



August 2021

Dear Colleagues,

We are pleased to share this joint letter from the California Department of Social Services, the California Department of Health Care Services, and the Office of the California Surgeon General providing clarifying guidance on the responsibilities of health care clinical teams who conduct screenings for Adverse Childhood Experiences (ACEs) in the context of the state’s mandated reporting requirements.

The [Child Abuse and Neglect Reporting Act](#) requires individuals that fall into the category of a “mandated reporter” to report suspected child abuse or neglect to Child Protective Services. Mandated reporters are professionals who have regular contact with children or are otherwise in a position to observe indicators of abuse and are, therefore, legally required to report suspected child abuse. In California there are [49 categories of individuals defined as mandated reporters](#). There are also professionals that are required to report abuse of elders (65 or older) and dependent adults (18 or older with a disability), but those requirements are not discussed in this document.

The Office of the California Surgeon General (CA-OSG) and the Department of Health Care Services (DHCS) jointly launched the ACEs Aware initiative on January 1, 2020, with the goal of providing training, clinical protocols, and payment to Medi-Cal providers for screening children and adults for Adverse Childhood Experience (ACEs). Since the initiative launched, several questions have emerged about the interaction between ACE screening and the requirement that health and mental health care clinical teams report suspected cases of child abuse and/or neglect to Child Protective Services for investigation.

This document is designed to provide information to the health care community, local governments, and other interested stakeholders in hopes of clarifying these issues.



We hope this information is helpful. If you have questions regarding this guidance, please email [info@acesaware.org](mailto:info@acesaware.org).

Sincerely,

Kim Johnson  
Director  
California Department of Social Services

Will Lightbourne  
Director  
California Department of Health Care Services

Nadine Burke Harris, MD, MPH, FAAP  
California Surgeon General



## California's Mandated Reporting Requirements and ACE Screening<sup>1</sup>

August 2021

### **Q: What are mandated reporters required to report regarding children in California?**

Mandated reporters who, in their professional capacity or within the scope of their employment, have knowledge of or observe a child whom the mandated reporter knows, or reasonably suspects, has been the victim of child abuse or neglect must immediately, or as soon as practicably possible, report the information by telephone to Child Protective Services or an appropriate law enforcement agency. The [California Penal Code \(PC 11165.6\)](#) defines child abuse or neglect as any of the following:

- Physical injury or death inflicted upon a child by non-accidental means;
- Willful harming or injuring of a child or the endangering of the person or health of a child;
- Willful infliction upon a child of cruel or inhuman corporal punishment or injury;
- Sexual abuse or exploitation of a child; and/or
- Neglect of a child by a parent or caretaker, including failure to provide adequate food, clothing, shelter, medical care, or supervision.

### **Q: Who is considered a mandated reporter?**

The full list of mandated reporters can be found in Section 11165.7 of the California Penal Code. [Mandated reporters](#) include, but are not limited to, the following:

- Child care providers
- Medical professionals
- School personnel
- Law enforcement
- Mental health professionals
- Social workers and probation officers
- Clergy

---

<sup>1</sup> This guidance is non-binding and is for informational purposes only. The information provided herein does not, and is not intended to, constitute legal advice. Readers must contact their own legal counsel for advice regarding specific legal issues, problems, or situations.



### **Q: When do mandated reporters need to file a report?**

Mandated reporters are required to make a telephone report immediately, or as soon as practicably possible, to Child Protective Services or an appropriate law enforcement agency when a mandated reporter knows or has reasonable suspicion of abuse or neglect of a child by any person. A written Suspected Child Abuse Report (SCAR) must be completed within 36 hours of receiving information that prompted concerns.

To obtain contact information for Child Protective Services agencies for all counties, visit the California Department of Social Services website at [www.cdss.ca.gov](http://www.cdss.ca.gov). Contacting CPS can help address the safety needs of the child, protect the child from further harm, and facilitate the provision of services to the child and their family.

