



Healing the Hero Coaching Operations Standard Operating Procedures

First Principles Operating Edition

Version 2.0 | Effective 1 October 2026

**Approval Authority
Daniel Jarvis
Board President and Executive Director**

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Document Approval and Control

This manual governs HTH coaching operations. Controlled protocol scripts remain in the HTH learning management system and are not reproduced here.

Control	Requirement
Document	Healing the Hero Coaching Operations Standard Operating Procedures
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Effective date	1 October 2026
Owner	Daniel Jarvis, Board President and Executive Director
Primary case manager	Tammy Laird, Board Secretary and Case Manager
Review trigger	Annual review or any material change in law, research, technology, risk, or operations
Legal status	Operational policy subject to attorney review before adoption and after material legal change

Daniel Jarvis, Board President and Executive Director / Signature

Date

Revision History

Version	Effective Date	Change	Approved By
1.0	1 OCT 2026	Initial issue	Daniel Jarvis
2.0	1 OCT 2026	First-principles and signal-based rewrite	Pending signature

Required Distribution

- Active, volunteer, paid, on-hold, and supervisory coaches
- Case management and alternate case management
- Executive Director and Board officers
- Authorized trainers, reviewers, and administrative staff with a need to know

Acknowledgment. Each coach signs Appendix N before assignment and after every material revision.

Legal and Operational Notice

- HTH provides nonclinical peer coaching, protocol delivery, and limited mentorship. Coaches do not diagnose, provide psychotherapy, prescribe, direct medication changes, or create a therapist-client relationship.
- HTH uses HIPAA-aligned privacy practices and approved secure platforms. This wording does not represent that HTH is a HIPAA covered entity or business associate. Counsel determines legal status and contract-specific duties.
- The law where the participant is physically located governs immediate mandatory-reporting and emergency decisions unless counsel directs otherwise.
- The state directory is an operational aid. Staff verify the current official source before acting. Immediate danger requires 911 or the local emergency authority.
- Research is voluntary and separate from routine service. The applicable consent, university agreement, and IRB determination control research activity.
- A 1099 label does not determine worker status. HTH reviews the actual working relationship annually with counsel or a qualified accountant.

Attorney review gate. Florida counsel should review this manual, Appendix R, participant consent, coach agreements, NDA and IP terms, worker classification, privacy practices, and minor-service procedures before adoption.

Table of Contents

Document Approval and Control	• 2	25. Participant Rights, Access, and Nondiscrimination	• 30
Legal and Operational Notice	• 3	26. Documentation, Record Content, Access, and Retention	• 31
Executive Quick Reference	• 5	27. Technology, Communications, and Recording	• 32
1. Purpose, Scope, and Authority	• 6	28. Quality Assurance and Performance Review	• 33
2. Mission Population and Service Eligibility	• 7	29. Complaints, Investigation, Discipline, and Appeal	• 34
3. Nonclinical Service Model and Prohibited Practice	• 8	30. Public Communications, Testimonials, Branding, and IP	• 35
4. Governance, Roles, and Delegated Authority	• 9	31. Compensation, Contractor Controls, and Continuity	• 36
5. Definitions and Status Categories	• 10	Appendix A: Responsibility and Escalation Matrix	• 37
6. Coach Recruitment and Minimum Eligibility	• 11	Appendix B: Coach Onboarding Checklist	• 38
7. Vetting, Background Checks, and Onboarding Documents	• 12	Appendix C: Intake-to-Assignment Checklist	• 39
8. Initial Training, Observation, and Certification	• 13	Appendix D: Pre-Session and Session Fidelity Checklist	• 40
9. Quarterly Training, Annual Certification, and Inactivity	• 14	Appendix E: Participant Session Data Log	• 41
10. Coach Availability, Caseload, Assignment, and Reassignment	• 15	Appendix F: Emergency Escalation Checklist	• 43
11. Intake, AI Screening, and Human Oversight	• 16	Appendix G: Mandatory-Reporting Decision Guide	• 44
12. Assessment, Consent, and Research Separation	• 17	Appendix H: Memorandum for Record (MFR)	• 45
13. Pre-Session Readiness and Environment	• 18	Appendix I: Case Closure and Return-to-Service Checklist	• 47
14. Session Delivery, Script Fidelity, and SUDS	• 19	Appendix J: Quality Review Form	• 48
15. Faith-Based and Secular Delivery	• 20	Appendix K: Participant Complaint Form	• 49
16. Follow-Up Mentorship and Post-Service Relationships	• 21	Appendix L: Coach Appeal Request	• 50
17. Outcome Monitoring, Follow-Up, and Successful Closure	• 22	Appendix M: Annual Coach Disclosure and Recertification	• 51
18. No-Shows, Disengagement, False Starts, and Noncompliance	• 23	Appendix N: Manual Acknowledgment	• 52
19. Imminent Risk and Emergency Response	• 24	Appendix O: Referral and Release-of-Information Checklist	• 53
20. Mandatory Reporting: Children and Vulnerable Adults	• 25	Appendix P: Recording Authorization and Consent Checklist	• 54
21. Services to Minors	• 26	Appendix Q: Annual Manual Review Checklist	• 55
22. Contraindications, Serious Conditions, and Referrals	• 27	Appendix R: 50-State and D.C. Reporting Directory	• 56
23. Incident, Adverse Event, and Breach Reporting	• 28	Appendix S: Sources and Legal Review Register	• 91
24. Ethics, Boundaries, and Conflicts of Interest	• 29	Appendix T: One-Page Coach Field Card	• 93
Appendix U Signal Threshold Register	• 94		

Executive Signal Card

Act on the signal. Do not wait for certainty when the rule requires immediate escalation.

Signal	Required response
Factual imminent threat to self or others	Immediate call or text to Tammy and Daniel. Tammy or Daniel calls the participant and activates 911 or law enforcement in the participant jurisdiction when verified.
Reasonable suspicion of child or vulnerable-adult abuse	The legally required reporter reports directly without waiting for HTH approval and simultaneously notifies Tammy or Daniel.
Severe instability or reported serious diagnosis	Stop protocol work. Record observable facts only. Return the participant to Tammy.
SUDS remains above 1 at planned session end	Remain connected, use only approved steps, and obtain supervisory direction before ending.
No meaningful score movement after two sessions	Pause and notify Tammy. Daniel is the second escalation level.
Two no-shows or no-contact events	Return the case to Tammy for final outreach and classification.
Safety, confidentiality, boundary, injury, protocol, complaint, or data incident	Notify Tammy and Daniel immediately by phone or text. Submit an MFR within 48 hours.

Operating constraint. HTH is not a 24-hour crisis line. Coaches publish reasonable availability and use emergency services for immediate danger.

1 Purpose Scope and Authority

Operating principle. A coaching system is safe only when authority, scope, and escalation are explicit.

Signals

- A request falls outside this manual
- Law, emergency direction, IRB terms, or written leadership direction conflicts with routine practice
- A coach is unsure who owns a decision

Required action

1. Stop the disputed action
2. Apply the order of precedence: law, emergency authority, IRB requirements, Board policy, delegated leadership direction, training aids
3. Escalate unresolved authority to Daniel or Tammy before proceeding

Control Analysis

Control	Operational rule
Blind spot	Assuming a training slide or past habit overrides current written policy.
Do not	Do not improvise authority or treat silence as approval.
Leverage	Named owners and written escalation remove delay and diffusion of responsibility.
Control signal	Every material decision has a named owner and documented basis.

2 Mission Population and Eligibility

Operating principle. HTH resources serve verified mission populations and approved exceptions.

Signals

- New Start Healing form
- Unverified service or mission claim
- Criminal history, scope, capacity, or safety concern
- Request involving a child

Required action

1. Tammy verifies eligibility and appropriateness
2. Daniel acts as alternate
3. Board reviews criminal-history exceptions
4. Only Tammy or Daniel accepts a minor age four or older with parent consent and presence

Control Analysis

Control	Operational rule
Blind spot	Letting sympathy, public status, urgency, or a coach relationship replace verification.
Do not	Do not promise acceptance before case management completes review.
Leverage	Central eligibility prevents inconsistent access and protects limited capacity.
Control signal	Every assigned participant has documented mission eligibility and consent.

3 Nonclinical Service Model

Operating principle. HTH coaches deliver controlled peer protocols and mentorship, not diagnosis or treatment.

Signals

- Participant requests diagnosis, medication advice, therapy, legal advice, or a guaranteed outcome
- Coach begins interpreting symptoms or records beyond assigned data
- A licensed coach is tempted to blend roles

Required action

1. State the nonclinical boundary
2. Return clinical or legal needs to Tammy for referral
3. Keep licensed, pastoral, church, and agency work outside HTH unless separately authorized by TRUSA and the governing body

Control Analysis

Control	Operational rule
Blind spot	Credentials can create false confidence and role blending.
Do not	Do not diagnose, prescribe, recommend stopping care, practice psychotherapy, or promise a cure.
Leverage	A narrow service definition increases fidelity, insurability, training speed, and measurable outcomes.
Control signal	Zero documented scope violations.

4 Governance Roles and Delegated Authority

Operating principle. Accountability follows named authority; responsibility cannot be silently delegated.

Signals

- Tammy or Daniel is unavailable
- A decision involves the person who normally owns it
- An emergency, complaint, certification, closure, payment, or public statement requires approval

Required action

1. Use Appendix A
2. Candace Escoebedo performs assigned alternate case-management work
3. Abel Rodriguez acts as alternate emergency authority when Tammy and Daniel are unavailable
4. Conflicts move to Abel or the Board review panel

Control Analysis

Control	Operational rule
Blind spot	Shared leadership language can hide who must act.
Do not	Do not self-assign, self-clear, close your own complaint, or exercise authority that was not delegated.
Leverage	A single escalation matrix reduces bottlenecks without weakening control.
Control signal	No decision remains ownerless past its required response time.

5 Definitions and Status Control

Operating principle. Operational status must describe what a person may do now.

