

**NEW YORK NORTH AREA ALATEEN GUIDELINES AND
REQUIREMENTS**
(Proposed changes 2018)

(A) MINIMUM SAFETY AND BEHAVIORAL REQUIREMENTS

1. Every Alateen Group Sponsor and Al-Anon Member Involved in Alateen Service (will be referred to as AMIAS in the remainder of this document) must:
 - be an Al-Anon member regularly attending Al-Anon meetings.
 - be at least 21 years of age.
 - have at least two years in Al-Anon - excluding any time spent in Alateen.
 - **Must have an Al-Anon Personal Sponsor and/or Al-Anon Service Sponsor.**
 - not have been convicted of a felony, and not have been charged with child abuse and/or any other inappropriate behavior, and not have demonstrated emotional problems which could result in harm to Alateen Members
2. There must be two certified Alateen Group Sponsors at every Alateen meeting, if one sponsor is not able to attend they should contact another certified AMIAS within the area to attend in their absence.
3. The Area requirements prohibit overt or covert sexual interaction between any adult and an Alateen member.
4. The Area requirements prohibit conduct contrary to applicable laws.
5. The Area requirements contain procedures for parental permission and medical care when applicable.
6. The Area requirements must be reviewed by local counsel.
7. **Every Alateen Group Sponsor and AMIAS must comply with the Area Alateen Registration/ Certification Process.**
8. **All Alateen Group Sponsors and AMIASes must agree to a background check with the United States Department of Justice National Sex Offenders Registry. <https://www.nsopw.gov> & New York State Sex Offenders Registry (www.criminaljustice.ny.gov/nsor). This process must be completed as part of the initial certification process for become a Group Sponsor/AMIAS.**
9. All Al-Anon Member Involved in Alateen Service must be a registered with the Area as an AMIAS. At the area level the Delegate, Alateen Coordinator, Area Alateen Process Person, New York North Alateen Conference Coordinator are required to register as an AMIAS.
10. At the district level only the District Representatives (DR) with a registered Alateen Group in their district must be registered with the Area as an AMIAS. If the DR is unable to comply then the Alternate District Representative must be registered. If there is no certified District Representative or Alternate within the District contact the Alateen Coordinator who will contact a nearby certified DR or someone locally to assist with the issue and report back to the Alateen Coordinator
11. Use your *Links of Service* for communication. (Members>Alateen Group Sponsor>Group>Group Representative>District Representative>Area World Service Committee (Alateen Coordinator)>World Service Conference). Establish and maintain a connection with your District.
12. Refer to appropriate Al-Anon and Alateen literature for further ideas. Some of this is also available online at www.al-anon.alateen.org/members. New to the members' website:

- Alateen e-Service Manual.
13. For Area events, **there must be one AMIAS/Alateen Group Sponsor for every (5) teens**, not necessarily of the same gender. For any overnight events, there must be a male AMIAS rooming with male teens and a female AMIAS rooming with female teens.
 14. Active members of Al-Anon, who are also AA members, may serve as an Alateen Group Sponsor or an AMIAS, provided they have completed the certification process. At all times, emphasis shall be placed on the Al-Anon interpretation of the program.
 15. **For ANY Alateen member attending any function carrying the Al-Anon/Alateen name, a notarized Permission/Medical form is required—No Exceptions. (Attachment A) Medical procedures for all Al-Anon/Alateen events as outlined in NYN MEDICAL PROCEDURES FOR AL-ANON/ALATEEN EVENT will be strictly followed. (See Section B)**
 16. Registered Alateen members' identification at any event which includes Al-Anon/Alateen participation will consist of a name badge with a red sticker on the front. On the back of the badge is a white label with the name and cell number of the Parent, AMIAS/Alateen Group Sponsor listed on the Permission Form.
 17. **Before departure** for an event, the responsible parent, AMIAS/Alateen Group Sponsor must verify **that** all medication listed on the medical form is present. (Must be in original container-including any over the counter meds)
 - The parent, AMIAS/Alateen Group Sponsor will take charge of the medications for the duration of the event.
 - If the teen does not have all medications listed with him/her, the teen becomes ineligible and will not be transported to the event.
 - The AMIAS/Alateen Group Sponsor will take charge of the medications for the duration of the event.
 - All medications will be held by the AMIAS listed on the permission/medical form.
 - Teens will be responsible to seek out the AMIAS listed in order to take meds at appropriate times.
 18. **As volunteers we are NOT Mandated Reporters in New York State. It is recommended that all Group Sponsors/AMIAS become familiar with the reporting guidelines for New York State. See appendix or go to ocfs.ny.gov/main/publications/Pub1159.pdf (Attachment G)**
 19. **All Group Sponsors/AMIASes work in a profession that requires him or her to be a mandatory reporter must make this known to the teens prior to taking on the position as a group sponsor/AMIAS. This allows the teens to decide if they wish to share about any incidents of abuse.**

(B) NYN MEDICAL PROCEDURES FOR AL-ANON/ALATEEN EVENTS

1. All Alateen Group Sponsors and AMIAS will need to be aware of the medical procedures and be willing to accept these responsibilities. **These procedures will be strictly enforced.**
2. **For ANY Alateen member attending any function carrying the Al-Anon/Alateen name, a notarized Permission/Medical form is required—No Exceptions. (Attachment A)**
 - Medical procedures for all Al-Anon/Alateen events will be strictly followed. ****The original notarized form must remain with the AMIAS transporting and responsible for the teen. A copy of the notarized form is submitted with the registration to the event (if required by the event). In the case of NYNAC, the copy is sent to the NYNAC Coordinator.**

If an Alateen needed medical care, the original, with the seal, is required.

- **One standardized Permission/Medical form will be used for all NYN Al-Anon/Alateen events including any other event with Al-Anon/Alateen participation.**
- 3. **Before departure** for an event refer to number 17 under section A.
- 4. The Alateen Group Sponsor/AMIAS has the right to refuse to bring a teen to an event as the result of a conflict over medications and/or behavior.
- 5. **Everyone attending this event must refrain from sharing any medication, this includes prescription and over the counter drugs. ***No over the counter drugs will be administered by the medic or nurse.***
- 6. Any medical concerns should be directed to the listed AMIAS.
- 7. **In case of any medical situation that cannot be resolved simply, the person whose name is listed on the notarized permission/medical form, should not hesitate to transport the teen to an emergency room. Notify parents/guardians as soon as possible.**

(C) **NYN AREA PROCESS FOR BECOMING AN ALATEEN GROUP SPONSOR AND/OR AN AL- ANON MEMBER INVOLVED IN ALATEEN SERVICE (AMIAS)**

