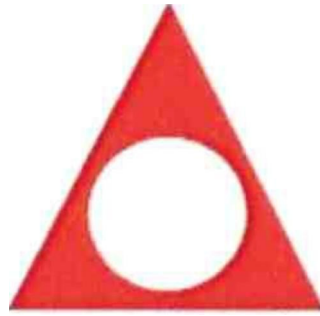


# **NEW YORK NORTH AREA 39**



**ALATEEN**

## **ALATEEN GUIDELINES 2020**

**Guidelines Effective 1/1/2020**

**Approved by WSO 12/21/2018**

**Appendix Updated 1/2023**

# **Alateen Guidelines**

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# Area Alateen Safety and Behavioral Requirements

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*World Service Conference Alateen policies that are approved/or the World Service Conference structure must adhere to the 2003 Alateen Motion from the Board of Trustees. The 2003 Alateen Motion is a legal resolution of the Board of Trustees of Al-Anon Family Group Headquarters, Inc. and cannot be changed by a World Service Conference motion. Just as our Al-Anon/Alateen policies and procedures must be in keeping with our Twelve Steps, Twelve Traditions, Twelve Concepts of Service and the World Service Conference Charter, Alateen policies and procedures/or the World Service Conference Structure must also comply with the 2003 Alateen Motion. Only the Board of Trustees can amend or alter the 2003 Alateen Motion.*

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In order to use the Alateen name, each Area in the World Service Conference Structure must have Area Alateen Safety and Behavioral Requirements in place that meet or exceed the minimum requirements set by the 2003 Alateen Motion. Each Area's established Safety and Behavioral Requirements, as well as any revisions to those same requirements, must be current, compliant, and on file with the World Service Office (WSO). These requirements, developed by individual Areas, protect the teens and the adult Al Anon members who serve them and assure parents and guardians that Al-Anon and Alateen functions within the law.

Each Area must identify the required steps that need to be taken by members in order to comply with their Area's requirements. Maintaining and implementing these Area requirements demonstrates to the fellowship and to the public that Alateen is a program characterized by careful oversight of young people seeking recovery from the effects of someone else's drinking.

The Area's Requirements apply to the registration of all Alateen groups, certification of Al-Anon Members Involved in Alateen Service (AMIAS). Alateen members' participation in Alateen meetings, and all other events with Alateen participation such as conferences, and conventions. In order to use the Alateen name, the Area, all AMIAS, all Alateen members, and all meetings and events with Alateen participation must comply with the Area's Alateen Safety and Behavioral Requirements.

*Taken from pages 93 & 94 of the WSO Al-Anon/Alateen Service Manual 2018-2021*



# NEW YORK NORTH (NYN) AREA ALATEEN GUIDELINES AND REQUIREMENTS

## (A) DEFINITIONS

1. **Al-Anon World Service Office ("WSO")**- Better known as the WSO is the headquarters for the entire Al-Anon Program.
2. **Alateen** -Alateen is a part of the Al-Anon Family Groups, is a fellowship of young people whose lives have been affected by alcoholism in a family member or close friend.
3. **Alateen Coordinator** - Coordinates the activities of their service in the Area and are a liaison between the Area World Service Committee (AWSC), other Area committees, and the groups. They convey service information for the World Service Office (WSO) to the local Area. Area Alateen Coordinators must be certified as an Al-Anon Member Involved In Alateen Service in the Area they serve.
4. **Al-Anon Member Involved In Alateen Service (AMIAS)** -Is an Al-Anon member who is currently certified through their Area Alateen process and is, therefore, eligible to be directly responsible for Alateens while being of service to Alateen, including service as an instant or temporary Alateen Group Sponsor.
5. **Alateen Group Sponsor**-An Al-Anon member who is currently certified by their Area process as an AMIAS and has made a commitment to be of service to an Alateen meeting on a regular basis.
6. **Area** - The Area is made up of all the Districts in a state or province (some large state/provinces are divided into more than one Area). Each Area is represented by a Delegate at the annual World Service Conference.
7. **Area Alateen Process Person ("AAPP")**- Serves as the Area's designated Alateen contact with the World Service Office Group Records Department regarding Alateen forms and processes all Alateen group and AMIAS information for the Area.
8. **District** - The District is a geographical segment within an Area containing a number of groups, located relatively close to one another.
9. **Registered Alateen Group** -An Alateen group is a meeting of teens coming together to share their experience, strength, and hope. The group has at least two Alateen Sponsors who are Al-Anon members certified in accordance with their Area's Alateen Safety and Behavioral Requirements. The group is registered with the Al-Anon World Service Office.
10. **District Representative ("DR")** - Is an Al-Anon member elected by the Group Representatives within their District. The DR chairs the District meetings, represents the groups in their District at Area World Service Committee meetings, and serves as a resource and information source for the groups.
11. **World Service Delegate** -An Al-Anon/Alateen member elected at the Area Assembly to represent all the groups in his or her Area at the annual World Service Conference. The Delegate is the primary communication link between the groups and the World Service Office (WSO).