Signals

- Certification expires
- Six months pass without a completed session
- Investigation begins
- Two no-shows occur
- A participant returns after closure

Required action

1. Set the coach to active, on hold, suspended, decertified, or removed
2. Classify the case as active, successful closure, false start, noncompliance, referral, participant choice, or safety hold
3. Require new intake for return to service

Control Analysis

Control	Operational rule
Blind spot	Using informal labels that do not change access or assignment rights.
Do not	Do not treat inactive, suspended, or decertified coaches as available.
Leverage	Status-driven access control makes the roster enforce the policy.
Control signal	Roster status, system access, and assignment authority match.

6 Coach Recruitment and Eligibility

Operating principle. Character and verified service identity are prerequisites to protocol authority.

Signals

- Applicant claims military, valor, combat, special operations, public-safety, Gold Star, or professional status
- Background history is disclosed or found
- Applicant cannot deliver secular service

Required action

1. Verify DD Form 214 and honorable discharge for veterans
2. Verify service, retirement, credentials, and material claims
3. Research Gold Star or fallen-family status through reliable sources
4. Send criminal-history exceptions to the Board

Control Analysis

Control	Operational rule
Blind spot	Charisma, urgency, friendship, or reputation can bypass verification.
Do not	Do not onboard unverifiable applicants. Stolen valor requires immediate dismissal.
Leverage	Front-loaded verification prevents downstream safety, brand, and credibility failures.
Control signal	One hundred percent of active coaches have current verification.

7 Vetting Background Checks and Onboarding

Operating principle. No participant access exists before every control is complete.

Signals

- New applicant
- Annual renewal date
- New arrest, conviction, protective order, license action, or credential change
- Missing agreement or expired check

Required action

1. Verify identity and service
2. Run national criminal and sex-offender checks and claimed-license verification
3. Collect annual self-disclosure
4. Complete NDA, IP agreement, code, service agreement, W-9 when paid, certification, and SOP acknowledgment
5. The results of the criminal background investigation will remain confidential.

Control Analysis

Control	Operational rule
Blind spot	Treating annual screening as paperwork instead of a live risk control.
Do not	Do not issue HTH access or assignments with incomplete or unresolved records.
Leverage	One onboarding checklist creates a visible go or no-go decision.
Control signal	No coach assignment before documented clearance.

8 Initial Training Observation and Certification

Operating principle. Attendance creates exposure; demonstrated competency creates authority.

Signals

- Training completion
- Observed deviation
- Jesus Protocol request
- Evaluator cannot verify competency

Required action

1. Complete four online hours and two eight-hour Zoom trainings
2. Complete at least two observed post-training sessions
3. Daniel or Tammy documents approval, remediation, restriction, or denial
4. Authorize the Jesus Protocol only after specific competency

Control Analysis

Control	Operational rule
Blind spot	Passing a knowledgeable or confident person without observing actual delivery.
Do not	Do not equate course completion with certification.
Leverage	Observed sessions expose drift before a participant bears the risk.
Control signal	Every initial certification includes two documented observations.

9 Quarterly Training Annual Certification and Inactivity

Operating principle. Competency decays without use, review, and correction.

Signals

- Quarterly training due
- Annual certification due
- Six months with no completed session
- Outcome, complaint, documentation, or fidelity signal triggers review

Required action

1. Complete quarterly training or an approved make-up
2. Complete annual certification and reverification
3. Place inactive coaches on hold until recertified
4. Use random and cause-based quality checks

Control Analysis

Control	Operational rule
Blind spot	Allowing a previously strong coach to remain active on reputation alone.
Do not	Do not waive recertification because the coach is senior, licensed, paid, or personally known.
Leverage	A current roster concentrates assignments among coaches who remain practiced.
Control signal	One hundred percent current training and certification for active coaches.

10 Availability Caseload Assignment and Reassignment

Operating principle. Capacity and fit determine assignment; ownership remains with case management.

Signals

- Coach reaches five active participants
- Mismatch in faith preference, gender, lived experience, availability, geography, culture, language, accessibility, risk, or prior relationship
- Participant or coach requests reassignment

Required action

1. Tammy matches and assigns
2. Daniel and Tammy may carry higher loads when operationally necessary
3. Reassign without penalty
4. Document the reason and safety review

Control Analysis

Control	Operational rule
Blind spot	Confusing willingness with capacity or allowing private case trades.
Do not	Do not self-assign, privately transfer, or exceed the caseload limit without authority.
Leverage	Central matching increases completion and reduces disengagement.
Control signal	No standard coach exceeds five active participants.

11 Intake AI Screening and Human Oversight

Operating principle. Automation may detect and route signals; humans retain judgment and emergency authority.

Signals

- Gravity Forms language suggests self-harm or harm to others
- AI fails, is uncertain, or flags ambiguous language
- Required city, state, or phone is missing
- Future AI consent or STI process changes

Required action

1. Immediately alert Tammy and Daniel
2. Tammy calls the participant and schedules intake and scores
3. Daniel acts as alternate
4. Require validation, approval, auditability, accessibility, and human review before expanding AI

Control Analysis

Control	Operational rule
Blind spot	Automation bias can turn a screening aid into an unauthorized decision-maker.
Do not	Do not allow an agent to diagnose, verify imminent danger, contact law enforcement, certify consent, assign, or close a case independently.
Leverage	Automated routing reduces response time while human authority controls consequence.
Control signal	Every high-risk alert receives immediate human review.

12 Assessment Consent and Research Separation

Operating principle. Routine service, informed consent, and research are separate decisions.

Signals

- Initial intake
- Protocol completion
- Tammy selects random follow-up
- Authorized research follow-up at approximately 30, 180, or 365 days
- STI research reaches implementation approval

Required action

1. Tammy administers PCL-5, GAD-7, and PHQ-9 at intake and completion
2. Collect operational consent before service
3. Keep research and media permissions separate, optional, and revocable
4. Adopt STI replacement only after research and written approval

Control Analysis

Control	Operational rule
Blind spot	Participants may believe service depends on research or publicity permission.
Do not	Do not bundle optional research, media, or testimonial consent with routine eligibility.
Leverage	Standard timing makes outcome data comparable without converting service into research.
Control signal	Required pre and post assessments completed or documented as declined.

13 Pre Session Readiness and Environment

Operating principle. A session starts only when the participant, coach, and environment are safe and capable.

Signals

- Driving or equipment operation
- Intoxication
- Unsafe or nonprivate setting
- Inability to consent
- Coach impairment, acute distress, dysregulation, or conflict

Required action

1. Confirm identity, sobriety, privacy, consent, right to stop, location, and callback number
2. Pause or reschedule when readiness is absent
3. Coach steps back and notifies leadership without penalty

Control Analysis

Control	Operational rule
Blind spot	Schedule pressure can normalize unsafe conditions.
Do not	Do not begin because the appointment is difficult to reschedule.
Leverage	A sixty-second readiness check prevents high-cost incidents.
Control signal	Readiness confirmed before every session.

14 Session Delivery Script Fidelity and SUDS

Operating principle. Outcome reliability depends on exact script sequence and minimum necessary data.

Signals

- Session begins
- Step omitted or modified
- SUDS remains above 1
- No meaningful score movement after two sessions
- Session reaches 90 minutes

Required action

1. Use only the current controlled script
2. Record targets, negative emotions, and pre and post SUDS
3. Treat SUDS 0 to 1 as resolved
4. Notify Tammy after two sessions without movement
5. Seek supervision before ending with elevated distress

Control Analysis

Control	Operational rule
Blind spot	Experienced coaches may mistake familiarity for permission to customize.
Do not	Do not skip, teach, copy, record, reverse engineer, or modify protocol steps.
Leverage	Script control turns individual delivery into a measurable system.
Control signal	Fidelity, SUDS movement, and completed sessions are documented.

15 Faith Based and Secular Delivery

Operating principle. Participant choice controls whether delivery is faith based or secular.

Signals

- Participant requests the Jesus Protocol
- Preference is unknown or changes
- Coach lacks Jesus Protocol competency
- Religious pressure or discomfort appears

Required action

1. Learn preference during intake or rapport without pressure
2. Use the Jesus Protocol only after affirmative request and coach authorization
3. Honor a change immediately
4. Reassign when needed

Control Analysis

Control	Operational rule
Blind spot	Coach conviction can be mistaken for participant consent.
Do not	Do not proselytize, shame, coerce, or disadvantage a secular participant.
Leverage	Choice expands access without weakening HTH identity or protocol fidelity.
Control signal	Faith or secular preference is documented and honored.

16 Follow Up Mentorship and Post Service Relationships

Operating principle. Mentorship supports recovery goals without creating dependency or hidden services.

Signals

- Protocol completion
- Additional protocol need
- Paid mentorship reaches 90 days
- Friendship or dual relationship develops

Required action

1. Tammy authorizes additional protocol work
2. Limit paid structured mentorship to 90 days
3. Keep later friendship voluntary and unpaid
4. Maintain confidentiality, nonexploitation, and conflict boundaries

Control Analysis

Control	Operational rule
Blind spot	Good intentions can turn into dependency, solicitation, or off-book service.
Do not	Do not charge, sell, recruit, solicit donations, or use the relationship for another organization or business.
Leverage	A defined handoff preserves connection while closing organizational liability.
Control signal	Every mentorship has an owner, purpose, and end state.

17 Outcome Monitoring Follow Up and Closure

Operating principle. Closure combines score thresholds, participant status, safety, and Tammy's judgment.

Signals

- PCL-5 below 10
- GAD-7 below 5
- PHQ-9 below 6
- STI 25 or lower when operational
- Participant preference, referral need, unresolved risk, or disengagement

Required action

1. Tammy reviews scores and context
2. Confirm protocol resolution and mentorship disposition
3. Set follow-up schedule
4. Document closure category and referrals
5. Require new intake for return

Control Analysis

Control	Operational rule
Blind spot	A low score can conceal item-level risk, bad data, or an unresolved referral need.
Do not	Do not let an aggregate score override PHQ-9 item 9, immediate risk, or participant choice.
Leverage	Clear targets make outcomes visible while preserving human judgment.
Control signal	Closure decision, scores, disposition, and follow-up are complete.

