

# Thinking Through Whether to File a 51A Report

This worksheet is a guide and is **completely optional**. Your decision whether to file a 51A report is based solely on your evaluation of a situation considering your understanding of your legal responsibilities. Remember that as a mandated reporter you are individually responsible for making a report. You can use this worksheet individually or as part of a child protection team discussion.

This worksheet was created with the 51A form in mind. If you do decide to make a report after you complete this optional worksheet, then the answers in this worksheet will correspond to the [information you need to make a 51A report](#).

**Start by listing the individual characteristics of the child**

<b>Child's name:</b>	<b>Current location/address of child:</b>
<b>Birth Gender/Gender Identity:</b>	<b>Any other children in the home?</b>
<b>Preferred Language of Child:</b>	<b>Age/DOB:</b>
<b>Parent/guardian/caregiver of child:</b>	<b>Race/Ethnicity:</b>

Next, focus on specific aspects that will help determine increased risk, or areas of strengths and safety by listing the information below. A 51A report should focus on what the child is experiencing. Consider how this particular child is, or may be, effected by what is happening.

**List any disabilities and how they may affect the child** *(for example- cerebral palsy, hearing impairment, ADHD, behavioral or mental health challenges, learning disability, autism spectrum disorder)*

**List any vulnerabilities particular to this child** *(for example- age, illness, experienced a negative life event)*

**List any strengths particular to this child** *(for example- creative, social, involved in extracurricular activities)*

Next, write out your concern. What do you think, or suspect may be happening?

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**I am concerned that:**

**The reason I am concerned is:**

**Possible contributing factors, please check all that apply:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Substance use/misuse                       | <input type="checkbox"/> Acute/chronic medical condition  | <input type="checkbox"/> Runaway          |
| <input type="checkbox"/> Substance exposed newborn                  | <input type="checkbox"/> Housing instability/homelessness | <input type="checkbox"/> Gang involvement |
| <input type="checkbox"/> Domestic violence                          | <input type="checkbox"/> Human trafficking/labor          | <input type="checkbox"/> None applies     |
| <input type="checkbox"/> Mental/behavioral health challenges        | <input type="checkbox"/> Teen parenting                   | <input type="checkbox"/> Unknown          |
| <input type="checkbox"/> Human trafficking/sexually exploited child |   | <input type="checkbox"/> Other            |

**Fill in below how your concern may fit the following definitions.** A child can be both abused and/or neglected. You should focus on your concern, you do not need to decide for sure if a child is abused or neglected, DCF will decide that.

**Abuse:<sup>1</sup>** I am concerned that this child has a serious physical or emotional injury, or is at substantial risk of a physical or emotional injury, due to the non-accidental act of a caregiver. This can include sexual abuse.

**Neglect:** I am concerned that the child is not receiving minimally adequate care and that this is, or may, result in serious physical or emotional harm to the child. I realize that this may be because of the action or inaction of a caregiver.

**Who is the person(s) responsible for the abuse and/or neglect of the child?** *(It can be helpful to add here why you suspect this person is responsible. If you do not know who is responsible, leave blank and please see the following page.)*

**What is the relationship of this person to the child?** *(Is this individual a caregiver, parent, guardian? It is helpful to add any demographic/contact information you have for this individual. If you don't know who is responsible, or if they are a caretaker for the child, leave blank and please see the following page.)*

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<sup>1</sup> The DCF definitions of words in these text boxes including “abuse” “emotional injury” and “neglect” are available at the end of this document.

## What if you do not know who is responsible or you do not think that the person responsible is a caregiver?

It is DCF's job to determine whether the alleged perpetrator is a caregiver. Caregiver is a technical term defined by DCF for DCF's own use. Your job is to focus on the experience of the child. Is the child experiencing abuse or neglect- are they being maltreated in some way? Then you can move forward in this worksheet to consider the full picture. Please remember, some concerns may not fit neatly into the "caregiver" category, but are still reportable:

**Child is born with a physical dependence upon an addictive drug at birth.** This requires an automatic filing of a 51A regardless of the type of "drug" the child has a dependence on and regardless of your evaluation of the effect this may have on the child. DCF's screening will consider whether the "drug" was prescribed to the child's mother by a treating physician and whether there are other concerns for the care of the child.

**Child is sexually exploited or is a victim of commercial sexual exploitation of a child (CSEC).** Sexual exploitation occurs when a person uses their power to coerce, manipulate or deceive a child into sexual activity in exchange for something the victim needs or wants. CSEC is when the exploitation has an economic component. This is reportable to DCF **even if you are sure that the alleged perpetrator is not a caregiver.**

**Child is a human trafficking victim.** This is the recruitment, harboring, transportation, provision, or obtaining of a child for the purpose of forced labor, sexual exploitation, or services obtained through force, fraud, or coercion. This is reportable to DCF **even if you are sure that the alleged perpetrator is not a caregiver.**

**Child has experienced or is initiator of problematic sexualized behavior.** It is necessary to file a 51A when a child or youth initiates behavior that involves sexual body parts in a manner that is developmentally inappropriate and potentially harmful to themselves or others. Children or youth who initiate these behaviors may have experienced maltreatment themselves, or coercive or neglectful parenting practices, been exposed to sexually explicit media at a young age, may be living in a highly sexualized environment, or exposed to family or community violence or trauma. By filing a 51A, DCF can determine if the child/youth involved was in a caretaking role and evaluate the safety of the children/youth. DCF can also connect the children and their families to crucial services via child advocacy centers when appropriate.