1. **The Alateen Group Sponsor/AMIAS Candidate must obtain an “Alateen Group Sponsor/AMIAS Candidate Packet.” Packet can be obtained by contacting his/her District Representative if not DR contact the NYN Area Alateen Process Person.**
2. The Alateen Group Sponsor/AMIAS Candidate must
 - **Complete and sign the NYN AMIAS Candidate Certification Form (Includes permission to perform required Background Checks) (Attachment D)**
 - **Obtain (1) Letters of Recommendation from their Al-Anon Program/Service Sponsor(Attachment C)**
 - **Obtain (1) Letter of Recommendation from an active Al-Anon Member.**
 - **Complete and sign the World Service Office Al-Anon Member Involved in Alateen Service Form, (Attachment B)**
3. The completed packet must be submitted to the District Representative who will sign the World Service Al-Anon Member Involved in Alateen Service Form to indicate that all required forms are completed and signed. All forms will be sent to the NYN AAPP for processing. If no District Representative exists, the AAPP will handle the review and signature process.
4. **The AAPP will review the prospective AMIAS paperwork and will check the United States Department of Justice National Sex Offenders Registry (<https://www.nsopw.gov>) & New York State Sex Offenders Registry (www.criminaljustice.ny.gov/nsor) before submitting any AMIAS information to the WSO.**
5. **If the AMIAS fails to comply or does not pass the background check the AAPP will notify the District Representative and AMIAS that they are unable to serve. For further information contact the AAPP.**
6. **The AAPP will retain all AMIAS information in a safe and secure area.**
7. **Alateen Group Sponsor candidates must have completed the AMIAS process before attending an existing Alateen group he/she wishes to sponsor, or 3 consecutive existing meetings. A question and answer session with the Alateens (who have read and discussed the letter about choosing an Alateen Group Sponsor) is recommended. **Letter available online.***

Remember to use the principles of the **program over personalities**. A final Alateen Group Conscience will occur with a paper ballot after 4-6 weeks. Alateen members' concerns about a Group Sponsor Candidate can be expressed on the paper ballot and be discussed **before a final decision is made**. Minority opinions need to be heard, as well. (Concept 5)

8. AMIAS attending District meetings will encourage better communication and support between District and Alateen groups. (Concept 4)
9. The NYN Area Alateen Coordinator will provide all Alateen Group Sponsors/AMIAS with an information packet and other training opportunities.
10. **On a yearly basis, all AMIAS should review NYN Area Guidelines and Requirements** and the following WSO Guidelines: G-5/G-7/G-16/G-19/G-20/G-24/G-34 and WSO policy on Alateen found in the current Al-Anon Alateen Service Manual. **Also, please review the new Alateen e-Service Manual that can be found on the members' website. <https://al-anon.org/members/user-login>**

(D) NYN AREA PROCEDURE FOR REGISTERING ALATEEN GROUP SPONSORS AND/ OR AL-ANON MEMBERS INVOLVED IN ALATEEN SERVICE (AMIAS)

1. The NYN AAPP (Area Alateen Process Person) will review the Alateen Group Sponsor/AMIAS Candidate packet to verify completion of all documents and signatures.
2. The AAPP will process the background check by researching the **United States Department of Justice National Sex Offenders Registry. <https://www.nsopw.gov> & New York State Sex Offenders Registry (www.criminaljustice.ny.gov/nsor).**
3. If the Candidate fails to meet all the area requirements the AAPP will notify the District Representative and the candidate that he/she is ineligible to serve.
4. The NYN AAPP will be the authorized signature on the **Al-Anon Member Involved in Alateen Service form**. (Attachment B)
5. The NYN AAPP will enter the AMIAS information into the WSO Al-Anon Online Group Records program. The AAPP will verify within 3 days of entry that the World Service Office issued a WSO ID#.
6. The WSO ID# will be entered on the World Service Al-Anon Member Involved in Alateen Service Form and a copy will be sent to the District Representative, the Alateen Group CMA and the newly registered AMIAS.
7. The AAPP will retain all original AMIAS paperwork in a secure location.

(E) ANNUAL WSO RECERTIFICATION OF ACTIVE AMIASes

1. Each March the World Service Office will provide the AAPP with a list of all active AMIASes within their area.
2. The AAPP will send each AMIAS the Annual Notification Letter and the Yearly AMIAS Recertification Form. (Attachment E)
3. All AMIASes must complete and sign the form indicating if they wish to continue serving as an AMIAS.
4. Upon receiving the form the AAPP updates any changes in AMIAS' demographic information and then recertifies using the World Service Online Group Records Program.
5. When an AMIAS declines to continue service or no longer qualifies for active status, The

AAPP will deactivate the AMAIS using the WSO Al-Anon Online Group Records program.

6. Any AMIAS failing to recertify will be deactivated and sent an Inactivation Letter.
7. By the end of July the AAPP will send each District Representative a list of all AMIAS eligible to serve in his/her district.

YEARLY PURGE OF INACTIVE AMIASes:

1. Upon completion of the yearly recertification, the AAPP will purge all AMIASes' documents who have been inactive six years or longer. The purged records must be destroyed properly to insure privacy.

(F) ALATEEN GROUP REGISTRATION OR RECORDS CHANGE PROCESS

(Based on the WSO Alateen Group Registration Process)

NEW ALATEEN GROUPS:

1. An **Alateen Registration/Group Records form** (GR-3) (Attachment F) is submitted through the area process. In order to open a new group, there must be a registered AMIAS connected to the group.
2. When an AMIAS form is sent with the Alateen Registration/Group Records Change form, it will be processed per the WSO procedure for AMIAS.
3. The Alateen Registration/Group Records Change form will be processed within (5) working days of being received by the AAPP or from receiving the new AMIAS WSO ID number.
4. The NYN AAPP will process the (GR-3) entering all group information in the World Service (WSO) Online Group Records program.
5. Once the WSO has assigned an Alateen Group Number, the AAPP will document this information on the (GR3) form. A copy will be sent to the group sponsor CMA, District Representative and a copy to the NYN Website Coordinator. The Website Coordinator enters the group information on the NYN Alateen Meeting page. Original document is retained by the NYN AAPP.
6. Alateen Registration/Group Records Change forms that contain missing information will not be processed. The form will be returned to the Alateen Group CMA for correction.

CHANGES FOR EXISTING ALATEEN GROUPS:

1. Changes involving new Alateen Group Sponsors must include either the AMIAS form or the AMIAS WSO ID #. If an Alateen Registration/Group Records Change form is incomplete the form will be returned to the Alateen Groups Current Mailing Address Sponsor (CMA) by the NYN AAPP for required information.
2. Alateen group changes will be processed within 5 working days of being received by the NYN AAPP.
3. Notification of processed group changes will be sent to the Alateen Group Sponsor CMA by the NYN AAPP.
4. The NYN AAPP can print Alateen Group Reports as needed from the appropriate Alateen Group Records information link. (Available only to AAPP)

YEARLY WSO GROUP RECORD UPDATE:

1. Each April the WSO mails each Alateen Group CMA an **Alateen Group Record Update** form.
2. The CMA must review the form, document any changes to group information and mail it to the NYN AAPP.
3. The NYN AAPP will process all updates in the WSO Online Group Records Program and enter that the annual update has been completed.
4. The NYN AAPP files the Update Group Records Form with the Alateen Group Records.

YEARLY PURGE OF INACTIVE ALATEEN GROUP RECORDS.

1. Upon completion of the yearly group update, the AAPP will purge and destroy all paperwork of Alateen Groups that are inactive 6 years or more from the current year.

(G) NYN AREA ALATEEN SAFETY SUGGESTIONS

1. It is strongly suggested that each Alateen group have (2) Alateen Group Sponsors. (Preferably, present 15 minutes before and 15 minutes after the meeting.)
2. An Alateen meeting should meet at the same time and place as an Al-Anon meeting.
3. A minimum of a (1) year commitment to Alateen Group Sponsorship is suggested.
4. Rotation of service is encouraged.
5. Alateen Group Sponsors need both financial and emotional support.
6. The name of each Alateen group should not reflect its meeting location. (i.e. name of the church where meeting is held, street location, or town, etc.)
7. Alateen Group Sponsors/AMIASes should always have parental permission to transport Alateens to Alateen meetings. This can be written or oral.
8. Alateen Group Sponsors/AMIASes should be vigilant when dealing with Alateen members and should avoid being one on one (teen/AMIAS) in a room or when traveling.