18 No Shows Disengagement and Case Classification

Operating principle. Disengagement is a quality signal before it is an administrative closure.

Signals

- Two no-shows or no-contact events
- Participant goes cold
- No completed session
- At least one completed session

Required action

1. Coach returns the case to Tammy
2. Tammy makes two final attempts using text, call, and email
3. Classify no completed session as false start
4. Classify a case with completed sessions as noncompliance
5. Review fit, access, safety, satisfaction, scheduling, and coach factors

Control Analysis

Control	Operational rule
Blind spot	Blaming the participant hides coach, matching, access, and process failures.
Do not	Do not keep chasing privately or close without case-management review.
Leverage	Every disengagement produces information that improves matching and service design.
Control signal	Cause reviewed and closure category documented.

19 Imminent Risk and Emergency Response

Operating principle. Verified factual imminent danger requires immediate human action in the participant jurisdiction.

Signals

- Clear statement of intent, target, means, timing, action underway, or other factual imminent threat
- Session disconnects after a threat
- Tammy and Daniel are unavailable

Required action

1. Coach keeps the participant engaged when safe and immediately calls or texts Tammy and Daniel
2. Attempt reconnection and call the participant
3. Tammy or Daniel verifies risk and calls the participant
4. Activate 911 or law enforcement in the participant city and state
5. Use Abel as alternate
6. Submit MFR within 48 hours

Control Analysis

Control	Operational rule
Blind spot	Ambiguous language can be minimized, while vague fear can be overstated. Record exact words and observable facts.
Do not	Do not promise secrecy, investigate clinically, transport personally, or rely only on email.
Leverage	Mandatory city, state, and phone data shorten the path from signal to local response.
Control signal	Immediate notification, participant contact, disposition, and MFR documented.

20 Mandatory Reporting Children and Vulnerable Adults

Operating principle. The legally required reporter reports reasonable suspicion directly and without internal delay.

Signals

- Disclosure, observation, injury, behavior, or credible information creates reasonable suspicion
- Immediate danger
- Participant is in another state
- Reporter status is uncertain

Required action

1. Call 911 first for immediate danger
2. Use current law and official sources for the participant location
3. Make the report directly
4. Notify Tammy or Daniel simultaneously
5. Preserve exact words and minimum necessary facts
6. Complete MFR within 48 hours

Control Analysis

Control	Operational rule
Blind spot	Waiting for proof, supervisor permission, or an internal investigation can violate law and increase harm.
Do not	Do not confront the alleged offender, lead the participant, or investigate.
Leverage	Appendix R reduces search time but never replaces current official instructions.
Control signal	Required report made directly and agency details recorded.

21 Services to Minors

Operating principle. Minor services require restricted authority, guardian consent, child assent when appropriate, and continuous guardian presence.

Signals

- Participant is under 18
- Child is younger than four
- Guardian authority is uncertain
- Child withdraws assent, becomes overwhelmed, or the environment becomes unsafe
- Suspected maltreatment

Required action

1. Only Daniel or Tammy conducts the session
2. Verify guardian identity and authority
3. Obtain written consent and age-appropriate assent
4. Keep guardian present
5. Stop on withdrawal or instability
6. Apply mandatory-reporting procedure

Control Analysis

Control	Operational rule
Blind spot	A guardian can be the alleged offender or may pressure the child.
Do not	Do not promise absolute confidentiality or continue over the child's refusal.
Leverage	Restricting minor delivery to two leaders concentrates experience and supervision.
Control signal	Every minor case has verified authority, consent, presence, and safety documentation.

22 Contraindications Serious Conditions and Referrals

Operating principle. Protocol work stops when capacity, stability, diagnosis, intoxication, violence, medical status, or environment creates a scope concern.

Signals

- Participant reports Cluster B, bipolar disorder, schizophrenia-spectrum disorder, or another serious condition
- Observed psychosis, mania, severe cognitive impairment, medical instability, intoxication, violence, or inability to consent

Required action

1. Stop protocol work
2. Document behavior and disclosed facts without labeling
3. Return the case to Tammy
4. Use the vetted referral directory
5. Refer veterans to Camaraderie Foundation when appropriate
6. Obtain written authorization before provider communication unless law or emergency permits disclosure

Control Analysis

Control	Operational rule
Blind spot	A diagnosis alone may be overread; observable instability may be underread.
Do not	Do not diagnose, debate the diagnosis, or restart without case-management clearance.
Leverage	A prepared referral network makes stopping safe and actionable.
Control signal	Every stopped case has a documented disposition and referral decision.

23 Incident Adverse Event and Breach Reporting

Operating principle. Immediate notice preserves safety and evidence; the MFR creates the record.

Signals

- Threat, suspected abuse, deterioration, hospitalization, injury, boundary issue, confidentiality breach, deviation, complaint, or technology incident

Required action

1. Call or text Tammy and Daniel immediately
2. Stop further harm and preserve records
3. Do not alter, backdate, or delete
4. Submit an MFR within 48 hours
5. Escalate conflicts to Abel or the Board panel

Control Analysis

Control	Operational rule
Blind spot	Fear of blame can delay notice or produce sanitized records.
Do not	Do not investigate beyond authority or wait until the MFR is complete to notify leadership.
Leverage	One incident channel enables trend review, corrective action, and legal response.
Control signal	Immediate notice timestamp and complete MFR.

24 Ethics Boundaries and Conflicts

Operating principle. Participant vulnerability must never become personal, financial, sexual, religious, or organizational leverage.

Signals

- Romantic or sexual interest
- Gift, loan, tip, investment, donation, sale, recruitment, or outside-service opportunity
- Prior relationship or conflict
- Substance use or impairment
- Friendship after service

Required action

1. Decline or disclose the conflict
2. Notify Tammy before continuing
3. Reassign when impartiality is affected
4. Keep post-service friendship unpaid and outside HTH service

Control Analysis

Control	Operational rule
Blind spot	Helping relationships can make exploitation look consensual.
Do not	Do not solicit, sell, recruit, proselytize, use participant information elsewhere, or provide off-book protocol work.
Leverage	Clear prohibitions reduce subjective boundary decisions.
Control signal	All conflicts disclosed before acceptance or continuation.

25 Participant Rights Access and Nondiscrimination

Operating principle. Participant control is a safety requirement, not a courtesy.

Signals

- Request to pause, stop, refuse, change coach, select secular delivery, seek accommodation, use an interpreter, or complain
- Retaliation or discrimination concern

Required action

1. Honor the choice without penalty
2. Explain scope and confidentiality limits
3. Provide reasonable access and accommodation when feasible
4. Route complaints fairly and protect against retaliation

Control Analysis

Control	Operational rule
Blind spot	Operational convenience can quietly override participant choice.
Do not	Do not condition service on faith, research, testimonials, photos, or silence about concerns.
Leverage	Choice and reassignment improve fit, trust, and completion.
Control signal	Rights and complaint path explained at intake.

26 Documentation Record Content Access and Retention

Operating principle. Collect the minimum data required to deliver, measure, and protect the service.

Signals

- Completed session
- Risk or follow-up status
- Access request
- Six months after collection
- Research use proposed

Required action

1. Use the assigned HTH Google Doc
2. Record participant name, session count and dates, target count, negative emotions, and pre and post SUDS
3. Limit coach access to assigned records
4. Allow Tammy and Daniel full operational access
5. Remove PII after six months unless an approved exception applies
6. Retain de-identified data separately

Control Analysis

Control	Operational rule
Blind spot	Detailed narratives feel useful but increase privacy, discovery, and misinterpretation risk.
Do not	Do not record diagnosis, speculative impressions, unnecessary trauma narratives, screenshots, or personal-device copies.
Leverage	Data minimization lowers breach impact and makes quality review faster.
Control signal	Required fields complete; prohibited narrative absent; access current.

27 Technology Communications and Recording

Operating principle. HTH-controlled accounts and approved platforms define the trust boundary.

Signals

- Participant communication
- New platform or device
- Lost device, misdirected message, unauthorized access, or suspected breach
- Recording request
- Coach separation or suspension

Required action

1. Use HTH email and approved HIPAA-aligned platforms
2. Use password-protected devices, secure internet, and private locations
3. Report incidents immediately
4. Record only with Daniel's authorization and written participant consent
5. Store authorized recordings in HTH Drive or LMS
6. Revoke access immediately when no longer needed

Control Analysis

Control	Operational rule
Blind spot	Convenience drives data into personal accounts, downloads, screenshots, and uncontrolled recordings.
Do not	Do not use personal email, public computers, local downloads, screenshots, or unauthorized recording.
Leverage	Central accounts make access revocation, retention, and incident response possible.
Control signal	Zero unauthorized systems; all access reviewed at least annually.

28 Quality Assurance and Performance Review

Operating principle. Pre and post movement, completed sessions, fidelity, and disengagement reveal system performance.

Signals

- No movement after two sessions
- Cold or disengaged case
- Complaint, unusual session count, documentation gap, adverse event, or random selection
- Quarterly aggregate review

Required action

1. Daniel and Tammy review the case
2. Check data integrity, assessment movement, SUDS, sessions, fidelity, documentation, fit, access, and safety
3. Assign coaching, observation, remediation, reassignment, load reduction, hold, or investigation
4. Review de-identified trends quarterly

Control Analysis

Control	Operational rule
Blind spot	A strong average can hide one unsafe coach; one poor score can be wrongly treated as misconduct.
Do not	Do not reward volume without outcomes or judge performance from one score without context.
Leverage	Random and signal-based review targets scarce supervisory time where it can change risk and results.
Control signal	Review completion, corrective action, and trend disposition documented.

29 Complaints Investigation Discipline and Appeal

Operating principle. Safety requires rapid containment; fairness requires documented evidence, response, decision, and appeal.