**At this point in the worksheet, (1) You’ve based your thinking in the experience of the child. (2) You have identified your concern and you believe that your concern is required to be reported to DCF.**

Now you have to evaluate how sure you are about your concern. The standard you must meet is that you have a “reasonable cause to believe” that your concern is true/is happening. This next section will help you determine whether the information you currently have reaches the threshold of “reasonable cause to believe.”

“Reasonable cause to believe” is when an objective person would agree that there is a collection of **facts, observations, or knowledge** that leads them to believe a child:

- has been abused or neglected
- is at substantial risk of being abused or neglected
- is, or is at substantial risk of becoming, a victim of human trafficking or commercial sexual exploitation
- has been born with a physical dependence on an addictive drug.

If you **know** any of these conditions are true, you must report.

If you **suspect** any of these conditions, you must evaluate the facts, observations, or knowledge that your suspicion is based upon to determine if they add up to a reasonable belief that your suspicion is true. You do not need proof. You are required to report as soon as your belief reaches the threshold that you think that an objective person would agree with your analysis.

**Facts** can include:

- the presence of an injury
- any situation you witness yourself
- a diagnosis from a medical professional

\*\*A child’s disclosure of any information or any admission by an alleged perpetrator should always be treated as facts for the purposes of reporting.

**Observations** can include:

- Witnessing physical, behavioral, or emotional indicators of abuse or neglect
- Observation of sexualized behavior or language that is not appropriate for the child’s age or developmental stage

**Knowledge** can include:

- Historical pattern of concerns about the child or alleged perpetrator
- Information received from a third party
- Professional expertise in knowing what a “red flag” may be

**Write out your facts, observations, and knowledge.** Categorizing the information this way can help you organize your thoughts, understand where your concern might be coming from, determine what weight you might put on the information you have, and prepare you to describe the situation to others including, possibly, a DCF screener.

You do not need to have information in each of the columns, the columns have to do with thinking through the specifics, they aren't a checklist. Think about how you might evaluate a fact differently than an observation. Might someone see that observation differently than you do? Perhaps because of your expertise you are the best person to evaluate that observation. Consider how the knowledge you have may be influenced by your own life experiences or consider whether that knowledge comes from a trustworthy source. There are many ways to look information, identify the best way for you to carefully think through each piece.

The facts:	My observations:	Some things that I know:

**It is important to consider what/if any action(s) have been taken so far to mitigate your concerns.** Some situations may be serious enough in nature that no mitigating actions can be taken other than filing a 51A. Other situations may be mitigated by offering services or support to the child/family. It is important to note what services/support have been provided and the child/caregivers engagement:

Service/support/action	When was it offered	What was the outcome?



**No one wants to report to DCF because of a misunderstanding or a skewed perspective.** Consider how bias and cultural considerations may affect your thinking and may color the facts, observations, and knowledge lists.

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| <ul style="list-style-type: none"><li>• Biases are attitudes or preconceptions that influence our perception, behavior, and decisions. With explicit bias, individuals are aware of their attitudes or preconceptions toward a particular group. Implicit bias, however, refers to all of the unconsciously held attitudes, sentiments, perceptions, and prejudices that have arisen as a result of earlier influences and imprints. Implicit bias is something all people have and should address when making decisions. It is short-cut decision-making, but nothing about mandated reporting should feel like a short-cut.</li><li>• It's important for mandated reporters to acknowledge and reflect on their own biases, whether they are based on race, ethnicity, culture, gender, gender identity or expression, sexual orientation, family structure, disability, language, socioeconomic status, education level, occupation, or geographic location.</li><li>• In determining whether a 51A report should be filed, exercise your professional judgment, be cautious about making split-second decisions, using subjective standards to evaluate others, and when making decisions about people belonging to groups with whom you have limited contact.</li></ul> | <ul style="list-style-type: none"><li>• Culture is a set of beliefs, attitudes, values, and behavior that is passed down from generation to generation. It can be shaped by many factors including race, religion, and ethnicity.</li><li>• Culture can shape attitudes and ideas about acceptable child behavior and discipline, as well as perceptions of stress, trauma, abuse, and reactions to each of these. Regardless of culture, caregivers must provide children with minimally adequate care.</li><li>• It is common to see one's own culture as the normal or correct culture. However, basing the evaluation of child abuse or neglect on your own cultural viewpoint can lead to incorrect determinations and biased reporting. As a mandated reporter you must be aware of your beliefs, values, and biases and how they influence you.</li><li>• When evaluating facts, mandated reporters should consider whether they are viewing cultural differences or concerns that the child's care is not minimally adequate.</li><li>• The state does not intervene in a family's life because a child is treated differently or held to different expectations than children from other cultures. The state only intervenes when a child is not receiving what they need in terms of minimally adequate care and safety.</li></ul> |
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Helpful questions to ask yourself when considering how bias may impact your concerns:

1. What assumptions have I made about the cultural identity, genders, and background of this child/family?
2. What is my understanding of this family's unique culture and circumstances?
3. Am I attaching my own value and belief system to a child/family who does not share the same values, beliefs, or resources?

