-based facilities that have a greater expertise in child abuse and neglect. The proposals have been unsuccessful to date.

The Task Force has developed a new model, which the Fire Department has embraced, whereby these children will be transported to certain 911 hospital emergency rooms that have been identified as satisfying the criteria for having a greater expertise in child abuse and neglect -- as long as that facility is within ten additional minutes of the closest available 911 emergency room. This protocol will not apply to children in "extremis" where urgent care needs require the closest available facility.

The criteria for being a new 911 emergency room with resources for Comprehensive Evaluation and Treatment of Child Abuse and Neglect (CETCAN facility) will be set forth in the FDNY Guidelines and Protocols, to include, among other criteria, that the facility have a designated Child Protection Team consisting at a minimum of a physician, nurse, social worker and mental health professional who have received specialized training on abuse and neglect, received specific state certifications in pediatrics or related areas; and that the

facility agrees to provide in-service child abuse training for designated emergency room staff at least annually and certifies compliance.

The objective of these new 911 criteria is to be all-inclusive in which facilities participate. Any 911 hospital emergency room that satisfies the criteria to be a CETCAN facility will be included in the 911 response protocol. The goal is to raise the quality of care for children who are the suspected victims of abuse and neglect at all New York City emergency rooms and hospitals.

- **Ambulances within the 911 System Will Adopt A New Protocol Whereby Certain Cases of Suspected Child Abuse Will Be Directed To An Emergency Room Identified as A Facility With Resources for Comprehensive Evaluation and Treatment of Child Abuse and Neglect (CETCAN) :** This FDNY-EMS protocol will apply to qualified municipal as well as private 911 hospital emergency rooms in the NYC EMS system.
- **All New York City Hospitals, Public and Private, Can Be Included In this 911 Protocol Upon Satisfying the CETCAN Criteria – Thus Expanding the Quality of Care Throughout the City for Victims of Suspected Child Abuse and Neglect:** Public and private hospitals that satisfy the criteria will be included in the protocol; and will continue to be included upon demonstrating continued compliance each year.
- **Child Abuse Messages Will Be Periodically Transmitted to the Computer Terminals of All 911-Responding Ambulances:** FDNY has commenced this program sending messages to all 911 ambulance terminals reminding personnel about child abuse issues.

### ***Creation of Additional Co-Located Child Advocacy Centers to Enhance Interagency Efforts to Prevent and Handle Child Abuse***

- **Interagency Coordination of Child Sexual and Physical Abuse Will Be Strengthened Thorough the Creation of New Co-Located CACs in the Bronx and Manhattan:** Co-located Child Advocacy or Protection Centers currently exist in Brooklyn, Queens and Staten Island whereby teams from ACS, NYPD, DAs and others work at the same location, which enhances interagency responses and coordination in child abuse and neglect cases. Plans are in-progress to create co-located sites in the Bronx and Manhattan to further strengthen interagency coordination and effectiveness.
- **Current Hospital-Based CACs/CPCs Will Partner With These Centers to Expand Availability of Medical Expertise in Child Abuse Cases; and to Expand the Critical Role of These Existing CACs/CPCs in This Area.**

## ***Childcare/Daycare: Making Training Mandatory and Expanding Awareness Citywide***

While not part of the original mandate of the Task Force, recent events and facts learned during the course of the Task Force inquiry, have led the Task Force to recommend that certain preliminary steps be immediately commenced in this area. The Task Force's inquiry in this area is continuing and further initiatives to strengthen training and awareness, and to enhance oversight, are underway.

Day care center workers, and providers of family or group family day care are mandated reporters and thus are required to immediately report suspected abuse and neglect. There are currently approximately 25,000 day care providers at City-regulated facilities who are mandated reporters in New York City -- and thousand of children within their care.

Despite these numbers, for at least the past five years, fewer than one percent (1%) of all SCA abuse and neglect reports come from day care providers. They are by far the lowest reporting group of mandated reporters in the City.