Signals

- Complaint or credible allegation
- Immediate safety or evidence-preservation need
- Abuse, exploitation, falsified record, serious confidentiality breach, impairment, stolen valor, IP misuse, retaliation, or obstruction

Required action

1. Receive through any authorized channel
2. Daniel may suspend temporarily
3. Daniel investigates and Daniel or Tammy interviews
4. Document evidence, response, finding, and corrective action
5. Allow appeal to a conflict-free three-person Board panel
6. Remove immediately for listed zero-tolerance violations

Control Analysis

Control	Operational rule
Blind spot	Founder, friendship, performance, or volunteer status can distort consistency.
Do not	Do not retaliate, predetermine findings, destroy records, or let a conflicted reviewer decide.
Leverage	Defined outcomes and appeal preserve both participant safety and procedural fairness.
Control signal	Every complaint has intake date, owner, interim control, finding, and disposition.

30 Public Communications Testimonials Branding and Intellectual Property

Operating principle. Public trust depends on authorized speech, consent, accurate claims, and protection of TRUSA intellectual property.

Signals

- Media inquiry
- Coach wants to speak about HTH
- Story, photo, testimonial, result claim, logo use, or protocol content proposed
- Request to use protocols outside HTH

Required action

1. Daniel speaks officially or authorizes a board member
2. Coaches speak only for themselves
3. Obtain written consent for identifiable stories and photos
4. Fully de-identify unconsented stories
5. Limit claims to published research, clearly labeled HTH internal research, or accurate personal observation
6. Use protocols only for assigned HTH clients under TRUSA authorization

Control Analysis

Control	Operational rule
Blind spot	A true personal story can still identify a participant or imply a guarantee.
Do not	Do not speak for HTH, promise results, alter statistics, copy scripts, or use protocols in private life coaching.
Leverage	Central approval preserves message accuracy and the value of the IP license.
Control signal	Every public use has authority, consent, source, and claim basis.

31 Compensation Contractor Controls and Continuity

Operating principle. Payment follows verified completed service; continuity follows documented authority and access.

Signals

- Completed session
- No-show, cancellation, documentation, training, meeting, or unauthorized mentorship
- Tammy unavailable
- Tammy and Daniel unavailable in an emergency
- Annual worker-classification review

Required action

1. Pay paid coaches a flat 40 dollars per completed session only
2. Tammy verifies completed sessions
3. Daniel submits payroll for 1099 processing
4. Use Daniel for alternate case decisions, Candace for assigned alternate work, and Abel for emergency authority when both are unavailable
5. Review classification annually

Control Analysis

Control	Operational rule
Blind spot	A flat-session model can reward speed, incomplete documentation, or misclassified labor if controls are weak.
Do not	Do not pay unverified sessions, permit participant charges or personal donations, or rely on the 1099 label alone.
Leverage	Verification before payroll links compensation to auditable service delivery.
Control signal	Payment record matches completed session record and current contractor review.

APPENDIX A: Responsibility and Escalation Matrix

Instructions. Use this matrix to identify the accountable decision-maker. Delegation must be explicit and documented.

Decision	Primary	Alternate	Control
Intake/assessment/consent	Tammy	Daniel	Candace when assigned
Eligibility and assignment	Tammy	Daniel	No coach self-assignment
Emergency verification/activation	Tammy or Daniel	Abel	Coach immediately notifies
Certification/recertification	Daniel or Tammy	N/A	Observed competency required
Quality review	Daniel and Tammy	Board panel if appealed	Use de-identified data when possible
Investigation	Daniel	Tammy when delegated	Conflict escalates to Abel/Board
Closure	Tammy	Daniel	Coach recommends; cannot close
Official public statement	Daniel	Authorized board member	Coach speaks only personally

APPENDIX B: Coach Onboarding Checklist

Instructions. Complete every item before assignment. Place the completed checklist in the coach's restricted administrative file.

Complete	Item	Date/Initials
☐	Application complete	
☐	Identity verified	
☐	Service documentation verified	
☐	Valor/combat/SOF claims verified where made	
☐	Criminal-history check	
☐	Sex-offender registry check	
☐	Professional-license check where claimed	
☐	Board review completed if history disclosed	
☐	NDA/IP agreement signed	
☐	Code of Conduct signed	
☐	Volunteer or contractor agreement signed	
☐	W-9 received if paid	
☐	4-hour online training complete	
☐	Two 8-hour Zoom trainings complete	
☐	Two observed sessions complete	
☐	Certification decision documented	
☐	HTH email issued	
☐	Drive/LMS access issued	
☐	SOP acknowledgment signed	
☐	Caseload/availability recorded	

Reviewer signature / Date

APPENDIX C: Intake-to-Assignment Checklist

Instructions. Case management completes this form. Coaches do not conduct eligibility intake or final assignment decisions.

Complete	Item	Notes
☐	Start Healing form received	
☐	City, state, and phone present	
☐	AI high-risk screen reviewed	
☐	Immediate alert handled if present	
☐	Identity/mission eligibility verified	
☐	PCL-5 administered	
☐	GAD-7 administered	
☐	PHQ-9 administered	
☐	STI administered when approved	
☐	Operational informed consent signed	
☐	Tele-service consent signed	
☐	Confidentiality limits explained	
☐	Faith/secular preference recorded	
☐	Emergency contact/location data recorded	
☐	Research consent handled separately	
☐	Media release handled separately	
☐	Contraindication/scope screen complete	
☐	Coach match factors reviewed	
☐	Coach assigned	
☐	Assessment scores and authorized case information released to coach	
☐	First appointment confirmed	

APPENDIX D: Pre-Session and Session Fidelity Checklist

Instructions. Use for self-check, observation, remediation, or random quality review. This checklist does not reproduce or replace the controlled script.

Yes/No	Fidelity Item	Observer Notes
	Identity confirmed	
	Participant not driving/operating equipment	
	Private and safe setting	
	Sober and able to consent	
	Right to pause/stop confirmed	
	Assessment information reviewed	
	Approved protocol confirmed	
	Script followed exactly	
	Required steps completed in sequence	
	Pre-SUDS collected	
	Post-SUDS collected	
	Number of targets recorded	
	Negative-emotion SUDS recorded	
	No unnecessary narrative collected	
	Distress at safe level before session ended	
	Follow-up/assignment communicated	
	Google Doc updated	
	Any risk immediately escalated	

APPENDIX E: Participant Session Data Log

Instructions. Store only in the participant's restricted HTH Google Doc. Do not enter trauma narratives, diagnoses, or speculative impressions.

Field	Entry
Participant name	
Coach	
Session number/date	
Platform/location	
Number of trauma targets	
Negative emotions addressed	
Follow-up required	

Trauma Target SUDS

Target #	Pre-SUDS	Post-SUDS	Resolved 0-1?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Negative-Emotion SUDS

Emotion	Pre-SUDS	Post-SUDS	Resolved 0-1?

Emotion	Pre-SUDS	Post-SUDS	Resolved 0-1?

APPENDIX F: Emergency Escalation Checklist

Instructions. Use for an imminent, factual, unambiguous threat to self or others, active attempt, violence, or other immediate danger.

Complete	Action	Time/Notes
☐	Keep participant engaged when safe	
☐	Record exact words; do not reinterpret	
☐	Attempt to identify immediacy, location, and callback number	
☐	Immediately call/text Tammy and Daniel	
☐	If disconnected, attempt reconnection and call participant	
☐	Tammy/Daniel calls participant to verify risk	
☐	For verified imminent danger, contact 911/local law enforcement	
☐	Provide minimum necessary facts	
☐	Record agency, time, contact, and report/event number	
☐	Notify Abel if Tammy and Daniel unavailable	
☐	MFR submitted within 48 hours	
☐	Case paused pending case-management review	

Emergency Numbers. 911 - imminent danger | 988 - call or text for Suicide & Crisis Lifeline support | HTH is not a 24/7 crisis line.

APPENDIX G: Mandatory-Reporting Decision Guide

Instructions. This is an operational aid. The reporter must verify and follow the current law and official instructions where the participant is located.

Step	Question	Direction
1	Is anyone in immediate danger?	Yes: call 911 first. No: continue.
2	Is the person a child or a potentially vulnerable/elder adult under the local law?	If uncertain, consult the official reporting agency without delaying safety action.
3	Is there reasonable suspicion of abuse, neglect, exploitation, abandonment, or sexual misconduct?	Proof is not required; do not investigate.
4	Are you legally required to report?	Use Appendix R and current official state sources. HTH policy requires reporting even when statutory status is uncertain.
5	Have you made the report directly?	Do not wait for supervisor approval. Notify Tammy or Daniel simultaneously.
6	Have you preserved exact words and minimum necessary facts?	Do not confront alleged offender or ask leading questions.
7	Have you documented the agency and report details?	Complete MFR within 48 hours after immediate notification.

APPENDIX H: Memorandum for Record (MFR)

Instructions. Submit within 48 hours after immediate phone/text notification. Use factual, objective language and minimum necessary PII.

MFR number:

Date/time prepared:

Prepared by:

Participant/case ID:

Incident date/time:

Participant city/state:

Type of incident:

Immediate safety status:

Persons notified and time:

Emergency/reporting agency contacted:

Agency report/event number:

Exact relevant statements:

Observable facts:

Actions taken:

Instructions received:

Current case status:

Follow-up owner and due date:

Prepared by / Date

Supervisor review / Date

APPENDIX I: Case Closure and Return-to-Service Checklist

Instructions. Tammy makes the closure decision. A returning participant completes a new intake and updated assessments.

Complete	Closure Item	Notes
☐	Post PCL-5 complete	
☐	Post GAD-7 complete	
☐	Post PHQ-9 complete	
☐	Post STI complete when operational	
☐	Thresholds reviewed	
☐	PHQ-9 item 9/safety reviewed	
☐	Coach feedback reviewed	
☐	Participant status reviewed	
☐	Referrals completed or offered	
☐	Mentorship disposition recorded	
☐	Follow-up interval selected	
☐	Research follow-up separated	
☐	Closure category selected	
☐	Coach access adjusted	
☐	PII removal date scheduled	
☐	Participant informed of return process	

Closure category: ☐ Successful ☐ Participant choice ☐ Referred ☐ False start ☐ Noncompliance ☐ Safety/scope hold ☐ Other

Tammy Laird / Closure decision / Date

APPENDIX J: Quality Review Form

Instructions. Use for random review, disengagement, score concerns, complaint follow-up, or remediation.

