

REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

New York State

Office of Children and Family Services

Report Date / /	Case ID	Call ID
Time AM/PM	Local Case #	Local Dist/Agency

SUBJECTS OF REPORT

Line #	Last Name	First Name	Aliases	Sex (M, F, Unk)	Birthday or Age Mo/ Day/ Yr	Ethnic Code	Relation Code	Role	Lang.
1.									
2.									
3.									
4.									
5.									
6.									
7.									

MORE

List Addresses and Telephone Numbers (Using Line Numbers From Above)	Telephone No.
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BASIS OF SUSPICIONS

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

- | | | |
|--------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> DOA/Fatality | <input type="checkbox"/> Child's Drug/Alcohol Use | <input type="checkbox"/> Educational Neglect |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Poisoning/Noxious Substances | <input type="checkbox"/> Emotional Neglect |
| <input type="checkbox"/> Internal Injuries (i.e. Subdural Hematoma) | <input type="checkbox"/> Choking/Twisting/Shaking | <input type="checkbox"/> Inadequate Food/Clothing/Shelter |
| <input type="checkbox"/> Lacerations/Bruises/Welts | <input type="checkbox"/> Lack of Medical Care | <input type="checkbox"/> Lack of Supervision |
| <input type="checkbox"/> Burns/Scalding | <input type="checkbox"/> Malnutrition/Failure to Thrive | <input type="checkbox"/> Abandonment |
| <input type="checkbox"/> Excessive Corporal Punishment | <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Parent's Drug/Alcohol Misuse |
| <input type="checkbox"/> Inappropriate Isolation/Restraint(Institutional Abuse Only) | <input type="checkbox"/> Inadequate Guardianship | <input type="checkbox"/> Other specify) _____ |
| <input type="checkbox"/> Inappropriate Custodial Conduct(Institutional Abuse Only) | <input type="checkbox"/> Swelling/Dislocation/Sprains | |

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem. (If known, give time/date of alleged incident) ___/___/___ Time ___(AM/PM)

The Mandated Reporter Requests Finding of Investigation YES NO

CONFIDENTIAL

SOURCES OF REPORT

CONFIDENTIAL

NAME	TELEPHONE	NAME	TELEPHONE
ADDRESS		ADDRESS	
AGENCY/INSTITUTION		AGENCY/INSTITUTION	

RELATIONSHIP (✓ = REPORTER, X = SOURCE)

- | | | | | | | |
|--------------------------------------------|----------------------------------------|----------------------------------------|------------------------------------------|-----------------------------------------------|-----------------------------------|----------------------------------------|
| <input type="checkbox"/> Med. Exam/Coroner | <input type="checkbox"/> Physician | <input type="checkbox"/> Hosp. Staff | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Neighbor | <input type="checkbox"/> Relative | <input type="checkbox"/> Instit. Staff |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Public Health | <input type="checkbox"/> Mental Health | <input type="checkbox"/> School Staff | <input type="checkbox"/> Other Specify) _____ | | |

For Use By Physicians Only	Medical Diagnosis on Child	Signature of Physician who examined/treated child X	Telephone No.
	Hospitalization Required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks		
Actions Taken Or <input type="checkbox"/> Medical Exam <input type="checkbox"/> X-Ray <input type="checkbox"/> Removal/Keeping <input type="checkbox"/> Not. Med Exam/Coroner			
About To Be Taken <input type="checkbox"/> Photographs <input type="checkbox"/> Hospitalization <input type="checkbox"/> Returning Home <input type="checkbox"/> Notified DA			
Signature of Person Making This Report		Title	Date Submitted Mo. Day Yr.

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

<u>ETHNICITY CODES</u>	<u>RELATION CODES</u> <u>FAMILIAL REPORTS</u>	<u>ROLE CODES</u>	<u>LANGUAGE</u>
AA: African-American AS: Asian CW: Caucasian HL: Hispanic UK: Unknown XX: Other	AU: Aunt/Uncle CH: Child GP: Grandparent FM: Other Fam. Member FP: Foster Parent <u>IAB REPORTS ONLY</u> AR: Administrator CW: Child Care Wkr DC: DayCare Fac/Prov DO: Director/Operator	XX: Other Parent PA: MA: Maltreated Child PS: AS: Alleged Subject (Perpetrator) UH: NO: No Role UK: Unknown IN: Instit. Non-Prof IP: Instit. Pers/Vol. Psychiatric Staff PI:	CH: Chinese CR: Creole EN: English FR: French GR: German HI: Hindi HW: Hebrew IT: Italian JP: Japanese KR: Korean MU: Multiple PL: Polish RS: Russian SI: Sign SP: Spanish VT: Vietnamese XX: Other

Abstract Sections from Article 6, Title 6, Social Services Law

Section 412. Definitions

1. **Definition of Child Abuse** (see N.Y.S. Family Court Act Section 1012(e))

An "abused child" is a child less than eighteen years of age whose parent or other person legally responsible for his care:

- (1) Inflicts or allows to be inflicted upon the child serious physical injury, or
- (2) Creates or allows to be created a substantial risk of physical injury, or
- (3) Commits or allows to be committed against the child a sexual offense as defined in the penal law.

2. **Definition of Child Maltreatment** (see N.Y.S. Family Court Act, Section 1012(f))

A "maltreated child" is a child under eighteen years of age whose physical, mental or emotional condition has been impaired or is in danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care:

- 1) in supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or
- 2) in providing the child with proper supervision or guardianship; or
- 3) by unreasonable inflicting, or allowing to be inflicted, harm or a substantial risk thereof, including the infliction of excessive corporal punishment; or
- 4) by using a drug or drugs; or
- 5) by using alcoholic beverages to the extent that he loses self-control of his actions; or
- 6) by any other acts of a similarly serious nature requiring the aid of the Family Court.

Section 415. Reporting Procedure. Reports of suspected child abuse or maltreatment shall be made immediately by telephone* and in writing within 48 hours after such oral report. ...written reports shall be made to the appropriate local child protective services on this form (Report of Suspected Child Abuse and Maltreatment, LDSS-2221-A). Submit the written LDSS-2221-A form for Residential Institutional abuse reports directly to the State Central Register PO Box 4480, Albany, N.Y. 12204.

Section 419. Immunity from Liability. Any person, official or institution participating in good faith in the making of a report, the taking of photographs, or the removal or keeping of a child pursuant to this title shall have immunity from any liability, civil or of any person required to report cases of child abuse or maltreatment shall be presumed.

Section 420. Penalties for Failure to Report.

1. Any person, official, or institution required by this title to report a case of suspected child abuse or maltreatment who willfully fails to do so shall be guilty of a class A misdemeanor.
2. Any person, official, or institution required by this title to report a case of suspected child abuse or maltreatment who knowingly and willfully fails to do so shall be civilly liable for the damages proximately caused by such failure.

***NYS CHILD ABUSE AND MALTREATMENT REGISTER: 1-800-635-1522 (FOR MANDATED REPORTERS ONLY)
1-800-342-3720 (FOR PUBLIC CALLERS)**