(H) NYN CONVENTION AND ASSEMBLY GUIDELINES

NYN Convention and Assembly Guidelines will be applied to all New York North Area Conventions, Assemblies, Conferences, AA Conventions/Roundups with Al-Anon and Alateen participation or any other event carrying the Al-Anon/ Alateen name, including NYNAC. (New York North Alateen Conference). This is New York North policy.

From WSO Guideline G-16 Remember All Alateens, even those who are legal adults, are required to comply with the Alateen Conference guidelines and NYN Area Requirements when participating as an Alateen.”

1. No Alateen member is permitted to possess alcohol, drugs, and/or weapons of any sort. If possession is discovered the parent or Legal Guardian will be notified and expected to pick up the involved person(s) irrespective of the teens age or distance to the event..
2. Roughhousing, fighting, any violent activity or any other serious violation of these guidelines will not be tolerated.

3. Smoking (**Adults**) is allowed in designated areas only. The following requirement comes from WSO. *It is not optional.* “**Must prohibit conduct contrary to applicable laws.**” (*Smoking in buildings by anyone, is cause for departure.*)
4. Alateens and Alateen Group Sponsors /AMIAS are to abstain from overt/covert sexual activity. Hugs and handholding are acceptable. Use your good sense. Be respectful. Teens and Alateen Group Sponsors / AMIAS are to be aware of and to abstain from what someone else could interpret as sexual harassment, which includes offensive language, offensive t-shirts, sexual intimidation, etc.
5. **For ANY Alateen member attending any function carrying the Al-Anon/Alateen name, a notarized Permission/Medical form is required—No Exceptions. (Attachment A)** Medical procedures for all Al-Anon/Alateen events will be strictly followed. (See Section B) NYN MEDICAL PROCEDURES FOR AL-ANON/ALATEEN EVENT for details.
6. Nonmember attendees who bring their children to the event are responsible for supervising their own children.
7. NO leaving the event facility at any time during the weekend unless you are accompanied by your Alateen Group Sponsor / AMIAS listed on the Permission/Medical form.
8. Meetings and workshops are MANDATORY. Once in a meeting, please stay there. If for any reason you have to leave notify a sponsor, please do so quietly. If you are not in a meeting, you should be with your parent, Alateen Group Sponsor / AMIAS. Alateen Group Representatives are expected to attend and participate in the Area Assembly meeting.
9. Courtesy requires that entering and leaving meetings be at a minimum. Giving loving support to each person who shares, requires that side conversations and horse play be avoided.
10. Each person is expected to be comfortably dressed for the location, function and occasion. Revealing clothing is not appropriate. Alateens and AMIASes must wear their event badges at all times. Be respectful of all attending. Each of us represent the face of Al-Anon and Alateen.
11. Alateens know where your Alateen Group Sponsors / AMIASes are at all times. Sponsors know where your teens are at all times.
12. The curfew will be on the schedule. Abide by it. Be good to yourself and others—GET SOME SLEEP!
13. Keep low voices in sleeping areas. CD players and other electronic equipment should be kept in your rooms and at a reasonable volume.
14. Clean up after yourself. This includes sleeping rooms and other event areas. Remember, we are guests at the event.
15. Speak up if you see any unacceptable behavior. Remember that each of us is responsible.
16. Each Alateen is expected to bring enough food or money to eat properly during the event and while traveling.
17. Alateen Group Sponsors /AMIASes, if you bring teens with you, you are attending the event as an Alateen Group Sponsor and you should expect to room with your teens. Be gender appropriate and coordinate with other AMIASes.
18. Alateen Group Sponsors, if you have to leave the conference room and return to your room for any reason, let another AMIAS, who your teens are familiar with, know where you will be.
19. Alateen Group Sponsors / AMIASes have the right to refuse to bring any Alateen member who they think will not abide by the guidelines, always remembering to place principles above personalities.

20. These guidelines should be clearly understood before leaving home to come to any Area Convention or Event. Those who do not wish to comply should not come. This should be clearly understood by all Alateen Group Sponsors / AMIASes, Alateens and parents / guardians.

(I) NEW YORK NORTH ALATEEN CONFERENCE (NYNAC) GUIDELINES (Revised 2017)

- **New York North Alateen Conference (NYNAC) will remain a function of the New York North Area.**
- **All adults attending NYNAC must be certified AMIAS. (**process for certification must be completed before registering for the Conference.)**
- **NYNAC attendance is a privilege, not a right.**

THIS SECTION IS FOR ALL ATTENDING ALATEEN GROUP SPONSORS, ALATEENS AND AMIAS

NYNAC is a closed Conference. Only Alateen Group Sponsors/AMIASes and Alateens may attend. Paperwork for the AMIAS Certification process must be fully completed and in the hands of the Area Alateen Coordinator/AAPP prior to the Conference. NO EXCEPTIONS. The registration deadline must be respected by everyone. No one will be admitted if showing up at the Conference with registration/money in hand.

- **Minimum age for attendance at NYNAC is ten.** Alateen Group Sponsors/AMIASes have the responsibility for determining who may or may not attend NYNAC in order to ensure a safe and productive environment for the event. If any questions arise, the NYNAC Coordinator or designee should be consulted. In order to attend NYNAC, teens must regularly attend Alateen meetings for three months.

I AM RESPONSIBLE

- If it is necessary for any attendee to leave the grounds for any reason, the NYNAC Coordinator or designee must be notified prior to departure.
- No wandering the grounds after dark.
- **DON'T LET PEOPLE OVERSLEEP OR ACT IRRESPONSIBLY!**
- If someone needs a hand lend a hand. Be there for each other.
- Bring snacks for yourself and for the "munchies" table.
- Bring a banner to identify your group to be shown at the Kick-In Meeting.
- Giving loving support to each person sharing requires no side conversations or horseplay.
- Let's leave other affiliations outside the door. (Traditions 3 & 6)

NYNAC Alateen Group Sponsors/AMIASes Guidelines

1. Remember that NYNAC is an Alateen Conference with AMIAS participation. Without the involvement of all of us, there would be no NYNAC.
2. **All adults attending NYNAC for the weekend must be 21 or older and a certified group sponsor/AMIAS.**
3. **For ANY Alateen member or AMIAS attending NYNAC a notarized Permission/Medical**

form is required—No Exceptions. (Attachment A) Medical procedures for all Al-Anon/Alateen events will be strictly followed. (See Section B)

NYN MEDICAL PROCEDURES FOR AL-ANON/ALATEEN EVENT for details.