Criterion	Meets	Concern	Evidence/Action
Pre/post assessment movement	☐	☐	
SUDS movement	☐	☐	
Number of sessions	☐	☐	
Script fidelity	☐	☐	
Documentation completeness	☐	☐	
Participant engagement	☐	☐	
Coach/participant match	☐	☐	
Boundaries and communication	☐	☐	
Safety escalation	☐	☐	
Closure/follow-up	☐	☐	
Data security	☐	☐	

Disposition: ☐ No action ☐ Coaching ☐ Observation ☐ Remediation ☐ Reassignment ☐ Hold ☐ Investigation

Reviewer / Date

APPENDIX K: Participant Complaint Form

Instructions. Complaints may be submitted without retaliation. Immediate safety issues should be reported by phone to HTH leadership or emergency services.

Complainant name (optional if lawful):

Participant/case ID:

Preferred contact:

Coach/person involved:

Date(s): _____

Description of concern:

Requested resolution:

Immediate safety concern:

Supporting documents:

Received by/date:

APPENDIX L: Coach Appeal Request

Instructions. A coach may request review by a three-person Board panel. Submit within the deadline stated in the decision notice.

Coach name:

Decision appealed:

Decision date:

Grounds for appeal:

Evidence or documents:

Requested outcome:

Conflict concerns regarding panel members:

Coach signature / Date

APPENDIX M: Annual Coach Disclosure and Recertification

Instructions. Complete annually and whenever a reportable change occurs.

Confirm	Statement	Explanation
☐	No new arrest or conviction; or details attached	
☐	No new protective order; or details attached	
☐	No new professional-license action; or details attached	
☐	Service credentials remain accurate	
☐	No undisclosed conflict or outside protocol use	
☐	Quarterly training complete	
☐	Annual certification complete	
☐	No six-month inactivity hold; or recertification completed	
☐	SOP and NDA/IP obligations reaffirmed	
☐	Availability and caseload current	

Coach certification / Date

HTH reviewer / Date

APPENDIX N: Manual Acknowledgment

Instructions. Sign before serving participants and after each material revision.

I acknowledge that I received and reviewed the Healing the Hero Coaching Operations Standard Operating Procedures, Version 2.0. I understand the nonclinical scope, script-fidelity requirement, confidentiality limits, mandatory-reporting duties, emergency escalation, documentation rules, boundaries, data-security obligations, TRUSA intellectual-property restrictions, complaint process, and consequences of noncompliance. I agree to ask for guidance when uncertain and to stop and escalate rather than work beyond my authority.

Coach printed name

Coach signature / Date

HTH witness / Date

APPENDIX O: Referral and Release-of-Information Checklist

Instructions. Use when clinical, medical, substance-use, domestic-violence, legal, crisis, or other external services are needed.

Complete	Item	Notes
☐	Need identified without diagnosing	
☐	Protocol work paused if required	
☐	Tammy notified	
☐	Vetted referral selected	
☐	Veteran referred to Camaraderie Foundation when appropriate	
☐	Participant choice respected	
☐	Written release obtained before provider communication	
☐	Minimum necessary information identified	
☐	Referral date/contact recorded	
☐	Emergency exception documented if used	
☐	Follow-up owner/date set	
☐	Return-to-protocol clearance decision recorded	

APPENDIX P: Recording Authorization and Consent Checklist

Instructions. No recording may occur without Daniel Jarvis's authorization and a signed participant consent specific to purpose, access, storage, and deletion.

Complete	Control	Details
☐	Purpose stated	
☐	Daniel authorization documented	
☐	Participant consent signed	
☐	Voluntary refusal explained	
☐	Recording start/stop announced	
☐	Approved Drive/LMS location selected	
☐	Authorized viewers identified	
☐	No unauthorized copy/download	
☐	Deletion date: six months or replacement	
☐	Research retention separately authorized if applicable	
☐	Deletion/replacement verified	

Participant consent / Date

Daniel Jarvis authorization / Date

APPENDIX Q: Annual Manual Review Checklist

Instructions. Complete before each annual reissue and after major operational or legal change.

Reviewed	Topic	Change/Owner/Due Date
☐	Leadership names/titles	
☐	Mission eligibility	
☐	Coach roster and status	
☐	Training/certification standards	
☐	Assessment instruments and thresholds	
☐	STI research status	
☐	AI agent validation and oversight	
☐	Emergency contacts	
☐	State child-reporting directory	
☐	State APS directory	
☐	Minor-consent law	
☐	Privacy/HIPAA status	
☐	Data retention	
☐	Google Drive/LMS security	
☐	Recording retention	
☐	Worker classification	
☐	Compensation rate	
☐	Referral directory	
☐	TRUSA license/NDA	
☐	Research/IRB requirements	
☐	Website terms/privacy alignment	
☐	Insurer and counsel recommendations	

APPENDIX R: 50-State and District of Columbia Mandatory-Reporting Directory

Instructions

Verify current official instructions when an incident occurs. Child hotline data and statutory summaries are drawn from the U.S. Children's Bureau/Child Welfare Information Gateway. APS contacts are operational aids; when uncertain or a number changes, use the official state portal or Eldercare Locator at 1-800-677-1116. Call 911 for immediate danger.

HTH Nationwide Rule

Regardless of whether a coach is expressly named as a mandatory reporter in a state statute, HTH policy requires direct reporting of reasonable suspicion involving a child or vulnerable adult. Statutory duties may be broader and are personal to the reporter.

Alabama

Child abuse/neglect report	Official portal / Childhelp 1-800-422-4453 Official source
Child reporter scope	Hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, pharmacists, physical therapists, and nurses; Public and private K–12 employees, teachers, and school officials; Peace officers and law enforcement officials; Social workers; Daycare workers or employees; Mental health professionals; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-800-458-7214 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Alaska

Child abuse/neglect report	(800) 478-4444 Official source
Child reporter scope	Health practitioners or administrative officers of institutions; Teachers and school administrators, including athletic coaches, of public and private schools; Child care providers; Paid employees of domestic violence and sexual assault programs, crisis intervention and prevention programs, or organizations that provide counseling or treatment to individuals seeking to control their use of drugs or alcohol; Peace officers or officers of the Department of Corrections; Persons who process or produce visual or printed matter, either privately or commercially; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-800-478-9996; 907-269-3666 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Arizona

Child abuse/neglect report	(888) SOS-CHILD (888-767-2445) Official source
Child reporter scope	Physicians, physician's assistants, optometrists, dentists, osteopathic physicians, behavioral health professionals, nurses, psychologists, counselors, or social workers; Peace officers, child welfare investigators, or child protective services workers; Members of the clergy, priests, or Christian Science practitioners; Parents, stepparents, or guardians; School personnel, domestic violence victim advocates, or sexual assault victim advocates; Any other person who has responsibility for the care or treatment of minors Official source
Vulnerable-adult/APS report	1-SOS-ADULT; 1-877-767-2385 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Arkansas

Child abuse/neglect report	(800) 482-5964 Official source
Child reporter scope	Child care, daycare, or foster care workers; Coroners; Dentists and dental hygienists; Domestic abuse advocates and domestic violence shelter employees or volunteers; Employees of the Department of Human Services; Employees working under contract for the Division of Youth Services of the Department of Human Services; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-800-332-4443; 1-800-482-8049 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

California

Child abuse/neglect report	Official portal / Childhelp 1-800-422-4453 Official source
Child reporter scope	Teachers, teacher's aides, administrators, and employees of public or private schools; Administrators or employees of day camps, youth centers, or youth recreation programs; Administrators or employees of licensed community care or child daycare facilities; Head Start program teachers; Public assistance workers; Foster parents, group home personnel, and personnel of residential care facilities; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-833-401-0832 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Colorado

Child abuse/neglect report	1-844-264-5437 Official source
Child reporter scope	Physicians, surgeons, physicians in training, child health associates, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, hospital personnel, dental therapists or dental hygienists, physical therapists, pharmacists, or registered dietitians; Public or private school officials or employees; Social workers, Christian Science practitioners, mental health professionals, psychologists, professional counselors, and marriage and family therapists; Veterinarians, peace officers, firefighters, or victim's advocates; Commercial film and photographic print processors; Counselors, marriage and family therapists, or psychotherapists; Additional categories may apply; open the official statutory summary.