### **Q: What is “reasonable suspicion” of abuse?**

Reasonable suspicion exists when “it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on the person’s training and experience, to suspect child abuse or neglect. Reasonable suspicion does not require certainty that child abuse or neglect has occurred, nor does it require a specific medical indication of child abuse or neglect; any reasonable suspicion is sufficient.”<sup>2</sup> In the absence of clear physical indicators or verbal reports of abuse, professionals may rely on direct observations of children and families or other credible information to assess when there is reasonable suspicion to make a report.

It is important to maintain a clear distinction between determining whether there are grounds for reasonable suspicion and the decision to investigate the allegations. **Making a report to CPS does not automatically trigger an investigation.** Only a child protective agency or law enforcement agency can determine whether to conduct the investigation.<sup>3</sup>

Reports should be made in good faith and be based on common sense. A report of child abuse is serious and may have a lifelong impact on the child and their family. Never make a false or malicious report, but also keep in mind that making a report for investigation may help prevent further harm to the child and facilitate the provision of services to support the child and family.

---

<sup>2</sup> California Penal Code Section 11666(a)(1).

<sup>3</sup> The California Child Abuse and Neglect Reporting Law.  
<https://www.mandatedreporterca.com/images/Pub132.pdf>



Mandated reporters who are in doubt about whether to report a particular situation may find it helpful to consult with a colleague or the local child abuse pediatrician (visit local hospital-based and child advocacy centers) and/or telephone [the local child abuse hotline](#) and discuss the situation.

[Learn more about indicators of abuse and neglect.](#) Get more information about [Mandated Reporter Training](#).

**Q: What is the connection between screening for Adverse Childhood Experiences (ACEs) and mandated reporting?**

Launched in 2019, the goal of the [ACEs Aware Initiative](#) is to help clinical team members understand the importance of screening for ACEs and learning how to respond with trauma-informed care, mitigate the toxic stress response, and prevent the negative health impacts that can occur. At the beginning of an appointment, the [age-appropriate ACE screening tool](#) is administered to parents or caregivers on behalf of patients who are children or infants, to adolescents (who should be screened in a private setting when possible), and to adult patients.

The screening questions explore current and past ACEs, including abuse or neglect, and assist the clinical team in determining what strategies should be deployed to mitigate prolonged activation of the biological stress response (also known as the toxic stress response). The ten types of ACEs are:

- **Abuse:** Physical, emotional, or sexual
- **Neglect:** Physical or emotional
- **Household challenges:** Growing up in a household with incarceration, mental illness, substance use, parental absence due to separation or divorce, or intimate partner violence (initially queried as violence toward the mother or stepmother).

It is possible that the responses to the ACE screening will reveal child abuse and/or neglect, which may indicate the need for a mandated report to CPS.



**Q. Does screening for ACEs change a clinician’s responsibilities as a mandated reporter?**

No. All clinical team members authorized to bill the Medi-Cal program for conducting ACE screenings are already classified as mandated reporters. Screening for ACEs in their patients does not change clinical teams’ responsibilities as mandated reporters in any way; however, this guidance is intended to assist clinical teams by clarifying the requirements in the context of ACE screening.

**Q: If I start screening for ACEs, won’t it mean I will have to make many more reports to Child Protective Services (CPS)? Won’t I be taking children away from their parent(s)?**

Not all reports to CPS result in a removal from the home. CPS is also an important resource for linking families to needed services and supports that can help prevent future abuse and neglect. In 2018, nationally, CPS received approximately 4.3 million referrals (regarding 7.8 million children), however approximately 150,000 children were ultimately referred to foster care services.<sup>4</sup>

A 2020 study in a large, urban, pediatric clinic in California showed that, of a total of 367 ACE screenings that were conducted during the study period, 54 experiences of physical and sexual abuse or neglect were reported by caregivers. All of the families met with the health care clinician and/or mental health clinician to be assessed for immediate safety. Ultimately, four CPS reports were generated – three of the cases had been previously reported and one new case was identified.<sup>5</sup>

Calling [your local child abuse hotline](#) is the best way to get information about whether a situation should be reported.