4. Drivers must have a valid driver's license with current registration, inspection and insurance on the car being driven. Anyone with more than one accident in the past three years will not be able to drive Alateens.
5. If you bring teens with you and you are attending NYNAC as an Alateen Group Sponsor, you should expect to room with your teens.
6. All AMIAS attending NYNAC are considered "sponsors" for the weekend and should share adult responsibilities equally.
7. Alateen Group Sponsors/AMIAS have the responsibility to refuse to bring any Alateen member who they think will not abide by the guidelines. This includes those who may not have an acceptable level of maturity or understanding of the Alateen program to participate in the event. This includes teens who are likely to engage in destructive/distracting behaviors that could hinder other members' enjoyment of the event. Remember to place principles above personalities.
8. Alateen Meetings will be attended by group sponsors /AMIASes. The ratio will be no more than one adult for five teens. Alateen Group Sponsors/AMIASes should be attending meetings and workshops at NYNAC.
9. Alateen Group Sponsors/AMIASes know where your teens are and vice versa. (AT ALL TIMES)
10. Alateen Group Sponsors/AMIASes are encouraged to share their experience, strength and hope at the meetings during the weekend. Since this is a teen weekend, it is requested that AMIASes allow all teens to share first before sharing their own experience, strength and hope. The teens want us to share as equal members, *not as authority figures*.
11. If you have to leave the conference room area and return to your room for any reason, let Security and another Alateen Group Sponsor/AMIASes (that your teens are familiar with) know where you will be.
12. Alateen Group Sponsors/AMIASes are required to attend Sponsors' meetings at Alateen Coordinators discretion. AMIASes on Security Duty during the Sponsors' meetings are exempt.
13. In all cases of behavioral concerns, the following process should take place:
 - a. All members involved in the incident, their Alateen Group Sponsor(s) /AMIASes, the NYNAC Coordinator, and the Area Alateen Coordinator have a discussion.
 - b. The situation is reviewed allowing all an equal voice.
 - c. A decision is made that is both appropriate for the situation and respectful of the person(s) involved.
 - d. We use Knowledge Based Decision Making KBDM (KBDM is knowledge- based decision making. It means that we gather all the facts, talk it over and decide, even if we don't all agree. Can we live with it?)
14. The Alateen Group Sponsor is responsible for registering their groups and picking up the registration packets for each of their attending members when they first arrive at the facility. Head counts of your teens attending, should be done prior to leaving your departure location, upon arriving at conference facility, before departure on Sunday morning and finally upon arrival at your drop off location.
15. Alateen Group Sponsors/AMIASes are reminded that they too must follow the NYN Behavioral Guidelines and Requirements. They have legal responsibility for the Alateens they bring to NYNAC, They can be held liable in the event of any harm done to the Alateens in their care.
16. Alateen Group Sponsors/AMIASes are to abstain from sexual activity. Hugs and handholding are

acceptable. Be respectful and set a good example.

17. For legal and traditional responsibilities of AMIASes, including Alateen Group Sponsors, refer to WSO Guideline G-34 / Page 4.

NYNAC Security Guidelines

(The job of security is to guide and protect)

1. Any adult participating in NYNAC **must** be a certified AMIAS prior to attending the weekend.
2. Taken from WSO Guideline “Alateen Conferences” G-16. An Alateen conference with an open meeting(s) should develop a way to identify the Area-certified Al-Anon Members Involved in Alateen Service (AMIAS). There must also be a safety plan to ensure that the Alateens are always in their care. The same principle applies for individuals present to provide services needed such as a nurse, cook, servers facility staff and invited speakers. If any adults present are not Area-certified AMIAS, the safety plan ensures that the Alateens will always be in the care of an AMIAS at the event.
3. Every Sponsor/AMIAS attending NYNAC should have the cell phone and room number for the NYNAC Coordinator, Alateen Coordinator, and Nurse.
4. Taken from WSO Al-Anon Guidelines “Alateen Conferences” – G-16. If an Alateen drives his or her own vehicle to the conference, the teen will be required to give his/her keys to an Alateen Group Sponsor or other designated trusted servant for the duration of the conference. No other Alateens are permitted to ride with an Alateen who is driving his/her own vehicle to the conference.
5. If there is a concern about drug or alcohol use at NYNAC, both the teen’s Alateen Group Sponsor and the Medics need to be called in as well as the NYNAC and Area Alateen Coordinators. No one shall make a determination about substance abuse without an evaluation by the medical team. After discussion, if the concern appears valid, the parents/guardian will be contacted to pick up the teen.
6. No teen couples are allowed to work Security in the same shift.
7. Each Security Team member is not allowed to go into the sleeping area of the opposite sex.
8. It is recommended that Security teams consist of an experienced NYNAC veteran teen and a newcomer together. (one male and one female)
9. Teens working the night shift need to be 16 years old or older. (Night shifts are 10PM till 1AM.)
10. Dorm sponsors are responsible for ensuring all members of their dorm are accounted for and present. If for any reason a teen must leave the dorm after hours, a sponsor must accompany him/her. The sponsor must notify one of the coordinators before leaving.
11. Day and evening shifts can be worked by teens of any age.
12. The handheld communication units are not toys and should be treated with care. Teens and adults using them should refrain from using offensive language as the units are on a public access frequency and are subject to F.C.C. rules and regulations.
13. Security team leaders (AMIASes) should familiarize themselves with the other Alateen Group Sponsors/AMIASes attending NYNAC. A teen may need to find his/her sponsor.
14. Particular attention to security needs to be made at key times to ensure the safety of all attendees, such as Friday after the last meeting, Saturday during the speakers, talent show/dance and Sunday during the Gratitude/Kick-out Meeting.

15. **Room assignments are the responsibility of the NYNAC Coordinator.** If there is a question or issue involving a particular room, the NYNAC Coordinator needs to be consulted for the room assignments and the Alateen Group Sponsor/AMIAS will be contacted.
16. Security team members also need to follow the Guidelines. Be courteous, kind and go to meetings, get rest and have some fun. *Please take this responsibility seriously.*
17. If the teens are being quiet and not disturbing anyone (after curfew), they are allowed to stay up in their rooms and talk quietly. They should always be encouraged to get some sleep.
18. Teens are allowed to return to their rooms during the event at the discretion of the medic and Alateen Group Sponsor. Security must be advised at the time. Alateen Group Sponsors are responsible to check on their teens.
19. No wandering the grounds (alone or couples) after dark.
20. Respect and common sense as well as Principles above Personalities prevail in all situations.

Miscellaneous Items for NYNAC

1. **Photographs and videos:** NYNAC Coordinator or designee may be taking pictures for NYN Archive but must obtain permission of the individuals involved. Any AMIASes/Alateens wishing to take photographs and videos are allowed as long as you have the person's permission. Keep in mind that the videos and pictures are to be shared only within the fellowship and the walls of NYNAC. (Tradition 11) No photos or videos are to be posted in any social media.
2. **Electronic Devices/Cell Phones:** All electronic devices and cell phones must be turned off during the meeting. This also pertains to both Alateens and AMIASes.
3. **Lost luggage and other items:** Teens are reminded before they leave home, not to bring anything valuable to NYNAC. If something is lost or missing, the NYNAC Coordinator should be aware of the items. The facility needs a contact in case something is found.
4. **NYNAC Inventory Meeting:** The 1998 NYNAC Group Conscience requested that an inventory meeting be put on all future programs for Sunday mornings before the Gratitude / Kick-Out meeting. (Clearing the Air) (Suggestion from NYNAC Coordinator : Brags and Drags about the weekend) Everyone in attendance has a voice. (Concept 5)
5. **Sleep:** Respect yourself and your Sponsors (AMIASes). The times for "Lights Out" are on the schedule and should be followed. When sleep is difficult and you wish to stay up quietly in your room, you may do so. Keep in mind that all meetings are mandatory and the next day starts early in the morning. Be good to yourself and get some sleep.
6. **Rooms:** No open food should be stored in the rooms. A snack table is available for snacks. A plate of snacks can be brought back to the room as long as the remains are disposed of properly. Keep shades closed and abstain from changing next to the window or an open door. When changing clothing, the shades, curtains and doors should be closed. Sometimes the medics or Alateen Group Sponsors/AMIASes will need to go down the hall of the opposite sex.
7. **Talent Show:** The Talent Show is a vehicle for self-expression for both the teens and their Alateen Group Sponsors/AMIASes. Participants must use common sense in making sure that routines do not cause emotional, spiritual or physical harm to another person or themselves. Your talent is a reflection of you.