	Official source
Vulnerable-adult/APS report	1-800-773-1366; 1-800-886-7689 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Connecticut

Child abuse/neglect report	1-800-842-2288; TDD: 1-800-624-5518 Official source
Child reporter scope	Physicians, surgeons, residents, interns, nurses, medical examiners, dentists, dental hygienists, optometrists, chiropractors, podiatrists, physician assistants, pharmacists, or physical therapists; Psychologists or other mental health professionals; School employees, as defined by § 53a-65; Social workers; Police officers, juvenile or adult probation officers, or parole officers; Members of the clergy; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-888-385-4225; 1-860-424-5241 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Delaware

Child abuse/neglect report	1 (800) 292-9582 Official source
Child reporter scope	Physicians, interns, residents, nurses, or medical examiners; Other persons in the healing arts, including persons licensed to render services in medicine, osteopathy, or dentistry; School employees, social workers, or psychologists; Hospitals or health-care institutions; The Medical Society of Delaware; Law enforcement agencies Official source
Vulnerable-adult/APS report	1-800-223-9074 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

District of Columbia

Child abuse/neglect report	(202) 671-SAFE Official source
Child reporter scope	Child and Family Services Agency employees, agents, and contractors; Physicians, psychologists, medical examiners, dentists, chiropractors, registered nurses, licensed practical nurses, or persons involved in the care and treatment of patients; Law enforcement officers or humane officers of any agency charged with the enforcement of animal cruelty laws; School officials, teachers, or athletic coaches; Department of Parks and Recreation employees, public housing resident managers, social service workers, or daycare workers; Human trafficking counselors; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	202-541-3950 Official source

Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Florida

Child abuse/neglect report	(800) 96-ABUSE (800-962-2873) Official source
Child reporter scope	Physicians, osteopaths, medical examiners, chiropractors, nurses, or hospital personnel; Other health-care or mental health professionals; Practitioners who rely solely on spiritual means for healing; Teachers or other school officials or personnel; Social workers, daycare center workers, or other professional child care, foster care, residential, or institutional workers; Law enforcement officers or judges; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-800-96-ABUSE; 1-800-962-2873 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Georgia

Child abuse/neglect report	1.855.GACHILD Official source
Child reporter scope	Physicians, physician assistants, residents, interns, hospital and medical personnel, podiatrists, dentists, nurses, or nurse's aides; Teachers, school administrators, school counselors, visiting teachers, school social workers, or school psychologists; Psychologists, counselors, social workers, or marriage and family therapists; Child welfare agency personnel (as that agency is defined by § 49-5-12) or child-counseling personnel; Child service organization personnel (includes any organization—whether public, private, for-profit, not-for-profit, or voluntary—that provides care, treatment, education, training, supervision, coaching, counseling, recreational programs, or shelter to children); Law enforcement personnel; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-866-552-4464 (select Adult Protective Services) Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Hawaii

Child abuse/neglect report	808-832-5300 Official source
Child reporter scope	Physicians, physicians in training, psychologists, dentists, nurses, osteopathic physicians and surgeons, optometrists, chiropractors, podiatrists, pharmacists, and other health-related professionals; Medical examiners or coroners; Employees or officers of any public or private school; Child care employees or

	employees or officers of any licensed or registered child care facility, foster home, or similar institution; Employees or officers of any public or private agency or institution, or other individuals, providing social, medical, hospital, or mental health services, including financial assistance; Employees or officers of any law enforcement agency, including, but not limited to, the courts, police departments, departments of law enforcement, correctional institutions, and parole or probation officers; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	808-832-5115; 808-243-5151 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Idaho

Child abuse/neglect report	855-552-KIDS (5437) Official source
Child reporter scope	Physicians, residents on hospital staffs, interns, nurses, or coroners; Teachers or daycare personnel; Social workers or law enforcement personnel; Other persons Official source
Vulnerable-adult/APS report	1-877-471-2777 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Illinois

Child abuse/neglect report	1 (800) 252-2873 Official source
Child reporter scope	Medical personnel, including physicians, residents, interns, hospital administrators and personnel, psychiatrists, surgeons, dentists, dental hygienists, osteopaths, chiropractors, podiatric physicians, physician assistants, emergency medical technicians, physical therapists, acupuncturists, nurses, genetic counselors, respiratory care practitioners, home health aides, or certified nursing assistants; Social services and mental health personnel, including professional counselors, social workers, psychologists, assistants working under the direct supervision of a psychologist, marriage and family therapists, social services administrators, or substance abuse treatment personnel; field personnel of the Departments of Healthcare and Family Services, Public Health, Human Services, Human Rights, or Children and Family Services; Supervisors or administrators of the General Assistance program established under 305 ILCS § 5/6-1 et seq.; Crisis intervention personnel, including crisis line or hotline personnel or domestic violence program personnel; Education personnel, including school personnel, including administrators and certified and noncertified school employees; personnel of institutions of higher education; educational advocates; members of a school board or the Chicago Board of Education or the governing body of a private school; or truant officers; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-800-252-8966; 217-524-6911 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Indiana

Child abuse/neglect report	(800) 800-5556 Official source
Child reporter scope	Spouses; A health-care provider and the provider's patient; A licensed social worker, clinical social worker, marriage and

	family therapist, mental health counselor, addiction counselor, or clinical addiction counselor and a client of any of these professionals; A school counselor or psychologist and a student Official source
Vulnerable-adult/APS report	1-800-992-6978; 1-800-545-7763 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Iowa

Child abuse/neglect report	(800) 362-2178 Official source
Child reporter scope	Health practitioners; Social workers or psychologists; School employees, certified paraeducators, coaches, or instructors employed by community colleges; Employees or operators of health-care facilities, child care centers, Head Start programs, family development and self-sufficiency grant programs, substance use disorder programs or facilities, juvenile detention or juvenile shelter care facilities, foster care facilities, or mental health centers; Employees of department institutions listed in § 218.1; An employee or operator of a juvenile detention or juvenile shelter care facility; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-800-362-2178; 1-877-686-0027 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Kansas

Child abuse/neglect report	(800) 922-5330 Official source
Child reporter scope	Persons providing medical care or treatment, including persons licensed to practice the healing arts, dentistry, and optometry; persons engaged in postgraduate training programs approved by the State Board of Healing Arts; licensed professional or practical nurses; and chief administrative officers of medical care facilities; Persons licensed by the State to provide mental health services, including psychologists, clinical psychotherapists, social workers, marriage and family therapists, behavioral analysts, professional counselors, and registered alcohol and drug abuse counselors; Teachers, school administrators, or other employees of an educational institution that the child is attending; Any member of the board of directors of the Kansas State high school activities association referenced in § 72-7114, and any person who is employed by or is an officer of such association; Licensed child care providers or their employees at the place where the child care services are being provided to the child; Firefighters, emergency medical services personnel, law enforcement officers, juvenile intake and assessment workers, court services officers, community corrections officers, case managers, and mediators; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-800-922-5330; 785-296-0044 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Kentucky

Child abuse/neglect report	(877) 597-2331 Official source
Child reporter scope	Physicians, osteopathic physicians, nurses, coroners, medical examiners, residents, interns, chiropractors, dentists, optometrists, emergency medical technicians, paramedics, or health professionals; Teachers, school personnel, or child care personnel; Social workers or mental health professionals; Peace officers Official source
Vulnerable-adult/APS report	1-800-752-6200; 1-800-544-2022 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Louisiana

Child abuse/neglect report	(855) 452-5437 Official source
Child reporter scope	Health practitioners, including physicians, surgeons, physical therapists, dentists, residents, interns, hospital staff, outpatient abortion facility staff members, podiatrists, chiropractors, nurses, nursing aides, dental hygienists, emergency medical technicians, paramedics, optometrists, medical examiners, or coroners; Mental health/social service practitioners, including psychiatrists, psychologists, marriage or family counselors, social workers, members of the clergy, or aides; Members of the clergy, including priests, rabbis, duly ordained clerical deacons or ministers, Christian Science practitioners, or other similarly situated functionaries of a religious organization; Teaching or child care providers, including public or private teachers, teacher's aides, instructional aides, school principals, school staff members, bus drivers, coaches, professors, technical or vocational instructors, technical or vocational school staff members, college or university administrators, college or university staff members, social workers, probation officers, foster home parents, group home or other child care institutional staff members, personnel of residential home facilities, daycare providers, or any individual who provides such services to a child in a voluntary or professional capacity; Police officers or law enforcement officials; Commercial film and photographic print processors; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-800-259-4990; 225-342-9722 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Maine

Child abuse/neglect report	(800) 452-1999 Official source
Child reporter scope	The following persons, when acting in a professional capacity: Allopathic or osteopathic physicians, residents, interns, emergency medical services persons, medical examiners, physician's assistants, dentists, dental hygienists, dental assistants, chiropractors, podiatrists, or registered or licensed practical nurses Teachers, guidance counselors, school officials, youth camp administrators or counselors, or social workers Court-appointed special advocates or guardians ad litem Homemakers, home health aides, medical or social service workers, psychologists, child care personnel, or mental health professionals Law enforcement officials, State or municipal fire inspectors, or municipal code enforcement officials Commercial film and photographic print processors Clergy members Chairs of professional licensing boards that have jurisdiction over mandated reporters Humane agents employed by the Department of Agriculture, Conservation and Forestry Sexual assault counselors or family or domestic violence victim advocates School bus drivers or attendants; Any person who has assumed full, intermittent, or occasional responsibility for the care or custody of the child, regardless of whether the person receives compensation; Any person affiliated with a church or

	religious institution who serves in an administrative capacity or has otherwise assumed a position of trust or responsibility to the members of that church or religious institution, while acting in that capacity, regardless of whether the person receives compensation Official source
Vulnerable-adult/APS report	1-800-624-8404; 207-532-5047 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Maryland

Child abuse/neglect report	(800) 917-7383 Official source
Child reporter scope	Health practitioners; Educators or human service workers; Police officers Official source
Vulnerable-adult/APS report	1-800-917-7383; 1-800-677-1116 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Massachusetts

Child abuse/neglect report	(800) 792-5200 Official source
Child reporter scope	Physicians, medical interns, hospital personnel, medical examiners, psychologists, emergency medical technicians, dentists, nurses, chiropractors, podiatrists, optometrists, osteopaths, allied mental health and human services professionals, drug and alcoholism counselors, psychiatrists, or clinical social workers; Public or private schoolteachers, educational administrators, guidance or family counselors, or child care workers; Persons paid to care for or work with children in any public or private facility, home, or program that provides child care or residential services to children; Persons who provide the services of child care resource and referral agencies, voucher management agencies, family child care systems, or child care food programs; Licensors of the Department of Early Education and Care or school attendance officers; Probation officers, clerk-magistrates of a district court, parole officers, social workers, foster parents, firefighters, police officers, or animal control officers; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-800-922-2275; 1-800-AGE-INFO Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Michigan

Child abuse/neglect report	(855) 444-3911 Official source
Child reporter scope	Physicians, physician assistants, dentists, dental hygienists, medical examiners, nurses, persons licensed to provide emergency medical care, or audiologists; School administrators, counselors, or teachers; Regulated child care providers; Psychologists, marriage and family therapists, licensed professional counselors, social workers, or social work technicians; Physical therapists, physical therapist assistants, occupational therapists, or athletic trainers; Persons employed in a professional capacity in any office of the friend of the court; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-855-444-3911 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Minnesota