(1) You have based your thinking in the experience of the child. (2) You have identified your concern and you believe that your concern, if it is true, is required to be reported to DCF. (3) You have evaluated the information that underlies your concern by separating it into facts, observations, and knowledge and considered how you should weigh each of those categories. You have considered how bias and your cultural perspective may color your understanding or give you a certain lens.

Now, given all this information, you have to determine whether an objective person would agree with your analysis and agree that a child has been seriously harmed or is at substantial risk of being seriously harmed.

**An objective person is a person without my bias or cultural perspective, a person without my prior knowledge of this child or family, and a person who is reasonable and thoughtful.**

**Yes, if I described this situation to an objective person, including describing the particular needs of this child and using my expertise to explain what I'm thinking, that objective person would agree with my analysis that this child is maltreated or at substantial risk of being maltreated.**



**FILE A 51A**

**Help- I'm still not sure!** (see next page)

- You can call the DCF Area Office for a consultation. DCF staff will not tell you whether to file or not, but they will discuss the scenario and help you think through the issues.
- **What if you still do not have enough information but you believe that the harm to the child is, or could be, serious?**
  - Try to gather more information without crossing the line into investigating. You are not trying to prove that something is true, you are trying to gather enough information that an objective person would agree that your belief that a child is maltreated is a reasonable belief. You could consider whether there is a pattern of behaviors or circumstances that make a certain viewpoint more likely, you could consider consulting with a colleague who might have more information or a different perspective, you could consider utilizing a child protective team approach.
  - You could refer the child or family to services to address your concern and see if they engage in those services and if they do, whether those services help. This would require that you continue to consider all the information you have and watch for signs that the child or family is safer than they were before.
- **What if you do not think the harm the child is experiencing is significant enough to reach the level of abuse or neglect, but you still have concerns for the child or family?**
  - Reach out to the child and family and offer help! Refer them to services or connect them with some community resources. Do not file a 51A because a family needs services, only file a 51A if you have reasonable cause to believe a child is abused, neglected, or at substantial risk of abuse or neglect, or if there is some other reportable circumstance. Helping a family increase their capacity to care for their children will help prevent abuse and neglect.
  - This is also true if you are worried that what a child is experiencing is poverty- poverty is not neglect. Poverty is when the caregiver does not have the resources to provide for the needs of the child. Neglect is when the caregiver has the resources or has been provided with the tools or opportunity to obtain the resources, but still does not provide for the needs of the child. Refer the child or family to services or connect them with community resources. If this does not resolve your concerns, consider again whether you need to file a 51A report.
- **What if you are sure about a child experiencing abuse or neglect, but you consulted a child protection team or someone else and they disagreed with you?**
  - If you are sure that you should file a 51A report, then file one immediately. It is your individual obligation to file a 51A report immediately when you determine that you have enough information to support a reasonable cause to believe a child is experiencing, or at substantial risk of experiencing, abuse and neglect. If someone convinces you otherwise, you don't need to file and you can continue to monitor the situation and your level of concern. However, if someone just disagrees with you, that should not stop you from executing your legal obligation. You can be held criminally liable for failing to report if you know a report should be made. You will not be held liable for good faith reporting.

The OCA Mandated Reporter Training has associated materials in the associated resource library. These materials will help you learn more about the topics addressed in the training and includes a resource guide to help connect children and families to services.

The DCF definitions of relevant terms are available here: [110 CMR 2 \(mass.gov\)](#)

**We have included some of the definitions below for convenience. These definitions are used by DCF in their work. Mandatory reporters are not required to abide by these definitions but may find them informative.**

**Neglect** means failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home or in-home setting.)

**Abuse** means the non-accidental commission of any act by a caretaker upon a child under age 18 which causes, or creates a substantial risk of physical or emotional injury, or constitutes a sexual offense under the laws of the Commonwealth or any sexual contact between a caretaker and a child under the care of that individual. Abuse is not dependent upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting.)

**Emotional Injury** means an impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.

**Child** means a person who has not reached his/her 18th birthday, but does not include unborn children.

**Institutional Abuse or Neglect** means abuse or neglect which occurs in any facility for children, including but not limited to group homes, residential or public or private schools, hospitals, detention and treatment facilities, family foster care homes, group day care centers, and family day care homes.

**Information accurate as of July 2023.**