## (B) MINIMUM SAFETY AND BEHAVIORAL REQUIREMENTS

1. Every 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.
  - 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 at least one AMIAS at every Alateen meeting. It is highly recommended that there be two certified AMIAS at every Alateen meeting; if one AMIAS 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 have been reviewed by local counsel.
  7. **Every AMIAS must comply with the Area Alateen Registration/ Certification Process.**
  8. **All AMIAS will:**
    - **Give approval to check the United States Department of Justice National Sex Offenders Registry and New York State Sex Offenders Registry**
    - **Obtain a letter of reference from the AMIAS Program or Service Sponsor and one from a fellow Al-Anon Member.**
    - **This process must be completed as part of the initial certification process to become an AMIAS.**
    - **Using both of these registries and letters of recommendation will be the means to check for felony convictions.**
  9. All AMIAS must be registered with the Area as an AMIAS.
    - At the Area level, Alateen Coordinator, and New York North Alateen Conference Coordinator are required to register as an AMIAS.
    - Area Officers/Coordinators and District Representatives may occasionally attend Alateen meetings in order to be utilized as a resource. However, these individuals may not fulfill any of the duties of or act in the role of an AMIAS unless they have been certified as an AMIAS.
  10. All members connected with Alateen service are encouraged to use the *Links of Service* for communication. (Members>AMIAS>Group>Group Representative>District Representative>Area World Service Committee (Alateen Coordinator)>World Service Conference). It is suggested that all members involved in Alateen service establish and maintain a connection with the District.
  11. Members are encouraged to 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](http://www.al-anon.alateen.org/members). New to the members' website: Alateen e-Service Manual.
  12. For Area events, (Does not include meetings) all registered Alateens attending Area events will be equally distributed among the available AMIAS. Whenever possible the ratio should be one AMIAS to five Alateens. For any overnight events, there must be a male AMIAS rooming with male teens and a female AMIAS rooming with female teens. There may be times specific issues come into play. In these cases there will be determination by the supervising AMIAS, Alateen Member and Alateens parent or guardian. Parents/Guardians who bring minors to the function that are not Alateen Members are themselves responsible for supervising their own charges.
  13. Active members of Al-Anon, who are AA members, may serve as as AMIAS, provided they have completed the certification process. At all times, emphasis shall be placed on the Al-Anon interpretation of the program.

14. **For ANY Alateen member attending any function carrying the Al-Anon/Alateen name, a notarized Permission/Medical form is required--No Exceptions.(Attachment A) In case of a medical emergency for all Al-Anon/Alateen events, follow the guidelines as outlined in NYN MEDICAL EMERGENCY GUIDELINES FOR AL-ANON/ALATEEN EVENTS. These guidelines will be strictly followed. (See Section C)**
15. Registered Alateen members' identification at any event which includes Al-Anon/Alateen participation will consist of a name badge with a World Service Red Triangle logo sticker on the front. On the back of the badge will be affixed a white label with the name and cell number of the Alateen Parent, Legal Guardian or the name of the AMIAS listed on the Permission/Medical Form who accompanied the Alateen to the event
16. Before departure for an event, the responsible parent and/or AMIAS must verify that all medication listed on the medical form is present. ( Must be in original container, includes any over the counter medications)
  - The parent/AMIAS 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.
  - 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 medications at the appropriate times.
17. **As volunteers, AMIAS are NOT Mandated Reporters in New York State. It is recommended that all AMIAS become familiar with the reporting guidelines for New York State. See appendix or go to [ocfs.ny.gov/main/publications/Pub1159.pdf](https://ocfs.ny.gov/main/publications/Pub1159.pdf) (Attachment J)**
  - **If an AMIAS feels a moral responsibility to report a case of suspected child abuse to the authorities, refer to the World Service Guideline G-34 Page 4, "Alateen Safety Guidelines."**

**(C) NYN MEDICAL EMERGENCIES GUIDELINES FOR AL-ANON/ALATEEN EVENTS**

1. All AMIAS will need to be familiar with the medical emergency guidelines and be willing to accept these responsibilities. **These guidelines 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)**
  - **\*\*The original notarized form must remain with the AMIAS transporting and responsible for the teen. A copy of the notarized form must be submitted with the event registration. *In the case of the New York North Alateen Conference ("NYNAC"), the copy must be sent to the NYNAC Coordinator.* If an Alateen needs 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, any person transporting an Alateen must refer to the procedures found under section B number 16.
4. An 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 an Al-Anon/Alateen event must refrain from sharing any medications, including 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 parent/legal guardian or the AMIAS indicated on the Medical Permission form.

7. **In case of any medical situation that cannot be resolved simply, the Sponsor/Escort/Responsible Party whose name is listed on the notarized permission/medical form, must transport the teen to an emergency room. The teen's parents /guardians must be notified immediately.**

