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|  | What do you like in examples from other states? | What do you not like in examples from other states? | Do you have suggestions on language? | Additional Notes |
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| Standardized Training for Implicit Bias | DC - collaboration across departments;  inclusion of mandatory reporting AND child welfare systems in impact of racial bias  IL - time to “catch up” on this training after becoming a Man Rep;  Flexibility of in person or web-based;  Inclusion of multiple categories of bias; inclusion of definition of implicit bias; requirement that experts in the field weigh in  NY - guidelines must also include guidance on identifying an abused or maltreated child who has an intellectual or developmental disability. Statute requires that the child abuse and maltreatment hotline must utilize protocols to reduce implicit bias from decision-making processes. | DC - no reference to other types of bias besides race  IL - requirement of pre/post tests  NY - certain date to have it accomplished (but I like that they gave them 3 years to get it done); | Complete training within six months of the publication/availability of such training by the CPO/CDHS, etc.  Include racial, gender and disability biases | NY - I can’t decide if I like the ACEs inclusion but I’m leaning against. Feels like an overreach.  Who is responsible to oversee compliance? Consequence?  Implicit bias training should be required. Accountability and compliance will be resolved later.  Accountability–employer should be accountable that MRs are trained. Administrative remedy makes the most sense. If MRs are self-employed licensees, it should be a term of their good standing. It should be required of ALL MRs, not a select few. (I don’t like the “strongly encourage” language).  Incentivize employers and licensees to comply by offering continuing education, a compliance recognition (for medical clinics, schools, etc.)  Quality–definition of implicit bias should be clear, with examples of multiple types of biases represented |
| Standard Training regarding requirements of the law | NV - within 90 days  IA - employer required to submit reporting policy to employees within first 30 days | NV - every 5 years. There are multiple states that say this. It’s too long!  IA - training on 4th Amendment | Clarify when and how often to be trained. Training must instruct on what MRs are required to do EXACTLY and when. (“immediately” and “cause a report to be made” are super vague) “To law enforcement, county child protective services and Hotline” are helpful.  Require all employers who hire Man Reps to HAVE policy for reporting, and to provide it to their employees within 30 days of hire.  Complete training every two years at minimum  WV: Training for persons require to report and the general public shall include:  (1) Indicators of child abuse and neglect;  (2) Tactics used by sexual abusers;  (3) How and when to make a report; and  (4) Protective factors that prevent abuse and neglect in order to promote adult responsibility for protecting children, encourage maximum reporting of child abuse and neglect, and to improve communication, cooperation and coordination among all agencies involved in the identification, prevention and treatment of the abuse and neglect of children."  (Add implicit bias) | We MUST address the requirements of the law.  TN - “Each LEA and each public charter school shall annually report its compliance with this section to the department of education."  I want OSS to be authorized by CDHS to present that training if it is held exclusively by them, however! (So it's not just web-based.) We have many schools that want in-person training.  CDHS could offer a train-the-trainer with commitments to remain faithful to the bones of the model.  Integrate implicit bias and standardized training.  Trained trainers |