NYNAC Guidelines Updated 2018

NYN ALATEEN PARENT PERMISSION / MEDICAL CONSENT FORM
FORM A: INFORMATION AND PERMISSION FORM page 1 of 4

Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws. **Attachment A**

This Form Must Be Filled Out Entirely In Order For The Alateen Member To Participate

PARENTS: Please read, complete, sign this form and keep a copy for your records.

ALATEENS: Please return this completed form to your Alateen Group Sponsor or accompanying AMIAS.

SPONSOR/AMAIS ESCORT: Keep the original copy of this form in your possession for the duration of time the Alateen member is in your charge.

ALATEEN MEMBER'S INFORMATION

First and Last Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone Number: () _____

Date of Birth: _____

SPONSOR/ADULT ESCORT INFORMATION

First and Last Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone Number: () _____

EVENT INFORMATION

Name of Event: _____

Location of Event: _____

Address of Location: _____

Phone Number of Location: () _____

Date & Time & Place of Departure: _____

Date & Time & Place of Return: _____

Mode of Transportation: _____
(include make, model, year of vehicle & license plate number)

FORM A: INFORMATION AND PERMISSION FORM

page 2 of 4

Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.

CUSTODIAL PARENT/GUARDIAN INFORMATION

First and Last Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone Number: Home () _____ Work () _____

During this event, I can be reached at: () _____

NEAREST RELATIVE NOT LIVING WITH THE ALATEEN MEMBER OR PARENT/GUARDIAN

First, Last Name & Relationship: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone Number: Home () _____ Work () _____

HOLD HARMLESS STATEMENT

As the parent/guardian of aforementioned Alateen member, I am responsible for payment of any medical services required and obtained on said member's behalf. I further hold harmless the event attended by my child and

(Insert name and WSO registration number (if known) of group, district, Al-Anon Information Service office, and/or Area) or authorized representative thereof, should any harm come to my child as a result of his/her participation in this activity or procurement of medical treatment.

Parent/Guardian Signature: _____ Date: _____

PARENTAL PERMISSION (to be signed in the presence of the Sponsor/AMIAS escort)

I _____ hereby grant permission to _____ to travel to and from
(Parent/Guardian Name) (Alateen member name)

and to participate in _____ under the supervision of
(Event Name)

_____ on _____
(Sponsor/AMIAS escort Name) (Dates of Event including Travel Time)

Parent/Guardian Signature: _____ Date: _____

FORM B: MEDICAL FORM

Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.

AUTHORIZATION TO OBTAIN MEDICAL CARE

In order for anyone to obtain medical care for another person who is not a family member, this form must be filled out entirely and bear the original notary seal.

When distance and time may compromise acquisition of timely medical attention, attendance to a fellowship event can be prohibited if this form is not properly filled out and notarized.

DISEASES/MEDICAL CONDITIONS

(Alateen member or Sponsor/AMIAS escort name) _____ has (had) the following diseases or problems:

- Heart Trouble _____
- Tuberculosis _____
- Stomach Ulcers _____
- Asthma _____
- High Blood Pressure _____
- Low Blood Pressure _____
- Epilepsy _____
- Liver Trouble (Hepatitis) _____
- Fainting spells or Seizures _____
- Diabetes _____
- Hives _____
- Other (Please describe) _____

ALLERGIES

(Alateen member or Sponsor/AMIAS escort name) _____ has had allergic reaction from the following:

- (please check):
- Penicillin _____
 - Local Anesthetics _____
 - Aspirin _____
 - Sulphur Drugs _____
 - Sedatives _____
 - Bee Stings/Insect Bites _____
 - Pollens _____
 - Foods (please list) _____
 - Other (Please Describe) _____

CURRENT MEDICATIONS

Please list all prescriptions & over-the-counter drugs. These medications MUST be in their original container(s) with labels firmly in place.

(Alateen member or Sponsor/AMIAS escort name) _____ is currently using the following medications:

OTHER CONDITIONS OR PROBLEMS

(Alateen member or Sponsor/AMIAS escort name) _____ has the following condition or problems not listed above that you should know about: (please explain)

FORM B: MEDICAL FORM

Since laws vary from Area to Area, it is suggested that this form be reviewed for compliance with local laws.

MEDICAL INSURANCE INFORMATION

You must provide medical insurance information in the space below.

For the US:

Name of Insurance Co. _____

Employer Name _____

Employee Name and Insurance ID Number _____

Group ID Number _____

Attach copy of Medical Insurance Card/Medicaid Card to the document.

For Canada:

Health Card or Medi-Number _____

NOTARY STATEMENT

Form B, Authorization to Obtain Medical Care, is not valid without a signed and sealed Notary Statement.

State/Province of _____

County of _____

(Sponsor/Escort/Responsible Party Name) _____ is authorized upon my signature below to obtain any medical care necessary for the duration of the above stated function on behalf of (Participant's Name) _____ who is (state relationship - self, son, daughter) my _____.

Dated this _____ day of _____ 20____

(Signature - if 18 or over)

(Signature of Parent or Guardian, if under 18)

Before me, the above signed authority, on this day personally appeared _____, to me known and known by me to be the person who signed the above authorization, and acknowledged to me that (s)he executed the same for the purpose therein stated.

WITNESS my hand and seal this _____ day of _____ 20____

NOTARY PUBLIC

My Commission Expires:

Seal:

Al-Anon Member Involved In Alateen Service

*It is required that this form be completed by all Al-Anon members involved in service to Alateen.
(Please Print)*

First & Last Name:

Street Address:

City, State/Province:

Zip/Postal Code/Phone:

e-mail:

District:

I am in compliance with my area's safety and behavioral requirements and agree to abide by them.

_____ Signature _____ Date

To the best of my knowledge, the above Al-Anon member meets the area's safety and behavioral requirements.

_____ Authorized Area Signature _____ Area # _____ Date

Please Print Name Below:

Each area must certify to the WSO annually that each Al-Anon member involved in Alateen service has met the area's safety and behavioral requirements and has agreed to abide by them.

WSO Assigned ID Number: _____

For Area Use:

I have in my possession 2 letters of recommendation. _____

_____ District Representative's Signature _____ Date

(If there is no District representative, contact the New York North Alateen Coordinator for instructions on how to complete the process.)

To the New York North Area Alateen Process Person:

(Attachment C)

_____, is an Al-Anon member who has expressed a desire to work with Alateens in a service capacity. One of the requirements to start this process is to get two letters of recommendation from two different Al-Anon members who will vouch for the person listed above. This is a very serious commitment for the perspective AMIAS.

This will serve as one of those letters of recommendation. I understand that my contact information will be requested and verified. Al-Anon members involved in Alateen Service (AMIAS) need to be responsible and trustworthy as the safety of our Alateen young adults are always the main concern for all of Alateen and Al-Anon members combined.