Consistent with this pattern, this past summer, in the tragic child fatality case of two-year-old Sharllene Morillo, the family child care agency failed to report the abuse that they suspected although they are mandated by law to do so; and the provider delayed making a report and then did so anonymously, in violation of the legal responsibilities of a mandated reporter.

Current training requirements are limited in scope and do not apply to all day care providers. Indeed, while current City regulations require that a group day care operator, or designee, receive training prior to receiving a permit, under current law thousands of group day care and family based care providers' staff have not received training in the identification and reporting of abuse and neglect -- and there is no requirement that all staff at these facilities ever have received this training; nor is any continuing, in-service training required by law.

Accordingly, the Task Force is announcing the following preliminary initiatives:

- Effective immediately, the Task Force is partnering with DOHMH, ACS and OCFS to commence a broad training and awareness campaign targeting the approximately 2,040 day care directors operating city-regulated facilities throughout the City. This initiative is already in progress and the first wave will be completed within three months.
- Thereafter, project "TUNE IN FOR CHILD SAFETY" will be launched whereby the childcare service staff at these facilities will "tune in" on-site or at an off-site location for specially developed training in abuse and neglect – and will have a video message broadcast to them from the

Mayor regarding the importance of their roles in identifying and preventing child abuse.

- To make these improvements permanent, the Task Force and relevant members are seeking to strengthen and expand the child abuse training requirements for all city child care staff by seeking to require that the child abuse training set forth above be mandatory for group childcare service staff at all city-regulated facilities – and that completion of such training for group childcare service staff at city regulated facilities be a precondition to obtaining an initial and a renewal permit from the City. (DOHMH submitting requisite proposal.)

These initiatives attempt to heighten the awareness and education of these critical front line providers in identifying and preventing child abuse and neglect so that they can more effectively protect the thousands of children within their care.

## **Section II**

### **Prior Task Force Initiatives: Achievement Report**

In March 2006, the Task Force released its report announcing a host of initiatives to be immediately implemented to strengthen the City's interagency response to the most severe cases of abuse and neglect; and to strengthen the interagency practices for identifying and handling excessive student absences throughout our schools.

Since that time, the Task Force has been assisting with and overseeing the expedited implementation of these initiatives through regular review of progress reports and detailed performance data; and through bi-weekly meetings with all relevant agencies to jointly review performance and best practices.

The result has been the successful implementation of these initiatives, in some instances expanding beyond the reform announced, as is set forth below.

#### **1. Educational Neglect and Student Absences: Student Safety Initiatives**

##### *Improved Educational Neglect Outcomes*

- As a result of new practices and protocols regarding Educational Neglect, and other factors, the number of Educational Neglect cases reported by the schools for the academic year to date for this year (September 1 -- October 31, 2006) has jumped by 115% -- from 777 reports for this period in school year 2005, to 1,674 reports for this period in school year 2006.
- This jump in educational neglect cases also appears to reflect an increase in cases of merit being reported -- that is, an increase in the number of educational neglect cases that ACS substantiates after investigation. Specifically, the substantiation rate on Educational Neglect cases for the first half of 2006 vs. 2005 (January -- June) has increased by 26.2% percent -- from 2,291 cases substantiated from January-June 2005, to 3,301 cases substantiated from January-June 2006 . (The increase in indication rates for abuse and neglect overall during this period was 21.4 %.)

##### *Expedited Investigations*

- To further ensure the protection of its students, DOE has expedited its investigations of extended student absences in New York City schools, by adopting specific time frames for investigations of excessive student absences -- which has helped increase identification of suspected educational neglect and the reporting of cases by school personnel to the SCR by 115 % as shown above.

- During the Spring 2006, DOE provided extensive training to Attendance Coordinators and Attendance Teachers on the new timeframes for completing student absence investigations, and on the clarified definition of educational neglect for reporting to the SCR.

#### New “School Absence Alerts”

- In expanding its child safety efforts, DOE has implemented a newly created “DOE School Absence Alert” at all NYC schools for students in pre-kindergarten through eighth grade – which is automatically generated for each school each week when a child has been absent for extended periods of time. This also provides a tracking mechanism for student absences at the school, regional/borough and central levels.