**(D) NYN AREA PROCESS FOR BECOMING AN AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE (AMIAS)**

1. **The AMIAS Candidate must obtain a "AMIAS Candidate Packet" by contacting his/her DR. If the packet cannot be obtained for the DR, the candidate should contact the NYN AAPP.**
2. **The AMIAS Candidate must**
  - **Complete and sign the NYN AMIAS Candidate Certification Form, including permission to perform required background checks. (Attachment D)**
  - **Obtain one (1) Letter of Recommendation from their Al-Anon Program or Service Sponsor. (Attachment C)**
  - **Obtain one (1) Letter of Recommendation from an active Al-Anon Member. (Attachment C)**
  - **Complete and sign the Al-Anon Member Involved in Alateen Service Form. (Attachment B)**
  - **All candidates must complete the Area Alateen Training Module before final approval.**
3. **The completed packet must be submitted to the DR who will sign the 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 DR exists, the AAPP will handle the review and signature process.**
4. **Before submitting any new AMIAS information to the WSO, the AAPP will review the prospective AMIAS paperwork and will check the following registries:**
  - **United States Department of Justice National Sex Offenders Registry & New York State Sex Offenders Registry. See Endnotes for web addresses.**
5. **If the AMIAS fails to comply or does not pass the background check the AAPP will notify the DR and AMIAS that the candidate is ineligible to serve. For further information contact the AAPP.**
6. **The AAPP will retain all AMIAS information in a safe and secure area, taking the necessary precautions to protect such information from theft, damage, or loss.**
7. **AMIAS candidates must have completed the AMIAS process before attending an existing/newly registered Alateen group that he/she wishes to sponsor.** After two months of the AMIAS attending that group, the Alateens are permitted to take a paper ballot vote to decide if they feel the new AMIAS is appropriate for the group. The AMIAS is asked to leave the room during the decision-making process. Any Alateen member who has a concern about the candidate may write that concern on the ballot. These concerns will be discussed before a final decision is made. Minority opinions need to be heard as well. (Concept 5) After a discussion, a second vote will be taken, the ballots are counted. The majority vote will determine the final decision. Remember to use the principles of the program over personalities. (Tradition 12)
8. **If at any time the teens of the group feel that an AMIAS is inappropriate or a challenge, they can request for the District Representative to attend their meeting to discuss the situation. After voicing concerns, the group can take a paper ballot vote as outlined in number 7.**

9. AMIAS are encouraged to attend District meetings to promote communication and support between District and Alateen groups. (Concept 4)
10. The NYN Area Alateen Coordinator will provide all AMIAS with an information packet and other training opportunities.
11. **On a yearly basis, all AMIAS must 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 pages 93-97. **Also, please review the new Alateen e-service Manual that can be found on the members' website.**

**(E) NYN AREA PROCEDURE FOR REGISTERING AMIAS**

1. The NYN AAPP will review the AMIAS Candidate packet to verify completion of all documents and signatures.
2. The AAPP will verify that the AMIAS Candidate has completed the online AMIAS Training Module.
3. The AAPP will process the background check by researching the
  - **United States Department of Justice National Sex Offenders Registry and New York State**
  - **Sex Offenders Registry.**
4. If the Candidate fails to meet all the Area requirements the AAPP will notify the DR and the candidate that he/she is ineligible to serve.
5. The AAPP will be the authorized signature on the **Al-Anon Member Involved in Alateen Service form.** (Attachment B)
6. The NYN AAPP will enter the AMIAS information into the WSO Al-Anon Online Group Records program. The AAPP will verify within three days of entry that the WSO has issued the AMIAS a WSO ID#.
7. 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 DR, the Alateen Group Current Mailing Address("CMA") and the newly registered AMIAS.
8. The AAPP will retain all original AMIAS paperwork in a secure location.

**(F) ANNUAL WSO RECERTIFICATION OF ACTIVE AMIAS**

1. Each March the World Service Office will provide the AAPP with a list of all active AMIAS with their Area
2. The AAPP will send each AMIAS the Yearly AMIAS Recertification Form (Attachment E) along with a cover letter of instructions.
3. All AMIAS 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 WSO Online Group Records Program.
5. When an AMIAS declines to continue service or no longer qualifies for active status, the AAPP will inactivate the AMIAS using the WSO Al-Anon Online Group Records program.
6. Any AMIAS failing to recertify will be inactivated and sent an Inactivation Form.

7. By the end of July, the AAPP will send each DR a list of all AMIAS eligible to serve in his/her District.

## **YEARLY REMOVAL & DESTROYING OF INACTIVE AMIAS RECORDS:**

1. Upon completion of the yearly recertification, the AAPP will remove and destroy all documents associated with the AMIAS who have been inactive six years or longer. The purged records will be shredded to ensure privacy.

## **(G) ALATEEN GROUP REGISTRATION OR RECORDS CHANGE PROCESS**

### **NEW ALATEEN GROUPS:**

(Based on the WSO Alateen Group Registration Process)

1. (Taken from WSO Al-Anon Guidelines “Starting an Alateen Group” G-19) When starting a new Alateen Group, contact one or more Al-Anon Groups for support of the Alateen Group. Experience has shown that Alateen Groups which meet at the same time and place as an Al-Anon or AA groups are more successful, safer, and the Alateens have fewer transportation problems. Al-Anon groups can also support the Alateen Group by encouraging members to become certified AMIAS in order to serve as regular or back up Alateen Group AMIAS.
2. An **Alateen Group Registration Form(Attachment F)** is submitted through the Area process. Instructions for completing the Alateen Group Registration Form is attached to these guidelines. (Attachment G) In order to open a new group, there must be two registered AMIAS connected to the group.
3. When a new AMIAS form is sent with the Alateen Registration/Group Records Change form, the AMIAS information must be processed with the WSO prior to registering the Alateen Group. (Follow instructions under Section E of these guidelines.)
4. The Alateen Registration/Group Records Change form will be processed within five working days of being received by the AAPP if all Group AMIAS are currently registered or from the date of receiving the new AMIAS WSO ID number.
5. The NYN AAPP will process the Alateen Registration/Group Records Change form entering all group information in the World Service Office (WSO) Online Group Records program.
6. Once the WSO has assigned an Alateen Group Number, the AAPP will document this information on the Alateen Group Registration Form. A copy will be sent to the group CMA, DR and a copy to the NYN Website Coordinator. The Website Coordinator enters the group information on the NYN Alateen Meeting page. Original documents are retained by the NYN AAPP.
7. 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 AMIAS must include either the AMIAS form or the AMIAS WSO ID #. If a new AMIAS form is sent with the **Alateen Group Records Change Form** (Attachment H), the