I, _____, **to the best of my knowledge**, know that the person for whom I am signing this recommendation letter meets the New York North's Area Safety and Behavioral Requirements for Al-Anon Members Involved in Alateen Service which includes the following criteria:

- He/She attends at least one Al-Anon meeting a week.
- His/Her Home Group for Al-Anon is _____
- He/She is 21 years of age or older.
- He/She has been active in Al-Anon for at least 2 years not including any time spent in Alateen.
- **He/She has an Al-Anon Personal Program Sponsor and/or Al-Anon Service Sponsor.**
- He/She has not been convicted of a felony.
- He/She has not been convicted of child abuse.
- He/She has not demonstrated emotional problems that could result in harm to Alateen members.
- He/She agrees not to have any covert or overt sexual interaction (whether consensual or not) with an Alateen member, including but not limited to:
 - Touching a teen inappropriately
 - Dating a teen who is an Alateen member
 - Holding or hugging in an inappropriate manner
- He/She agrees not to conduct themselves in a manner contrary to applicable laws.

Print Your Full Name and Address:

District # _____

Your signature: _____ Date: _____

Your phone number: _____

Your e-mail address: _____

Please check off one of the following:

I am the Candidates Program Sponsor. I am the Candidates Service Sponsor.

I am a fellow Al-Anon Member of the Candidates Home Group.

Return this letter with all other required Alateen Sponsor/AMIAS forms to your District Representative or Contact Person

Please remember to put principles above personalities; If, for any reason you do not feel comfortable in making this recommendation, it is OK to refuse.

Revised 7/29/2018

PLEASE PRINT

New York North AFG

(Attachment D)

New Al-Anon Member Involved in Alateen Service (AMIAS) Candidate Certification Form

Full Name: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Address/City/State/Zip _____
Al-Anon Home Group _____ District # _____

This form must be completed by all Al-Anon Members who wish to become an Alateen Group Sponsor/AMIAS (Al-Anon Member Involved in Alateen Service) in New York North.

Please take a moment to read each question and initial.

1. I am at least 21 years old. _____(Initial)
2. I have at least 2 or more years in Al-Anon. _____(Initial)
3. I attend Al-Anon Meetings on a regular basis. _____(Initial)
4. I have a Personal Al-Anon Program Sponsor and/or Al-Anon Service Sponsor. _____(Initial)
5. I have not been convicted of a felony. _____(Initial)
6. I have not been charged with child abuse, including any inappropriate sexual behavior. _____(Initial)
7. I agree not to have overt or covert sexual interaction (whether consensual or not) with any Alateen member including but not limited to: (Initial each)
 - Touching a teen inappropriately. _____
 - Dating a teen who is an Alateen Member. _____
 - Holding or hugging in an inappropriate manner. _____
8. I have not demonstrated emotional problems that could result in harm to Alateen members. If such issues do arise, I will step away from my position until my issues are resolved. _____(Initial)
9. I agree to conduct myself in a manner that complies with all applicable laws. _____(Initial)
10. I agree to have Automobile Insurance Coverage applicable with New York State Laws when transporting Alateens. _____(Initial)
11. I have read, understand agree that as an active AMIAS (Al-Anon Member Involved In Alateen Service) in New York North I meet the above criteria. _____(Initial)
12. I agree to step down immediately as an AMIAS should I become unable to meet all criteria above. _____(Initial)
13. In order to protect myself from any types of accusations by an Alateen member I understand and agree that there should always be two AMIAS's in the Alateen meeting room at all times. _____(Initial)
14. I understand that as an AMIAS I need to take part in any educational programs presented by the NYN Alateen Coordinator. _____(Initial)

Please turn over to complete sign this document.

15. By initialing and signing this document I give full permission for the Area Alateen Process Person to perform a back check with my name on the United States Department of Justice National Sex Offenders Registry (<http://www.nsopw.gov>) & New York State Sex Offenders Registry (<http://www.criminaljustice.ny.gov/nsor>).
_____ (initial)

Signature: _____ Date: _____

Print Name: _____

Please return this form to the NYN Area Alateen Process Person.

(Created 8/4/18)

PLEASE PRINT

New York North AFG

(Attachment E)

Yearly AI-Anon Member Involved in Alateen Service (AMIAS) Candidate Re-certification Form

Full Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Address/City/State/Zip: _____

AI-Anon Home Group _____ District # _____

This form must be completed by all AI-Anon Members who wish to become an Alateen Group Sponsor/AMIAS (AI-Anon Member Involved in Alateen Service) in New York North.

Please take a moment to read each question and initial.

1. I am at least 21 years old. _____ (Initial)
2. I have at least 2 or more years in AI-Anon. _____ (Initial)
3. I attend AI-Anon Meetings on a regular basis. _____ (Initial)
4. I have a Personal AI-Anon Program Sponsor and/or AI-Anon Service Sponsor. _____ (Initial)
5. I have not been convicted of a felony. _____ (Initial)
6. I have not been charged with child abuse, including any inappropriate sexual behavior. _____ (Initial)
7. I agree not to have overt or covert sexual interaction (whether consensual or not) with any Alateen member including but not limited to: (Initial each)
 - Touching a teen inappropriately. _____
 - Dating a teen who is an Alateen Member. _____
 - Holding or hugging in an inappropriate manner. _____
8. I have not demonstrated emotional problems that could result in harm to Alateen members. If such issues do arise, I will step away from my position until my issues are resolved. _____ (Initial)
9. I agree to conduct myself in a manner that complies with all applicable laws. _____ (Initial)
10. I agree to have Automobile Insurance Coverage applicable with New York State Laws when transporting Alateens. _____ (Initial)
11. I have read, understand agree that as an active AMIAS (AI-Anon Member Involved In Alateen Service) in New York North I meet the above criteria. _____ (Initial)
12. I agree to step down immediately as an AMIAS should I become unable to meet all criteria above. _____ (Initial)
13. In order to protect myself from any types of accusations by an Alateen member I understand and agree that there should always be two AMIAS's in the Alateen meeting room at all times. _____ (Initial)
14. I understand that as an AMIAS I need to take part in any educational programs presented by the NYN Alateen Coordinator. _____ (Initial)

Signature: _____ Date: _____

Print Name: _____

Please return this form to the NYN Area Alateen Process Person.

Alateen Registration/Group Records Change Form (GR-3)

Alateen Registration/Change forms are submitted to the WSO through your Area process. Please check with your Delegate, District Representative or Alateen Coordinator for information on where to send this form.

1. Group Record

WSO I.D. Number _____

District Number _____

Area Name (Abbreviation) _____

2. Status

- New
 Change
 Inactive

3. Changes (Check all that apply)

- Group Name
 Current Mailing Address (CMA)
 Mtg Place Sponsor
 Mtg Day Contact
 Mtg Time GR

4. Details (Note: Alateen meetings are closed meetings)

Group Name _____ Member Count: _____

Mail Language _____ Spoken Language _____ Age Range _____

Meeting Day _____ Time _____ AM PM | Limited Access* Handicap Access Sign Language

Location: Meeting Place _____

Meeting Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Location instructions, i.e. use back door, etc. _____

* See in the Policy Digest the section titled Membership and Group Meetings/Conventions of the Al-Anon/Alateen Service Manual (P24/27) for information and/or definitions

5. Group AMIAS Group Sponsors Must Complete the Al-Anon Member Involved In Alateen Service (AMIAS) Form

Group Sponsor(s) to Add or Remove. Please list the two primary group Sponsors. The WSO ID# will be assigned if new AMIAS. If CMA for the group is being removed, a replacement must be provided in order to process.