#### Enhanced Tracking and Monitoring

- To ensure that schools are properly identifying and reviewing extended student absences, DOE has enhanced its tracking, monitoring and oversight of each school’s performance in handling excessive absences – including by implementing mandated monthly performance reports to the DOE Director of Attendance, and the Mayor’s office.

#### New Youth Development Resource Center for Principals and School Staff -- and Additional School Resources Targeting School Absences

- DOE has created a new city-wide *Youth Development Resource Center* for principals and school staff throughout the City to access clear and up-to-date information and resources that enable them to support students and families, including information on how to identify and report suspected abuse or neglect, and on-site support at their school.
- DOE has implemented on-site support services with training in abuse and neglect identification and reporting, and attendance services and truancy, at targeted schools. The presence of such resources at the neediest schools allows school leadership to better assist and target at-risk students.

#### Clarifying Educational Neglect Definition and Practice

- To ensure that cases of suspected Educational Neglect are appropriately accepted or rejected by the SCR, and reported and investigated properly going forward, there has been written clarification of the scope and elements of what constitutes “Educational Neglect” by the state (SCR) and by ACS – including that harm can be presumed.

- ACS practice guidelines on educational neglect cases have been clarified to ensure that cases of educational neglect that would otherwise be substantiated are not instead closed as “unfounded” simply because the student has since returned to school. As a result, fewer cases have been closed as unfounded over the past months.

#### Enhanced ACS/DOE Communications and Information Sharing

- ACS has created new *Education Liaisons* in all ACS field offices for issues regarding suspected abuse and neglect of students; and DOE has appointed a similar liaison person, “Designated Mandated School Reporter” at all 1,408 NYC public schools for ACS -- which has already facilitated communication regarding suspected abuse and neglect of students, preventive or other service plans, and has strengthened partnerships between the agencies at the local level.

#### DOE Internal Reorganization and Training

- DOE has reorganized itself internally to strengthen its efforts at protecting its students from abuse and neglect; the Office of Youth Development (“OYD”), which is responsible for the support and implementation of support services to schools, including Attendance, Prevention and Intervention, and Child Abuse and Neglect Prevention services, has reorganized its office to better ensure that services and training for abuse and neglect are concentrated at the local school level, and at the schools with the demonstrated greatest needs.
- Last month, the entire organization of OYD received comprehensive training on Child Abuse Reporting and Attendance protocols, among other required trainings. DOE’s OYD is now training personnel at all DOE schools throughout the City.
- To ensure that each school effectively executes its new attendance safety programs, 287 attendance teachers are assisting with this through Attendance Improvement Dropout Prevention (“AIDP”) – which focuses on ensuring compliance with and strengthening the attendance protocols in New York City schools which will help strengthen the identification and reporting of abuse and neglect.

#### Special Student Population Focus

- To tend to the needs of special student populations, designated DOE staff are serving students living in temporary housing. The staff monitor and address attendance and other student related needs for this population.

## **2. Severe Abuse and Neglect Cases / Instant Response Team (“IRT”) Initiatives: NYPD and ACS**

### *NYPD has Assigned a Full-Time NYPD Supervisor to be Based in ACS*

- For the first time ever, the NYPD appointed a supervisor in the rank of Lieutenant as a full-time liaison to the Administration for Children’s Services, who is based in ACS headquarters. This has facilitated coordination between the two agencies including new joint training, improved information flow, and joint participation in multidisciplinary meetings.

### *ACS has Appointed a Former Law Enforcement Officer as ACS Senior Investigations Advisor*

- ACS has created a senior management position within the agency, held by a 22-year veteran of the NYPD, who served as Commanding Officer of Special Victims Bureau, who now serves as a high level advisor within ACS on law enforcement and related matters, helps coordinate efforts with the NYPD and other agencies, and assists with the implementation of the new protocols.

### *Creation of New Command Center at NYPD for ACS*

- NYPD has established a new central command center with a special hot line from which ACS can trigger an IRT or request police assistance, which has improved communication and coordination between the agencies – and which operates 24 hours, 7 days a week. Since June 2006 when the hot line opened, ACS has handled 1,063 Instant Response Team (IRT) cases via this intake desk, eliminating the need for child protective caseworkers to go through the time consuming procedure of going to police precincts for police assistance.