Child abuse/neglect report	(800) 422-4453 Official source
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Child reporter scope	A professional or professional's delegate who is engaged in the practice of the healing arts, hospital administration, psychological or psychiatric treatment, child care, education, social services, correctional supervision, probation or correctional services, or law enforcement; A member of the clergy who received the information while engaged in ministerial duties Official source
Vulnerable-adult/APS report	1-800-333-2433; 1-800-627-3529 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Mississippi

Child abuse/neglect report	(800) 222-8000; (601) 432-4570 Official source
Child reporter scope	Physicians, dentists, interns, residents, or nurses; Public or private school employees or child caregivers; Psychologists, social workers, family protection workers, or family protection specialists; Attorneys, ministers, or law enforcement officers Official source
Vulnerable-adult/APS report	1-800-222-8000; (601) 359-4991 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Missouri

Child abuse/neglect report	(800) 392-3738 Official source
Child reporter scope	Physicians, medical examiners, coroners, dentists, chiropractors, optometrists, podiatrists, residents, interns, nurses, hospital and clinic personnel, or other health practitioners; Daycare center workers or other child care workers, teachers, principals, or other school officials; Psychologists, mental health professionals, or social workers; Ministers, including clergypersons, priests, rabbis, Christian Science practitioners, or other persons serving in a similar capacity for any religious organization; Juvenile officers, probation or parole officers, peace officers, law enforcement officials, or jail or detention center personnel; Volunteers or personnel of community service programs that offer support services for families in crisis to assist in the delegation of any powers regarding the care and custody of a child by a properly executed power of attorney; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-800-392-0210 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Montana

Child abuse/neglect report	(866) 820-5437 Official source
Child reporter scope	Physicians, residents, interns, members of hospital staffs, nurses, osteopaths, chiropractors, podiatrists, medical examiners, coroners, dentists, optometrists, or any other health professionals; Teachers, school officials, or school employees who work during regular school hours; Operators or employees of any registered or licensed daycare or substitute care facility, or operators or employees of child care facilities; Mental health professionals or social workers; Religious healers; Foster care,

	residential, or institutional workers; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-844-277-9300 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Nebraska

Child abuse/neglect report	(800) 652-1999 Official source
Child reporter scope	Physicians, medical institutions, or nurses; School employees; Social workers; The inspector general appointed under § 43-4317 Official source
Vulnerable-adult/APS report	1-800-652-1999; 402-595-1324 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Nevada

Child abuse/neglect report	(833) 803-1183 Official source
Child reporter scope	Persons providing services licensed or certified in this State pursuant to, without limitation, hospitals, physicians and other medical personnel, psychologists, therapists, social workers, and counselors, as described in chapters 450B, 630, 630A, 631, 632, 633, 634, 634A, 635, 636, 637, 637B, 639, 640, 640A, 640B, 640C, 640D, 640E, 641, 641A, 641B, 641C, 641D or 653; Any personnel of a licensed medical facility engaged in the admission, examination, care, or treatment of persons or an administrator, manager, or other person in charge of the medical facility upon notification of suspected abuse or neglect of a child by a member of the staff of the medical facility; Coroners; Members of the clergy, Christian Science practitioners, or religious healers; Employees of public or private schools and any volunteers serving at such schools; Persons who maintain or are employed by facilities that provide care for children, children's camps, or other public or private facilities, institutions, or agencies furnishing care to children; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-888-729-0571 statewide Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

New Hampshire

Child abuse/neglect report	(800) 894-5533; (603) 271-6562 Official source
Child reporter scope	Physicians, surgeons, county medical examiners, psychiatrists, residents, interns, dentists, osteopaths, optometrists, chiropractors, nurses, hospital personnel, or Christian Science practitioners; Teachers, school officials, nurses, or counselors; Daycare workers or any other child or foster care workers; Social workers; Psychologists or therapists; Priests, ministers, or rabbis; Additional categories may apply; open the official

	statutory summary. Official source
Vulnerable-adult/APS report	1-800-949-0470 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

New Jersey

Child abuse/neglect report	(877) 652-2873 Official source
Child reporter scope	Citation: Ann. Stat. § 9:6-8.10 All persons are required to report. Official source
Vulnerable-adult/APS report	1-800-792-8820; 609-341-5567 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

New Mexico

Child abuse/neglect report	(855) 333-7233 Official source
Child reporter scope	Licensed physicians; Residents or interns; Law enforcement officers or judges; Registered nurses or visiting nurses; School employees; Social workers acting in their official capacity; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-800-797-3260; 505-841-6100 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

New York

Child abuse/neglect report	(800) 342-3720 Official source
Child reporter scope	Physicians, physician assistants, surgeons, medical examiners, coroners, dentists, dental hygienists, osteopaths, optometrists, chiropractors, podiatrists, residents, interns, psychologists, registered nurses, social workers, or emergency medical technicians; Licensed creative arts therapists, marriage and family therapists, mental health counselors, or psychoanalysts; Hospital personnel or Christian Science practitioners; School officials, including, but not limited to, teachers, guidance counselors, school psychologists, school social workers, school nurses, or administrators; Full- or part-time compensated school employees required to hold temporary coaching licenses or professional coaching certificates; Social services workers, daycare center workers, providers of family or group family daycare, or any other child care or foster care worker; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-800-342-3009; 1-888-201-4563 Official source
Required HTH action	Make the legally required report directly and immediately; notify

	Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.
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Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

North Carolina

Child abuse/neglect report	Official portal / Childhelp 1-800-422-4453 Official source
Child reporter scope	Citation: Gen. Stat. § 7B-301Any person or institution that has cause to suspect abuse or neglect shall report. Official source
Vulnerable-adult/APS report	1-800-662-7030 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

North Dakota

Child abuse/neglect report	1-833-958-3500 Official source
Child reporter scope	Dentists, dental hygienists, optometrists, medical examiners or coroners, or any other medical or mental health professionals; Tier 1, tier 2, tier 3, or tier 4 mental health professionals, as defined under § 25-01-01; Religious practitioners of the healing arts; Schoolteachers, administrators, or school counselors; Child care workers or foster parents; Police or law enforcement officers, juvenile court personnel, probation officers, or division of juvenile services employees; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-855-462-5465 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Ohio

Child abuse/neglect report	(855) 642-4453 Official source
Child reporter scope	Attorneys; Health-care professionals, including physicians, interns, residents, dentists, podiatrists, or nurses; Licensed psychologists, school psychologists, or marriage and family therapists; Speech pathologists or audiologists; Coroners; Administrators or employees of child daycare centers, certified child care agencies, or other public or private children services; residential camps; child day camps; or private, nonprofit therapeutic wilderness camps agencies; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-855-644-6277 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger;

	MFR within 48 hours.
Verification date for this entry: _____ Verified by: _____ Agency/report number: _____	

Oklahoma

Child abuse/neglect report	(800) 522-3511 Official source
Child reporter scope	All persons; School employees; Physicians, surgeons, or other health-care professionals, including doctors of medicine, licensed osteopathic physicians, residents, and interns, or midwives; Commercial film and photographic print processors or computer technicians Official source
Vulnerable-adult/APS report	1-800-522-3511 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Oregon

Child abuse/neglect report	(855) 503-7233 Official source
Child reporter scope	Physicians, physician assistants, naturopathic physicians, interns, residents, optometrists, chiropractors, dentists, nurses, nurse practitioners, pharmacists, nurse's aides, home health aides, or employees of in-home health services; School employees, including employees of higher education institutions (such as community colleges and public and private universities); Employees of the Department of Human Services, the Oregon Health Authority, Department of Early Learning and Care, Department of Education, Youth Development Division, the Office of Child Care, the Oregon Youth Authority, a local health department, a community mental health program, a community developmental disabilities program, a county juvenile department, a licensed child-caring agency, or an alcohol and drug treatment program; Peace officers; Members of the clergy; Psychologists, social workers, professional counselors, or marriage and family therapists; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-855-503-SAFE (7233) Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Pennsylvania

Child abuse/neglect report	(800) 932-0313 Official source
Child reporter scope	Persons licensed or certified to practice in any health-related field; Medical examiners, coroners, or funeral directors; Employees of licensed health-care facilities who are engaged in the admission, examination, care, or treatment of individuals; School employees; Employees of a child care service or public library; A clergy member, priest, rabbi, minister, Christian Science practitioner, religious healer, or spiritual leader of any

	regularly established church or other religious organization; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-800-490-8505 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Rhode Island

Child abuse/neglect report	1-800-RI-CHILD (1-800-742-4453) Official source
Child reporter scope	What is child abuse?; What can be investigated?; Who is required to report?; How is a report made?; What information must be included in a report? Official source
Vulnerable-adult/APS report	401-462-0550; 401-462-0545 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

South Carolina

Child abuse/neglect report	1-888-227-3487 Official source
Child reporter scope	Physicians, nurses, dentists, optometrists, medical examiners, or coroners; Employees of county medical examiner's or coroner's offices; Any other medical, emergency medical services, mental health, or allied health professionals; Members of the clergy, including Christian Science practitioners or religious healers; Clerical or nonclerical religious counselors who charge for services; School teachers, counselors, principals, assistant principals, or school attendance officers; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	803-898-7318; 803-898-2850 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

South Dakota

Child abuse/neglect report	(877) 244-0864. Official source
Child reporter scope	Physicians, dentists, dental hygienists, osteopaths, chiropractors, optometrists, emergency medical technicians, paramedics, religious healing practitioners, podiatrists, hospital interns or residents, nurses, or coroners; Teachers, school counselors, or officials; Licensed or registered child welfare providers; Mental health professionals or counselors, psychologists, social workers, chemical dependency counselors, or employees or volunteers of domestic abuse shelters; Employees or volunteers of child advocacy organizations or child welfare service providers; Parole or court services officers or law enforcement officers; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-866-854-5465 Official source

Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.
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Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Tennessee