AMIAS information must be processed with the WSO prior to updating the Alateen Group information. (Follow instructions under Section E of these Guidelines.) Instructions for completing the Alateen Group Records Change Form is attached to these guidelines. (Attachment I)

2. If an Alateen Group Records Change Form is incomplete, the form will be returned to the Alateen Group's CMA by the NYN AAPP for required information.
3. Alateen group changes will be processed within 5 working days of being received by the NYN AAPP.
4. Notification of processed group changes will be sent to the Alateen Group CMA by the NYN AAPP.
5. 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, where indicated. Regardless if there are no changes the CMA must sign, date 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 REMOVAL AND DESTROYING OF INACTIVE ALATEEN GROUP RECORDS**

1. Upon completion of the yearly update, the AAPP will remove and destroy all paperwork of Alateen Groups that are inactive six years or more from the current year. All purged documents will be shredded.

#### **(H) NYN AREA ALATEEN SAFETY SUGGESTIONS**

1. It is recommended that each Alateen group have two AMIAS preferably present 15 minutes before and 15 minutes after the meeting.
2. It is highly recommended that Alateen meetings meet at the same time and place as an Al-Anon meeting.
3. A minimum of a one year commitment to Alateen Group Sponsorship is suggested.
4. Rotation of service is encouraged.
5. Alateen Group AMIAS 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 AMIAS should always have parental permission to transport Alateens to Alateen meetings. This can be written or oral.
8. Alateen Group AMIAS should be vigilant when dealing with Alateen members and must avoid being one on one (teen/AMIAS) in a room or when traveling.

#### **(I) 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/Vaping is allowed as **described by New York State** law in designated areas. (No smoking in buildings by anyone.)
4. Alateens and AMIAS are to abstain from overt/covert sexual activity. Hugs and hand holding are acceptable. Use good sense. Be respectful. Teens and 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 Emergency Guidelines for all Al-Anon/Alateen events will be strictly followed. (See Section C) NYN MEDICAL EMERGENCY GUIDELINES FOR AL- ANON/ALATEEN EVENTS for details.
6. Parents/Guardians who bring minors to the function that are not Alateen Members are themselves responsible for supervising their own charges.
7. Participants shall not leave the event facility at any time during the weekend unless accompanied by an AMIAS listed on the Permission/Medical form.
8. Meetings and workshops are MANDATORY. Once in a meeting, please stay there. If an Alateen needs to leave the meeting for any reason they must notify an AMIAS, doing so quietly. If an Alateen is not in a meeting, they should be with their parent or 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 horseplay be avoided.
10. Each person is expected to be comfortably dressed for the location, function, and occasion. Revealing clothing is not appropriate. Alateens and AMIAS must wear their event badges at all times. Be respectful of all attending. Each participant represents the face of Al-Anon and Alateen.
11. Alateens know where your group AMIAS are at all times. AMIAS know where your Alateens are at all times.
12. The time of curfew will be indicated on the event schedule. Abide by it. Alateens 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 the participant's rooms and at a reasonable volume.
14. All participants should clean up their messes. This includes sleeping rooms and other event areas.



Remember, that 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 AMIAS, if you bring teens with you, and attend the event as an Alateen Group AMIAS, you should expect to room with your teens. Be gender appropriate and coordinate with other AMIAS.
18. Alateen Group AMIAS 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. AMIAS 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 AMIAS, Alateens. Parents and guardians.

**(J) 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 a 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 ALATEENS AND AMIAS***

***NYNAC is a closed Conference. Only AMIAS 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 10.** AMIAS 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 AMIAS 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 AMIAS.**
3. **For ANY Alateen member or AMIAS attending NYNAC a notarized Permission/Medical form is required-No Exceptions. (Attachment A) Medical Emergency Guidelines for all Al-Anon/Alateen events will be strictly followed. (See Section C)**
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 are attending NYNAC as an AMIAS, you should expect to room with your teens.
6. All AMIAS attending NYNAC are considered " Group AMIAS" for the weekend and should share adult responsibilities equally.
7. 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 AMIAS. The ratio will be at least one adult for every five teens. AMIAS should be attending meetings and workshops at NYNAC.
9. AMIAS know where their teens are and vice versa. (AT ALL TIMES)
10. AMIAS 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 AMIAS allow all teens to share first before sharing their own experience, strength, and hope. The teens want AMIAS to share as equal members, *not as authority figures*.
11. If AMIAS has to leave the conference room area and return to their room for any reason, let Security and another AMIAS (that your teens are familiar with) know where you will be.
12. All AMIAS are required to attend the AMIAS meeting at NYNAC when scheduled by the Alateen Coordinator. AMIAS on Security Duty during the AMIAS 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 AMIAS, 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. Use Knowledge Based Decision Making (KBDM). ( It means that we gather all the facts, talk it over and decide, even if we don't agree. Can we live with it?)
14. The Alateen Group AMIAS 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 the conference facility, before departure on Sunday morning, and finally upon arrival at your drop off location.