---

<sup>4</sup> US Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. Child maltreatment 2018. Children’s Bureau, 2020.

<sup>5</sup> N. Thakur, D. Hessler, K. Koita, M. Ye, M. Benson, R. Gilgoff, M. Bucci, D. Long, N. Burke Harris, “Pediatrics adverse childhood experiences and related life events screener (PEARLS) and health in a safety-net practice,” Child Abuse & Neglect, Volume 108, October 2020, 104685, available at <https://www.sciencedirect.com/science/article/pii/S0145213420303409>.



**Q. Is a child *witnessing* intimate partner violence a form of abuse that requires a CPS report from a mandated reporter?**

When a mandated reporter reasonably suspects domestic or intimate partner violence has resulted, or may result, in physical injury to a child or indicates neglect of a child, a suspected child abuse report must be made. Additionally, a mandated reporter may make a suspected child abuse report if they reasonably suspect a child is suffering serious emotional damage from such violence. Calling [your local child abuse hotline](#) is the best way to get information about whether a situation should be reported.

**Q: What is the difference between an identified and a de-identified ACE screening? Which format is more effective?**

ACE screenings are available in two formats – identified and de-identified:

- **De-Identified Screening:** Respondents count the number of ACE categories on the screening tool that they or their child has experienced and indicate only the total score – without identifying which specific ACE(s) they or their child have experienced.
- **Identified Screening:** Respondents count the number of ACE categories on the screening tool that they or their child has experienced and specify which ACE(s) they or their child have experienced.

Providers may choose whether to use de-identified or identified screening tools; however, ACE screening implementation research in a large, urban pediatric setting has indicated that the *de-identified* format of the ACE screening facilitates higher rates of disclosure and greater patient comfort, compared with identified screening.<sup>6</sup>

---

<sup>6</sup> University of California, San Francisco. Bay Area Research Consortium on Toxic Stress and Health (BARC). The Regents of the University of California. 2019. <https://globalprojects.ucsf.edu/project/bay-area-research-consortium-toxic-stress-and-health>.



**Q: If a patient is under 18, and an *identified* ACE screening indicates previous, but not current, abuse or neglect, does the mandated reporter need to file a report?**

There is no time limitation regarding the reporting of child abuse. If a clinician learns through the ACE screening that the child experienced abuse in the past, the individual must make a report to CPS for consideration.

**Q: If the family reveals that an incident of child abuse or neglect has been previously reported to CPS, does the mandated reporter need to file a report upon learning of the situation, even if it occurred in the past?**

An indication by the family that an incident of child abuse or neglect has been previously reported does not relieve the mandated reporter of their individual responsibility and they should contact their local child abuse hotline to for advice on whether to make a report.

**Q. If a patient is over the age of 18 and reports past abuse, is a report required if the patient indicates they are safe and do not want to elevate the situation?**

Even if the patient indicates that they are currently safe, but there is reason to believe the perpetrator is around other children or adolescents who might not be safe (for example, in the case of a coach who sexually abused the patient in the past, but is still working with kids), the mandated reporter should call the [local child abuse hotline](#) to discuss the situation and make a report.

**Q: If a patient is under the age of 18, and a *de-identified* ACE screening indicates a score of six or more, are health care providers required to report suspected child abuse?**

A de-identified ACE score does not singularly provide enough of an indication of previously unreported child abuse and neglect to require a report. Mandated reporting laws require a report to be made when the individual has knowledge of or has [observed](#), a child whom they know, or reasonably suspect, has been the victim of child abuse or neglect.<sup>7</sup>

Clinical team members who are in doubt about whether to report a particular situation should consult with a colleague and/or telephone [the local child abuse hotline](#) and discuss the situation.