Child abuse/neglect report	(877) 237-0004 Official source
Child reporter scope	Physicians, osteopaths, medical examiners, chiropractors, nurses, hospital personnel, or other health or mental health professionals; Teachers, other school officials or personnel, or daycare center workers; Other professional child care, foster care, residential, or institutional workers; Social workers; Practitioners who rely solely on spiritual means for healing; Judges or law enforcement officers; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-888-APS-TENN; 1-888-277-8366 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Texas

Child abuse/neglect report	(800) 252-5400 Official source
Child reporter scope	Teachers or daycare employees; Nurses, doctors, or employees of a clinic or health-care facility that provides reproductive services; Juvenile probation officers or juvenile detention or correctional officers Official source
Vulnerable-adult/APS report	1-800-252-5400; 512-834-3784 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Utah

Child abuse/neglect report	1-855-323-3237 Official source
Child reporter scope	A member of the clergy regarding any confession made to them while functioning in their ministerial capacity and without the consent of the individual making the confession, if the following apply: The perpetrator made the confession directly to the member of the clergy. The member of the clergy is, under canon law or church doctrine or practice, bound to maintain the confidentiality of the confession.; An attorney, or an individual employed by the attorney, if the knowledge or belief of the suspected abuse or neglect of a child arises from the representation of a client, unless the attorney is permitted to reveal the suspected abuse or neglect of the child to prevent reasonably certain death or substantial bodily harm. Official source

Vulnerable-adult/APS report	1-800-371-7897 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Vermont

Child abuse/neglect report	(800) 649-5285 Official source
Child reporter scope	Health-care providers, including physicians, surgeons, osteopaths, chiropractors, physician assistants, resident physicians, interns, hospital administrators, nurses, medical examiners, emergency medical personnel, dentists, psychologists, and pharmacists; Individuals who are employed or contracted and paid by a school district or an approved or recognized independent school, including school superintendents, headmasters, teachers, student teachers, school librarians, school principals, and school guidance counselors; Child care workers; Mental health professionals and social workers; Police officers and probation officers; Employees, contractors, and grantees of the Agency of Human Services who have contact with clients; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-800-564-1612; 802-241-2345 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Virginia

Child abuse/neglect report	(800) 552-7096 Official source
Child reporter scope	Persons licensed to practice medicine or any of the healing arts; Hospital residents or interns and nurses; Social workers, family-services specialists, or probation officers; Teachers or other employees at public or private schools, kindergartens, or child day programs as that term is defined in § 22.1-289.02; Persons providing full-time or part-time child care for pay on a regular basis; Mental health professionals; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-888-83-ADULT; 1-888-832-3858 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Washington

Child abuse/neglect report	(866) END-HARM (866-363-4276) Official source
Child reporter scope	Practitioners, including persons licensed to practice podiatric medicine and surgery, optometry, chiropractic, nursing, dentistry, osteopathic medicine and surgery, or medicine and surgery; Duly accredited Christian Science practitioners; County

	coroners, or medical examiners; Law enforcement officers; Professional school personnel, including, but not limited to, teachers, counselors, administrators, child care facility personnel, and school nurses; Registered or licensed nurses, social service counselors, psychologists, or pharmacists; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-866-363-4276; 1-800-562-6078 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

West Virginia

Child abuse/neglect report	(800) 352-6513 Official source
Child reporter scope	Medical, dental, or mental health professionals; Christian Science practitioners or religious healers; Teachers or other school personnel; Social service, child care, or foster care workers; Emergency medical services personnel; Peace officers, law enforcement officials, or humane officers; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	1-800-352-6513 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Wisconsin

Child abuse/neglect report	Official portal / Childhelp 1-800-422-4453 Official source
Child reporter scope	Physicians, coroners, medical examiners, nurses, dentists, chiropractors, optometrists, acupuncturists, other medical or mental health professionals, physical therapists, physical therapist assistants, dietitians, occupational therapists, speech-language pathologists, audiologists, emergency medical technicians, or emergency medical services practitioners; Schoolteachers, administrators, or counselors; School employees not otherwise specified above; Child care workers in child care centers, group homes, or residential care centers, or child care providers; Alcohol or other drug abuse counselors, marriage and family therapists, professional counselors, genetic counselors, or members of the treatment staff employed by or working under contract with a county department or a residential care center for children and youth; Social workers, public assistance workers (including financial and employment planners), emergency medical responders, police or law enforcement officers, mediators, or court-appointed special advocates; Additional categories may apply; open the official statutory summary. Official source
Vulnerable-adult/APS report	608-266-2536; 1-800-815-0015 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

Wyoming

Child abuse/neglect report	(800) 457-3659 Official source
Child reporter scope	A person knows or has reasonable cause to believe or suspect that a child has been abused or neglected.; A person observes any child being subjected to conditions or circumstances that

	would reasonably result in abuse or neglect.; A minor is a victim of female genital mutilation. Official source
Vulnerable-adult/APS report	1-800-457-3659; 307-777-3602 Official source
Required HTH action	Make the legally required report directly and immediately; notify Tammy or Daniel simultaneously; 911 first for immediate danger; MFR within 48 hours.

Verification date for this entry: _____ Verified by: _____ Agency/report number: _____

State Directory Use Notes

- Hotline hours, online-report restrictions, county-based systems, age definitions, vulnerable-adult definitions, and follow-up written-report duties vary.
- Online portals are often prohibited for emergencies and may be limited to credentialed mandatory reporters.
- When the participant is on tribal land, a military installation, federal property, or outside the United States, notify HTH leadership and contact the appropriate local, tribal, military, federal, or national authority without delaying emergency action.
- Childhelp can help locate child-reporting resources but does not replace a legally required report to the designated public agency.
- Eldercare Locator can help identify local APS resources but does not replace 911 or a direct report required by law.

APPENDIX S: Authoritative Sources and Legal Review Register

Instructions

Sources were accessed in September 2026. Verify current law and contact information before adoption and during each annual review.

Topic	Source	Link
HTH legal identity and address	Florida Division of Corporations annual report; HTH website privacy/contact pages	Open source
HTH public service terms	Healing the Hero Terms of Use	Open source
HTH privacy/contact	Healing the Hero Privacy Policy	Open source
Child reporting contacts	U.S. Children's Bureau, Child Welfare Information Gateway	Open source
Child mandatory-reporter law	U.S. Children's Bureau state statutory summaries	Open source
Adult protective services	HHS Administration for Community Living and APS TARC	Open source
Elder/APS locator	Eldercare Locator	Open source
Suicide/crisis support	988 Suicide & Crisis Lifeline	Open source
Child hotline locator support	Childhelp National Child Abuse Hotline	Open source
HIPAA scope	U.S. HHS: Who must comply with HIPAA privacy standards?	Open source
Information security	Federal Trade Commission: Protecting Personal Information	Open source
Worker classification	IRS: Independent contractor or employee?	Open source
Florida child reporting	Florida Statutes, Chapter 39	Open source
Florida vulnerable-adult reporting	Florida Statutes, Chapter 415	Open source

Required Legal Review Questions

- Does HTH or any contract make it a HIPAA covered entity or business associate?
- Do Google Workspace, LMS, Jane App, AI agents, teleconferencing platforms, or research partners require BAAs, data-processing agreements, consent changes, or state privacy notices?
- Do minor services comply with consent, tele-services, parent-presence, privacy, and mandatory-reporting law in each participant's location?
- Are coaches employees or contractors under federal and applicable state tests?
- Does the six-month PII-removal rule satisfy litigation, insurance, grant, research, tax, and state recordkeeping requirements?

- Do professional, clergy, peer-support, nonprofit, or ministerial exemptions apply as expected?
- Are volunteer screening, adverse-action, background-check, and nondiscrimination procedures lawful?
- Are the TRUSA-HTH license and NDA consistent with nonprofit conflict-of-interest and private-benefit rules?

APPENDIX T: One-Page Coach Field Card

Instructions

Keep accessible during HTH service. This card supplements, but does not replace, the manual.

BEFORE

Assigned participant only | HTH email | Review scores and restrictions |
Safe/private/sober/not driving | Correct approved script | Right to stop

DURING

Follow script exactly | Record pre/post SUDS | No diagnosis | No trauma narrative unless expressly required | Stop for instability or scope concern

ESCALATE NOW

Imminent self/other threat | Suspected child/vulnerable-adult abuse | Severe instability |
Hospitalization/injury | Boundary or confidentiality breach | Technology/data incident

CONTACT ORDER

1. Tammy Laird 2. Daniel Jarvis 3. Abel Rodriguez if both unavailable. Immediate danger: 911. Crisis support: 988. MFR within 48 hours after immediate phone/text notice.

AFTER

Update assigned Google Doc | No narrative | Two no-shows/no contacts -> Tammy | No score movement after two sessions -> Tammy | Never charge, solicit, sell, recruit, record, or speak for HTH

Appendix U Signal Threshold Register

Use this register to distinguish immediate escalation from routine case-management and quality-review signals.

Timing	Signal	Action
Immediate	Factual imminent self-harm or harm-to-others threat; active danger; suspected abuse with immediate danger	Call 911 when required; notify Tammy and Daniel now; keep participant engaged when safe
Immediate	Suspected child or vulnerable-adult abuse without immediate danger	Required reporter reports directly; notify Tammy or Daniel simultaneously
Immediate	Hospitalization, injury, severe instability, confidentiality or data breach, boundary violation, serious protocol deviation	Stop harm; notify Tammy and Daniel by phone or text; preserve records
Before session ends	SUDS remains above 1 or distress rises	Remain connected and obtain supervisory direction
After two sessions	No meaningful score movement	Pause and notify Tammy; Daniel is second escalation
After two events	No-show or no contact	Return case to Tammy for final outreach and classification
Within 48 hours	Any immediately reportable incident after leadership notice	Submit complete MFR
Six months	Coach has no completed session	Place on hold until recertified
Six months after collection	PII reaches routine removal date	Remove PII unless an approved exception applies; retain de-identified data