15. AMIAS 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. AMIAS are to abstain from sexual activity. Hugs and hand holding are acceptable (with the consent of both parties). Be respectful and set a good example.
17. Smoking/Vaping is allowed as **described by New York State** law in designated areas. (*No Smoking in buildings by anyone*)
18. For legal and traditional responsibilities of AMIAS, 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. "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." WSO Al-Anon Guideline "Alateen Conferences" G-16.
3. Every AMIAS attending NYNAC should have the cell phone and room number for the NYNAC Coordinator, Alateen Coordinator, and Nurse.
4. If an Alateen drives his or her own vehicle to the conference, the teen will be required to give his/her keys to their Alateen Group AMIAS 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. WSO Al-Anon Guideline "Alateen Conference" G-16.
5. If there is a concern about drug or alcohol use at NYNAC, both the teen's Alateen Group AMIAS 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. Security Team member are not allowed to go into the sleeping area of the opposite sex.
7. All Security shifts will be worked by a male and female AMIAS.
8. The male/female AMIAS are responsible for ensuring all Alateens are accounted for and present prior to lights out. If for any reason a teen must leave the sleeping area after hours, an AMIAS must accompany him/her. The AMIAS must notify one of the coordinators before leaving.
9. The handheld communication units are not toys and should be treated with care. The security team 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.
10. Security teams (AMIAS) should familiarize themselves with the other AMIAS attending NYNAC. A teen may need to find his/her AMIAS.
11. 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 until lights out, on Saturday Evening during the speakers

meeting, talent show/dance till lights out, and Sunday during the Gratitude/Kick-out Meeting till time of departure.

12. Room assignments are the responsibility of the NYNAC Coordinator. If there is a question or issue involving room assignments the NYNAC Coordinator and the Alateen Group AMIAS need to be consulted to discuss the issue and take the necessary steps to resolve the situation.
13. 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.*
14. 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.
15. Teens are allowed to return to their rooms during the event at the discretion of the medic and Alateen Group AMIAS. Security must be advised at the time. AMIAS are responsible to check on their teens.
16. No wandering the grounds (alone or couples) after dark.
17. 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 AMIAS/Alateens wishing to take photographs and videos are allowed as long as they 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 AMIAS.
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 the NYNAC Coordinator: Brags and Drags about the weekend) Everyone in attendance has a voice. (Concept 5)
5. **Sleep:** Alateens should respect themselves and their AMIAS. The times for "Lights Out" are on the schedule and should be followed. When sleep is difficult and the Alateen wish to stay up quietly in their room, they 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. When changing clothes, the shades, curtains and doors should be closed. Sometimes the medics or AMIAS will need to go down the hall of the opposite sex in cases of medical emergencies.
7. **Talent Show:** The Talent Show is a vehicle for self-expression for both the teens and their AMIAS. Participants must use common sense in making sure that routines do not cause emotional, spiritual or physical harm to another person or themselves. Each participant's talent is a reflection of themselves.

# NYN ALATEEN CONFERENCE PARENT / MEDICAL CONSENT FORM

## FORM A: INFORMATION AND PERMISSION FORM

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

**This Form Must Be Filled Out Entirely In Order For the Alateen Member to Participate (p1 of 4)**

**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/AMIAS 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: \_\_\_\_\_

Date of Birth (\_\_\_\_) \_\_\_\_\_

### 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**

(p. 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: (\_\_\_\_) \_\_\_\_\_

Phone Number Work: (\_\_\_\_) \_\_\_\_\_

During this event, I can be reached at (\_\_\_\_) \_\_\_\_\_

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

First, Last Name, & Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone Number Home: (\_\_\_\_) \_\_\_\_\_

Phone Number 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 (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**

(p. 3 of 4)

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 prescription & 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**

(p. 4 of 4)

*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 Social Security Number \_\_\_\_\_

Group ID Number \_\_\_\_\_

(or attach a medical coupon if covered by Medicaid) \_\_\_\_\_

**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 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:**

[illegible]

**Street Address:**

[illegible]

City, State/Province:

[illegible]

**Zip/Postal Code/Phone:**

[illegible]

**E-mail:**

[illegible]

District:

--	--	--

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

Signature

Date \_\_\_\_\_

I am confirming that the AI-Anon Member has complied and meets all the New York North requirements to become an AMIAS and has cleared all the required background checks.

Authorized Area Signature

Area #

Date \_\_\_\_\_

Please Print Name Below:

[illegible]

**Each area must certify to the WSO annually that each AI-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 reviewed and confirmed that all AMIAS Candidate forms have been completed and signed.

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 Alateen Process Person

(Attachment C)

\_\_\_\_\_ is a 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 prospective 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 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 Candidate's Program Sponsor. \_\_\_\_\_ I am the Candidate's Service Sponsor.  
\_\_\_\_\_ I am a fellow Al-Anon Member of the Candidate's Home Group.

Return this letter with all 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:
  - Touching a teen inappropriately. \_\_\_\_\_ (Initial)
  - Dating a teen who is an Alateen Member. \_\_\_\_\_ (Initial)
  - Holding or hugging in an inappropriate manner. \_\_\_\_\_ (Initial)
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, and 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 that it is strongly suggested that there be at least two AMIAS 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)
15. By initialing and signing his document, I give full permission for the NYN AAPP to perform a background 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**

Revised 8/4/2018

**PLEASE PRINT**

**New York North AFG**

**(Attachment E)**

**Yearly Al-Anon Member Involved In Alateen Service (AMIAS) Candidate Recertification 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 initial one of the following statements:**

I no longer wish to serve as an AMIAS in New York North. \_\_\_\_\_ (Initial) If no, skip to the end, sign and return.