### *Appropriate IRT Case Referrals to District Attorneys Have Been Enhanced*

- A new protocol has been instituted whereby the District Attorneys can immediately forward a referred case back to ACS when they believe it was inappropriately referred and ACS will reassess the case in consultation with the DA to determine the appropriateness of the referral within twenty-four hours.

### *Patrol Supervisors are now Dispatched to Radio Runs for Child Abuse or ACS Assistance*

- When NYPD patrol officers respond to a radio run for child abuse or assistance to an ACS caseworker, absent exigent circumstances, the

patrol supervisor is now dispatched to respond, which has enhanced the effectiveness of the response.

*The NYPD has Designated a Supervisor in Each Precinct as the Liaisons for Child Abuse in that Precinct*

- NYPD has affixed responsibility at the precinct level to a supervisor who is responsible for routine matters and requests in connection with child abuse/neglect issues in the precinct.

*ACS's Investigative Responses in IRT and Other Cases Has Been Enhanced*

- ACS has selected twenty (20) former law enforcement officers for ACS's field offices to enhance the investigatory practices of ACS staff in the ACS field offices, train child protective staff and supervisors in effective investigatory techniques, and provide guidance on abuse and neglect cases.
- ACS has expedited the performance of certain investigative practices, including ensuring that the source of abuse and neglect reports be contacted within 24 hours of receiving the report to ensure more prompt and effective responses.
- ACS has issued new internal directives to its CPS and legal staff to enhance its ability to obtain and execute warrants and entry orders, and clarify under what conditions warrant and entry orders must be sought.

*Expanded Internal and Joint Training Within ACS and NYPD*

- Training on child abuse and IRTs has been significantly expanded at all levels within the NYPD and ACS – and additional joint training is being developed by both agencies.

*Better Information from Mandated Reporters Obtained*

- The State Central Register now requests and obtains better contact information from sources of SCR Reports, including cell phone information, which enables more effective and prompt communication and investigative follow up.

*Expanded Information Sharing*

- The Department of Information Technology and Telecommunications (DoITT), in coordination with the NYPD and ACS, will complete within its one-year targeted timeframe, an interactive, real-time database for joint investigation responses, which will track data and serve as an electronic

notification mechanism for IRTs, greatly reducing burdensome paperwork, redundant telephone contact, and the possibility of errors.

- After years of discussions about access, ACS will have direct access to the NYPD Domestic Incident Report database by February 2007, which will provide critical information to ACS in investigating cases and assessing child safety.

#### Expanded Use of Child Advocacy Centers (CAC)

- In co-located CACs in Brooklyn, Queens and Staten Island, usage has increased on average by approximately 40% from last year to this year to date.
- As previously discussed, efforts are underway to establish co-located child advocacy centers in two boroughs where this was lacking.

#### Hours and Operation of Child Advocacy Centers Have Been Modified to Increase Usage

- As recommended in the Task Force Report, many CACs and CPCs have shifted their staffs' hours of operation to better reflect peak usage hours, and to enable and encourage increased use of their facilities, particularly during high volume periods.

#### Enhanced Interagency Coordination, Accountability, and Information Sharing

- To ensure the expedited and effective implementation of the Task Force initiatives, the Interagency Task Force has held bi-weekly Implementation Assessment meetings at City Hall with designated senior representatives of the relevant agencies to monitor implementation of the policies and practices announced in the Task Force Report, assess performance data, and to adjust practices where necessary.

### Conclusion

The successful implementation of the Task Force initiatives announced in March 2006, and the development of the new initiatives set forth herein, reflect the results of strong and persistent interagency coordination around specific areas of concern regarding child safety and welfare. They also demonstrate that a focused and substantial effort and partnership among city and state agencies on child safety is the best way to ensure the protection and well being of the children of our City. It is through interagency efforts like those reflected here that we can best ensure that our policies and practices for protecting our children from violence at home are as strong and effective as possible.