---

<sup>7</sup> California Penal Code Section 11166.



**Q: What are the most effective strategies for adhering to the mandated reporting requirement in the context of screening for ACEs?**

Applying the principles of trauma-informed care to mandated reporting can help decrease some of the uncertainty and loss of control associated with the process. Following are some best practices from the [California Surgeon General's Roadmap for Resilience](#) for conducting ACE screenings in a respectful and equitable manner:

- **Safety.** Provide a private and safe space for the patient to disclose the results of their ACE screening and discuss next steps. The clinician taking a few moments or deep breaths, if needed, can be helpful to achieve a state of calm and be reassuring for the patient. Of note, the clinician does not need to get all the details of the adverse event, just enough information to know whether there is a suspicion of abuse or neglect.

If indicated, CPS and/or law enforcement will arrange for a formal forensic interview with the patient and/or family to get details in a professional and trauma-informed manner. It is ideal to have a mental health provider or social worker available to support the patient through the process.

- **Trustworthiness and transparency.** Before beginning the ACE screening, provide information about the process of mandatory reporting to the patient/family and give clear indications of what to expect. Explain the confidentiality around the process and who may or may not find out. As noted above, the CPS hotline worker can serve as a helpful resource about some of these aspects of confidentiality and process to report back to the patient.
- **Peer support.** Offer to connect the patient to an advocate or a support group to assist them in addressing the situation.
- **Collaboration, empowerment, voice, and choice.** Depending on the age of the patient and the situation, consider offering to let the patient listen to and be part of the call to the hotline or to CPS to file the report. Ask if they would like anyone else to be with them for any part of the discussion or the call itself.



- **Attention to cultural, historical, and gender issues.** It is important to consider cultural and historical differences in parenting styles and customs when considering a suspicion of abuse and neglect. It is also important to recognize that boys and men can be sexually abused; that women can be perpetrators; and that lesbian, gay, bisexual, and transgender children are at increased risk for neglect and abuse.

**Q: What about concerns that the mandated reporting requirements disproportionately affect people of color and lower-income communities?**

ACE screening is a critically important tool for early detection of childhood adversity. However, this tool must be applied equitably so as not to inadvertently result in a disproportionate number of mandated reports among lower-income and communities of color. Clinical team members are encouraged to track the race/ethnicity of patients that are being reported to CPS to inform any trends and provide opportunities to address them in real time.

In addition, there are differential responses and supports that families may be referred for through CPS action (rather than removal from the home, etc.) in ways that can help minimize further harm and long-term risk of toxic stress. A trauma-informed approach to mandated reporting can lessen the stress and even bolster the patient relationship through the process.

**Q: Health care clinical teams may conduct ACE screenings on the same patient over multiple years, which may elicit repeated disclosures of a past incident of abuse or neglect. Is the provider required to report the past incident again each time the patient discloses it to any provider in connection with an ACE screening?**

Reporting duties under California’s child abuse and neglect mandated reporting laws are individual. However, when two or more mandated reporters jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, a single report may be made by a member of the team selected by mutual agreement.<sup>8</sup>

---

<sup>8</sup> California Penal Code Section 11666(h).



**Q: Are clinical teams who are administering ACE screenings required to disclose to patients that they are mandated reporters before commencing the screening?**

No, clinicians are not required to disclose their mandated reporter responsibility. However, it would be best practice and beneficial to the patient relationship to make clear information available about mandated reporting requirements in their clinic or practice setting.

**Q: What else can mandated reporters do to help families get through these difficult situations?**

In addition to working to ensure that patients and families are in a safe environment, mandated reporters can learn more about child abuse prevention efforts in their community, such as the California Office of Child Abuse Prevention (OCAP), Child Abuse Prevention Councils, and Family Resource Centers. Visit the [ACEs Aware initiative website](#) for more resources on evidence-based strategies for mitigating toxic stress and for connecting patients to needed social supports.