I wish to continue my service as an AMIAS in New York North. \_\_\_\_\_ (Initial) If yes, answer all of the statements below.

**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:
  - Touching a teen inappropriately. \_\_\_\_\_ (Initial)
  - Dating a teen who is an Alateen Member. \_\_\_\_\_ (Initial)
  - Holding or hugging in an inappropriate manner. \_\_\_\_\_ (Initial)
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, and 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 that it is strongly suggested that there be at least two AMIAS 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)
15. By initialing and signing this document, I give full permission for the NYN AAPP to perform a background 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 10/1/2021

## Alateen Group Registration Form

**Please submit this form to the Area Alateen Process Person.  
In order to use the Alateen name, groups must first register through their Area's Alateen process.**

### 1. Group Record

District Number \_\_\_\_\_  
Area Name (Abbreviation) \_\_\_\_\_

### 2. Status

☐ New  
☐ Not Sure if Registered

### 3. Details

Group name \_\_\_\_\_ Member Count: \_\_\_\_\_  
Mailing Language \_\_\_\_\_ Spoken Language \_\_\_\_\_ Age Range \_\_\_\_\_  
Meeting Day: Su Mo Tu We Th Fr Sa Meeting Time: \_\_\_\_:\_\_\_\_ AM PM  
☐ Limited Access\* ☐ Handicap Access ☐ Sign Language

\*See in the Policy Digest the section titled *Alateen Meetings in Schools and Other Limited Access Facilities* of the **AI-Anon/Alateen Service Manual (P24/27)** for information and/or definitions.

#### Location:

Meeting Place \_\_\_\_\_  
Meeting Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Country \_\_\_\_\_  
☐ Location Instructions, i.e. use back door, etc. \_\_\_\_\_

Note: Only current Alateen members, prospective Alateen members, and the Area-certified AMIAS attend Alateen meetings)

### 4. Group AMIAS

**Phone Contact for the Public.** (if other than Sponsor). *Contacts must be a current certified AI-Anon Members Involved in Alateen Service (AMIAS)*

WSO ID# \_\_\_\_\_ First Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Group Sponsors must be currently certified through the Area process  
Please list the primary group certified Alateen Sponsors.**

#### Group Sponsor(s)

Name (first) _____	(last) _____	
WSO ID# _____	<input type="checkbox"/> if Ok to list as a contact	Phone # (Home/ Cell/ Work) _____
Name (first) _____	(last) _____	
WSO ID# _____	<input type="checkbox"/> if Ok to list as a contact	Phone # (Home/ Cell/ Work) _____
Name (first) _____	(last) _____	
WSO ID# _____	<input type="checkbox"/> if Ok to list as a contact	Phone # (Home/ Cell/ Work) _____
Name (first) _____	(last) _____	
WSO ID# _____	<input type="checkbox"/> if Ok to list as a contact	Phone # (Home/ Cell/ Work) _____

### 5. Current Mailing Address: (All WSO mail for the group is sent to this address; it must be a current AMIAS).

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone Number (Circle one) Home/ Cell/ Work \_\_\_\_\_ Email \_\_\_\_\_  
Phone # (Home/ Cell/ Work) \_\_\_\_\_ Email \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_



## How to Fill Out



# the Alateen Group Registration Form

### 1. Group Records

**District number** and **Area name (abbreviation)** are used to sort information for group reports

### 2. Status

It is a "New" registration if the group is being registered for the first time.

### 3. Details

Having an appropriate **group name** is very important because it is included in local and on-line meeting directories and may be a potential member's first impression of Al-Anon/Alateen. The group's name should be inviting to all and reflect Alateen principles. A group's name should not imply affiliation with any other Twelve Step group, self-help group, commercial venture, agency, religious group, rehabilitation facility, or other outside enterprise even if the name is associated with its location--e.g., \_\_\_\_ Church Alateen or Hospital Alateen. All Alateen groups, regardless of age range are registered as "Alateen".

A name that includes the town or section of the town, the meeting day, a slogan, or another phrase from our program is inviting to all and conforms to Al-Anon/Alateen principles. The group name may provide information about the format or focus of the meeting. Nicknames or attempts at humorous names may turn away potential members.

The WSO reviews new group names for adherence to Al-Anon/Alateen principles and may ask a group to choose another name if it is not in keeping with Alateen principles.

**Member Count** is an estimate of the number of members attending the meeting that consider themselves members of this group.

**Mail Language** is the language in which the group receives mail. The mailing language can be different from the meeting language (e.g. language spoken at the meeting is Spanish, but the group would like to receive mail from WSO in English). WSO mail can be sent in English, Spanish, or French.

**Spoken Language** is the language spoken at the meeting.

**Age Range** is the age limits of the members attending the meetings. The Alateen age range is generally 13-18; however, it is within the autonomy of each group to include children younger than 13. As young people reach age 18, they are legally adults and should be encouraged to transition to Al-Anon while still attending Alateen meetings.