Add Remove

Name (first) _____ (last) _____
 WSO ID# _____ Phone _____ Home Work
 Cell Ok to list as a contact

Name (first) _____ (last) _____
 WSO ID# _____ Phone _____ Home Work
 Cell Ok to list as a contact

Name (first) _____ (last) _____
 WSO ID# _____ Phone _____ Home Work
 Cell Ok to list as a contact

Phone Contact (if other than Sponsor). Contacts must be Al-Anon Members Involved in Alateen Service (AMIAS)

Name (first) _____ WSO ID# _____ Phone _____

6. Current Mailing Address (All WSO mail for the group is sent to this address; please be sure it's a current AMIAS).

First Name _____ Last Name _____

Street/PO Box _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone Number Home Cell Work _____ E-mail _____

7. For Area Use

Alateen GR (First/Last Name) _____

Street/PO Box _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Phone Number Home Cell Work _____ E-mail _____

Submitted by: _____ Date: _____ Phone: _____ E-mail: _____



Office of Children and Family Services

Summary Guide for Mandated Reporters in New York State

This material provides mandated reporters with an overview of their obligations and some basic information about the New York State Child Protective Services (CPS) system.

Who Are Mandated Reporters?

New York State recognizes that certain professionals are specially equipped to perform the important role of mandated reporter of child abuse or maltreatment. Those professionals include:

- * Physician
- * Registered physician's assistant
- * Surgeon
- * Medical examiner
- * Coroner
- * Dentist
- * Dental hygienist
- * Osteopath
- * Optometrist
- * Chiropractor
- * Podiatrist
- * Resident
- * Intern
- * Psychologist
- * Registered nurse
- * Social worker
- * Emergency medical technician
- * Licensed creative arts therapist
- * Licensed marriage and family therapist
- * Licensed mental health counselor
- * Licensed psychoanalyst
- * Licensed behavior analysts
- * **Certified** behavior analyst assistants
- * Hospital personnel engaged in the admission, examination, care or treatment of persons
- * Christian science practitioner
- * School official, including (but not limited to):
 - teacher
 - guidance counselor
 - psychologist
 - social worker
 - nurse
 - administrator or other school personnel required to hold a teaching or administrative license or certificate
- * Social services worker
- * Director of a
 - children's overnight camp,
 - summer day camp or
 - traveling summer day camp
- * Day care center worker
- * School **age** child care worker
- * Provider of family or - group family day care
- * Employee or volunteer in a **residential** care facility for children
- * Any other child care or foster care worker
- * Mental health professional
- * Substance abuse counselor
- * Alcoholism counselor
- * All persons credentialed by the NYS Office of Alcoholism and Substance Abuse Services
- * Peace officer
- * Police officer
- * District attorney or assistant district attorney
- * Investigator employed in the office of the district attorney
- * Any other law enforcement official

The entire current list can be found in Article 6, Title 6, and Section 413 of the New York Social Services Law. The website can be accessed online through the New York State Legislature's Website (<http://public.leginfo.state.ny.us/menuf.cgi>). Click on Laws of New York to access Social Services Law.

When Am I Mandated to Report?

Mandated reporters are required to report suspected child abuse or maltreatment when they are presented with a reasonable cause to suspect child abuse or maltreatment in a situation where a child, parent, or other person legally responsible for the child is before the mandated reporter when the mandated reporter is acting in his or her official or professional capacity. "Other person legally responsible" refers to a guardian, caretaker, or other person 18 years of age or older who is responsible for the care of the child.

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

What is a Professional Role?

For example, a doctor examining a child in her practice who has a reasonable suspicion of abuse must report her concern. In contrast, the doctor who witnesses child abuse when riding her bike while off-duty is not mandated to report that abuse. The mandated reporter's legal responsibility to report suspected child abuse or maltreatment ceases when the mandated reporter stops practicing his/her profession. Of course, anyone may report any suspected abuse or maltreatment at any time and is encouraged to do so.

Reasonable Cause to Suspect

Reasonable cause to suspect child abuse or maltreatment means that, based on your rational observations, professional training and experience, you have a suspicion that the parent or other person legally responsible for a child is responsible for harming that child or placing that child in imminent danger of harm. Your suspicion can be as simple as distrusting an explanation for an injury.



What Is Abuse and Maltreatment?

Abuse

Abuse encompasses the most serious injuries and/or risk of serious injuries to children by their caregivers. An abused child is one whose parent or other person legally responsible for his or her care inflicts serious physical injury upon the child, creates a substantial risk of serious physical injury, or commits a sex offense against the child. Abuse **also** includes situations where a parent or other person legally responsible knowingly allows someone else to inflict such harm on a child.

Maltreatment (Includes Neglect)

Maltreatment means that a child's physical, mental or emotional condition has been impaired, or placed in imminent danger of impairment, by the failure of the child's parent or other person legally responsible to exercise a minimum degree of care by:

- * failing to provide sufficient food, clothing, shelter, education;
- or**
- * failing to provide proper supervision, guardianship, or medical care (*refers to all medical issues, including dental, optometric, or surgical care*); or
- * inflicting excessive corporal punishment, abandoning the child, or misusing alcohol or other drugs to the extent that the child was placed in imminent danger.

Poverty or other financial inability to provide the above is not maltreatment.

Note: The definitions of abuse and maltreatment are different for children in residential facilities operated or licensed by the state.

How Do I Recognize Child Abuse and Maltreatment?

The list that follows contains some common **indicators** of abuse or maltreatment. This list is not all-inclusive, and some abused or **maltreated** children may not show any of these symptoms.

Indicators of Physical Abuse Can Include:

- * Injuries to the eyes or both sides of the head or body (*accidental injuries typically only affect one side of the body*);
- * Frequent injuries of any kind (*bruises, cuts, and/or burns*), especially if the child is unable to provide an adequate explanation of the cause. These may appear in distinctive patterns such as grab marks, human bite marks, cigarette burns, or impressions of other instruments;
- * Destructive, **aggressive**, or disruptive behavior;
- * Passive, withdrawn, or emotionless behavior;
- * Fear of going home or fear of parent(s).

Indicators of Sexual Abuse Can Include:

- * Symptoms of sexually transmitted diseases;
- * Injury to genital area;
- * Difficulty and/or pain when sitting or walking;
- * Sexually suggestive, inappropriate, or promiscuous behavior or verbalization;
- * Expressing age-inappropriate knowledge of sexual relations;
- * Sexual victimization of other children.

Indicators of Maltreatment Can Include:

- * Obvious malnourishment, listlessness, or fatigue;
- * Stealing or begging for food;
- * Lack of personal care—poor personal hygiene, torn and/or dirty clothes;
- * Untreated need for glasses, dental care, or other medical attention;
- * Frequent absence from or tardiness to school;
- * Child inappropriately left unattended or without supervision.



Office of Children and Family Services

Summary Guide for Mandated Reporters in New York State

Where Do I Call to Make a Report?

As soon as you suspect abuse or maltreatment, you must report your concerns by telephone to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR). The SCR is open 24 hours a day, seven days a week, to receive your call. The timeliness of your call is vital to the timeliness of intervention by the local department of social services' Child Protective Services (CPS) unit. You are not required to notify the parents or other persons legally responsible either before or after your call to the SCR. In fact, in some cases, alerting the parent may hinder the local CPS investigation and adversely affect its ability to assess the safety of the children. The telephone numbers to report abuse or maltreatment by a parent, foster care or day care are:

Mandated Reporter (800) 635-1522
Public Hotline (800) 342-3720
For Abuse by Institutional Staff:
1-855-373-2122

One county runs its own child abuse hotline that may be used instead of the SCR:

Onondaga County (315) 422-9701

Oral reports to the SCR from a mandated reporter must be followed within 48 hours by a written report to the local department of social services' CPS unit on form LDSS-2221A. A copy of this form and the local mailing address can be obtained by contacting your local department of social services, or by visiting the New York State Office of Children and Family Services (OCFS) website at ocfs.ny.gov. Click on "Forms", then click on "Try a keyword search...", enter the form number in the box and click "Find". To contact your local department of social services, click here: <http://ocfs.ny.gov/main/localdss.asp>

What Happens When I Call the SCR?