**Meeting Day/Time** is the day of the week and time of the meeting. Please check AM or PM.

**Location** is where the meeting is held. Please include the name of the building followed by a full address including the zip code.

**Location Instructions** provide specific information about the group; e.g. meeting room number, or directions such as use the back door, etc.

**Please note: only Alateens and the affiliated Alateen Group Sponsor Sponsors may attend.**

**Limited Access** groups meet in a location where our general membership may not be able to attend. Groups meeting in school settings would fall into this category. These are Alateen groups, but membership may be limited because of location.

**Special needs:** This group provides special features such as **Handicap Access** or **Sign Language**.

#### **4. Group AMIAS**

**Group AMIAS** are the Al-Anon Members Involved in Alateen Service (AMIAS) affiliated with the group; their certification status must be currently "Active". They may serve the group as Alateen Group Sponsors, the Current Mailing Address (CMA), and/or a Phone Contact for the Public.

**A Phone Contact for the Public** is an Al-Anon Member Involved in Alateen Service who volunteers to give information over the phone to prospective members, parents, or professionals. These members need to know that the WSO may give callers their first name and phone number. Contacts may receive phone calls from newcomers who have had no previous contact with Al-Anon/Alateen or from visitors needing directions.

**Alateen Group Sponsors are AMIAS** who have completed the Al-Anon Member Involved in Alateen Service Form and met their Area's safety requirements to serve in this capacity. Please contact the Area Alateen Coordinator and/or Area Alateen Process Person for information.

#### **5. Current Mailing Address (CMA)**

**Current Mailing Address (CMA)** is the address where the WSO will send group mail and where it will be picked up regularly. An Alateen group's CMA must be a certified Al-Anon Member Involved in Alateen Service who is responsible to take the mail to the group. Often one of the Alateen Group Sponsors serves as the CMA. The address needs to include the member's full name (for mailing purposes only). Some groups rent a post office box, and certified Al-Anon Members Involved in Alateen Service rotate the responsibility to deliver the mail to the group. Note that if the Sponsor serving as CMA is inactivated, the CMA must be changed.

**To protect anonymity please do not use the word "Alateen" in the current mailing address when using a member's post office box or residence address.**

## Alateen Group Records Change Form

Please submit this form through your Area Alateen Process Person

**1. Group Record**

WSO I.D. Number \_\_\_\_\_  
 District Number \_\_\_\_\_  
 Area Name (Abbreviation) \_\_\_\_\_

**2. Status**

☐ Change  
☐ Inactive

**3. Changes** (check all that apply)

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

**4. Details**

Group name \_\_\_\_\_ Member Count: \_\_\_\_\_  
 Mailing Language \_\_\_\_\_ Spoken Language \_\_\_\_\_ Age Range \_\_\_\_\_  
 Meeting Day: Su Mo Tu We Th Fr Sa Meeting Time: \_\_\_\_:\_\_\_\_ AM PM  
☐ Limited Access\*   ☐ Handicap Access   ☐ Sign Language

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

**Location:**

Meeting Place \_\_\_\_\_  
 Meeting Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Country \_\_\_\_\_  
☐ Location Instructions, i.e. use back door, etc. \_\_\_\_\_

Note: Only current Alateen members, prospective Alateen members, and the Area certified AMIAS attend Alateen meetings.

**5. Group AMIAS**

**Phone Contact for the Public.** Contacts must be currently certified Al-Anon Members Involved in Alateen Service (AMIAS)

Add/Remove (circle one) WSO ID# \_\_\_\_\_ First Name \_\_\_\_\_ Phone # \_\_\_\_\_

### GROUP SPONSORS MUST COMPLETE THE AL-ANON MEMBER INVOLVED IN ALATEEN SERVICE (AMIAS) FORM

Please list the primary group certified Alateen Sponsors.

**Group Sponsor(s) to Add**

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_  
 WSO ID# \_\_\_\_\_ ☐ if Ok to list as a contact Phone # (Home/ Cell/ Work) \_\_\_\_\_  
 Name (first) \_\_\_\_\_ (last) \_\_\_\_\_  
 WSO ID# \_\_\_\_\_ ☐ if Ok to list as a contact Phone # (Home/ Cell/ Work) \_\_\_\_\_

**Group Sponsor(s) to Remove** (if CMA for the group, a replacement must be provided in order to process)

Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ WSO ID# \_\_\_\_\_  
 Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ WSO ID# \_\_\_\_\_

**6. Current Mailing Address:** (All WSO mail for the group is sent to this address; it must be a current AMIAS).

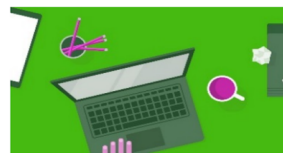
Name (first) \_\_\_\_\_ (last) \_\_\_\_\_  
 Street/PO Box \_\_\_\_\_ City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone Number (Circle one) Home/ Cell/ Work \_\_\_\_\_ Email \_\_\_\_\_  
 Phone # (Home/ Cell/ Work) \_\_\_\_\_ Email \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_





## How to Fill Out



## the Alateen Group Records Change Form

### 1. Group Records

The **WSO ID#** is an 8-digit number assigned by the WSO at the time of registration. If this form is being submitted to change an already registered group, please provide ID#. **District and Area name (abbreviation)** are also used to sort information for reports.

### 2. Status

Indicate the current status of the group. Is this group being registered for the first time with the WSO?

### 3. Changes

If this group is already registered and changes are being submitted, check the appropriate box(es): group name, change in meeting place, meeting day or time, Current Mailing Address (CMA), Alateen Group Sponsor, or Phone Contact for the Public.

### 4. Details

Having an appropriate **group name** is very important because it is included in local and on-line meeting directories and may be a potential member's first impression of Alateen. The group's name reflects the spirit of Al-Anon's primary purpose of welcoming and giving comfort to families and friends of alcoholics. A group's name should not imply affiliation with any other Twelve Step group, self-help group, commercial venture, agency, religious group, rehabilitation facility, or other outside enterprise even if the name is associated with its location--e.g., \_\_\_\_\_ Church Alateen or Hospital Alateen. All Alateen groups, regardless of age range, are registered as "Alateen".

A name that includes the town or section of the town, the meeting day, a slogan, or another phrase from our program is inviting to all and conforms to Al-Anon/Alateen principles. The group name may provide information about the format or focus of the meeting. Nicknames or attempts at humorous names could confuse potential members and prevent them from attending Alateen. It is suggested they not be used in the group name.

The WSO reviews new group names for adherence to Al-Anon/Alateen principles and may ask a group to choose another name if it is not in keeping with Alateen principles.

**Member Count** is an estimate of the number of members attending the meeting that consider themselves members of this group.

**Mail Language** is the language in which the group receives mail. The mailing language can be different from the meeting language (e.g. language spoken at the meeting is Spanish, but the group would like to receive mail from WSO in English). WSO mail can be sent in English, Spanish, or French.

**Spoken Language** is the language spoken at the meeting.

**Age Range** is the age limits of the members attending the meetings. The Alateen age range is generally 13-18; however, it is within the autonomy of each group to include children younger than 13. As young people reach age 18, they are legally adults and are encouraged to transition to Al-Anon while still attending Alateen meetings.

**Meeting Day/Time** is the day of the week and time of the meeting. Please check AM or PM.

**Location** is where the meeting is held. Please include the name of the building followed by a full address including the zip code.

**Location Instructions** provide specific information about the group; e.g. meeting room number, or directions such as use the back door, etc.

**Please note Only current Alateen members, prospective Alateen members, and the Area-certified AMIAS attend Alateen meetings.**

**Limited Access** groups meet in a location where our general membership is not able to attend. Groups meeting in school settings would fall into this category. These are Alateen groups, but membership may be limited because of location.

**Special needs:** This group provides special features such as **Handicap Access**.

## **5. Group AMIAS**

**Group AMIAS** are the Al-Anon Members Involved in Alateen Service (AMIAS) affiliated with the group; their certification status must be currently "Active". They may serve the group as Alateen Group Sponsors, the Current Mailing Address (CMA), and/or a Phone Contact for the Public.

**A Phone Contact for the Public** is an Al-Anon Member Involved in Alateen Service who volunteers to give information over the phone to prospective members, parents, or professionals. These members need to know that the WSO may give callers their first name and phone number. Contacts may receive phone calls from newcomers who have had no previous contact with Al-Anon/Alateen or from visitors needing directions.

**Alateen Group Sponsors are AMIAS** who meet their Area's safety requirements to serve in this capacity. Please contact the Area Alateen Coordinator and/or Area Alateen Process Person for information.

**Please note that when a Group Sponsor who is also the CMA for the group is removed, a replacement must be assigned to the Alateen group in order to process the form.**

## **6. Current Mailing Address (CMA)**

**Current Mailing Address (CMA)** is the address where the WSO will send group mail and where it will be picked up regularly. An Alateen group's CMA must be a current certified Al-Anon Member Involved in Alateen Service who is responsible to take the mail to the group. Often one of the Alateen Group Sponsors serves as the CMA. The address needs to include the member's full name (for mailing purposes only). Some groups rent a post office box, and certified Al-Anon Members Involved in Alateen Service rotate the responsibility to deliver the mail to the group. Note that if the Sponsor serving as CMA is inactivated, the CMA must be changed.

**To protect anonymity please do not use the word "Alateen" in the current mailing address when using a member's post office box or residence address.**



## 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
- \* Licensed creative arts therapist
- \* Licensed marriage and family therapist
- \* Licensed mental health counselor
- \* Licensed psychoanalyst
- \* Licensed behavior analysts
- \* Certified behavior analyst assistants
- \* Resident
- \* Intern
- \* Psychologist
- \* Registered nurse
- \* Social worker
- \* Emergency medical technician
- \* 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
  - full or part-time compensated school employee required to hold a temporary coaching license or professional coaching certificate
- \* Social services worker
- \* Employee of a publicly funded emergency shelter for families with children
- \* 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
- \* Employees of a health home or health home care management agency contracting with a health home, who are expected to have regular and substantial contact with children.
- \* Employees who provide home and community-based services under a Social Security Act §1115 demonstration project, who are expected to have regular and substantial contact with children.
- \* 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.



## Office of Children and Family Services

## Summary Guide for Mandated Reporters in New York State

### 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.





### 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**

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](http://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: <https://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 CUNY School of Professional Studies.

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

[www.nysmandatedreporter.org](http://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 <https://www.op.nysed.gov> or contact the New York State Education Department at:

[OPPLEUCA@mail.NYSED.gov](mailto:OPPLEUCA@mail.NYSED.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  
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click on "Publications."

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