There may be times when you have very little information on which to base your suspicion of abuse or maltreatment, but this should not prevent you from calling the SCR. A trained specialist at the SCR will help to determine if the information you are providing can be registered as a report.

The LDSS-2221A mandated reporter form can be used to help you organize the identifying or demographic information you have at your disposal. Be sure to ask the SCR specialist for the "Call I.D." assigned to the report you have made.

If the SCR staff does not register the child abuse or maltreatment report, the reason for their decision should be clearly explained to you. You may also request to speak to a supervisor, who can help make determinations in difficult or unusual cases.

Local CPS Role and Responsibilities

When a report is registered at the SCR, the local department of social services is immediately notified for investigation and follow-up. A local CPS caseworker will initiate an investigation within 24 hours.

CPS intervention consists of an evaluation of the child and other children in the home and the development of a plan to meet the needs of the child and family. If there is an immediate threat to the child's life or health, CPS may remove the child from the home.

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

Law Enforcement Referrals

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



Office of Children and Family Services

Summary Guide for Mandated Reporters in New York State

What Protection or Liability Do I Have? Source Confidentiality

The Social Services Law provides confidentiality for mandated reporters and all sources of child abuse and maltreatment reports. OCFS and local CPS are not permitted to **release** to the subject of the report any data that would identify the source of a report unless the source has given written permission for them to do so. Information regarding the source of the report may be shared with court officials, police, and district attorneys, but only in certain circumstances.

Immunity from Liability

If a mandated reporter makes a report with **earnest concern** for the welfare of a child, he or she is immune from any criminal or civil liability that might result. This is **referred** to as making a report in "good faith."

Protection from Retaliatory Personnel Action

Section 413 of the Social Services Law specifies that no medical or other public or private institution, school, facility or agency shall take any retaliatory personnel action against an employee who made a report to the SCR. Furthermore, no school, school official, child care provider, foster care provider, or mental health facility provider shall impose any conditions, including prior approval or prior notification, upon a member of their staff mandated to report suspected child abuse or maltreatment.

Penalties for Failure to Report

Anyone who is mandated to report suspected child abuse or **maltreatment—and** fails to do so—could be charged with a Class A misdemeanor and subject to criminal penalties. Further, mandated reporters can be sued in a civil court for monetary damages for any harm caused by the mandated reporter's failure to make a report to the SCR.

Who Provides Training for Mandated Reporters?

The New York State Education Department (SED) Office of the Professions oversees the training requirements for mandated reporters. Some categories—including teachers, many medical professionals, and social workers—need this training as part of their licensing requirement. The training may **be** included in their formal education program.

The New York State Office of Children and Family Services (OCFS) is proud to be a certified provider authorized by SED to offer mandated reporter training, and has developed a comprehensive curriculum with content customized to medical professionals, educators, law enforcement personnel, day care providers, and human services staff.

OCFS has shared this well-received curriculum with other **certified providers** of mandated reporter training, as well as with colleges and universities across the state that provide **educational programming** in the fields covered by the mandated reporter statute.

OCFS provides mandated reporter training through a contractual agreement with the Center for Development of Human Services (CDHS), part of the Institute for Community Health Promotion, SUNY Buffalo State.

OCFS offers a Self-Directed Online Training for mandated reporters. This 2-hour web-based online training course is available 24/7 and is **accessible** at:

www.nysmandatedreporter.org.

There is no cost to the participant.

Special Note: Mandated Reporters who require licensure or certification through the New York State Department of Education (NYSED) are required to take mandated reporter training from a trainer who has been approved by the New York State Education Department. For more information, please go to <http://www.op.nysed.gov> or contact the New York State Education Department at:

OPPLEUCA@mail.NYSSED.gov.

Conclusion

Protecting children and preventing child abuse and maltreatment does not begin or end with reporting. Efforts to prevent child abuse and maltreatment can only be **effective** when mandated reporters and other concerned citizens' work together to improve the safety net in their communities.

To be most effective, your local CPS needs strong partnerships within your community. By getting to know the staff in your local CPS unit, you will gain a better understanding of how your local program is structured, and CPS will better understand how to work more effectively with you.

By working together, we can better protect our vulnerable children.

New York State Office of Children & Family Services
Capital View Office Park, 52 Washington Street
Rensselaer, New York 12144

To report child abuse and neglect, call: 1-800-342-3720

For information on the Abandoned Infant Protection Act, call: 1-866-505-SAFE (7233)

Mandated Reporters Hotline for making child abuse and maltreatment reports: 1-800-635-1522

Justice Center for Institutional Abuse: 1-855-373-2122

For additional copies of this pamphlet visit our website at: ocfs.ny.gov and click on "Publications."

<https://facebook.com/nysocfs>

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https://mobile.twitter.com/nysocfs_espanol

PLEASE READ THIS LETTER OUT LOUD AND DISCUSS IT WITH YOUR GROUP BEFORE MEETING AN ALATEEN GROUP SPONSOR CANDIDATE.

Dear Alateen Group Representative,

This letter is written to help you choose good, supportive sponsors. As Alateens, you play a crucial part in this interviewing process. Your District Representative, _____ can be reached at _____ and will help you arrange for a Sponsor Candidate to attend your meeting. This is someone who has completed the AMIAS (Al-Anon Member Involved in Alateen Service) process. At that time, you can ask the Sponsor Candidate any questions which would help you to get to know the candidate better and to assure that your meeting place remains safe from **inappropriate** conduct. You may want to discuss ahead of time what you consider inappropriate behavior, as well as what you expect of a Sponsor Candidate. You should also be open and willing to answer any questions the Sponsor Candidate may have for you. Please always keep in mind the 12th Tradition of “Principles above **Personalities**”.

After the question and answer session, members of your meeting can take a Group Conscience as to whether or not you will accept this candidate on a trial basis. Using paper ballots will help members to voice his or her opinion. After 3-4 weeks, it is **recommended** to take another vote with paper ballots. If it is a majority, but not unanimous time should be allowed for a group discussion. This is Concept 5... the right of minority to be heard. A second vote is taken with paper ballots to determine the Group Conscience. By using paper ballots, honesty and peer pressure are avoided.

*You **always** have the right to ask questions or discuss any behavior by an Alateen Group Sponsor that makes you feel **uncomfortable**. Don't be afraid to speak up about any uneasiness or “gut feelings” that you may have about your current Alateen Group Sponsors or the Alateen Group Sponsor Candidate. You may not be the only one with those feelings. Talk to other Alateens, an Al-Anon member or your District Representative. You have the right to say “No”. **Your Alateen Group Sponsor is there for you, to guide and to share experience and hope.***

One of the priceless gifts of this program is learning to trust our feelings and speak up about something we don't like. Finding good Alateen Group Sponsors is serious business. Again, please remember the 12th Tradition. May your group experience healthy and rewarding growth in your Alateen Group Sponsor/Alateen relationship.

Together We Can Make It,

New York North Alateen Coordinator