

# Mandated Reporter Training



## Identifying and Reporting Child Abuse and Maltreatment/Neglect



New York State Office of Children and Family Services



# Mandated Reporter Training: Identifying and Reporting Child Abuse and Maltreatment/Neglect

## Mandated Reporters

The following persons and officials are required to report or cause a report to be made when they have reasonable cause to suspect that a child is an abused or maltreated child when the parent, guardian, custodian or other person legally responsible for such child comes before them in their professional or official capacity and states from personal knowledge, facts, conditions, or circumstances, which, if correct, would render the child abused or maltreated.

- Physician
- Surgeon
- Dentist
- Dental hygienist
- Chiropractor
- Podiatrist
- Medical examiner
- Coroner
- Osteopath
- Optometrist
- Resident
- Intern
- Registered nurse
- Registered physician's assistant
- Emergency medical technician
- Psychologist
- Mental health professional
- Substance abuse counselor
- Alcoholism counselor
- Christian science practitioner
- Peace officer
- Any other law enforcement official
- District attorney
- Assistant district attorney
- Investigator employed in the office of the district attorney
- School official
- Hospital personnel engaged in the admission, examination, care, or treatment of persons
- Any employee or volunteer in a residential care facility for children
- Any child care worker
- Any foster care worker
- Any day care worker
- Provider of family or group family day care
- Social services worker



## Mandated Reporter Training: Identifying and Reporting Child Abuse and Maltreatment/Neglect

### **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 that knowingly and willfully fails to do so shall be civilly liable for the damages proximately caused by such failure.

### **Immunity from Liability**

Any person, official, or institution participating in good faith in the providing of a service pursuant to section four hundred twenty-four of this title, 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 criminal, that might otherwise result by reason of such actions. For the purpose of any proceeding, civil or criminal, the good faith of any such person, official or institution required to report cases of child abuse or maltreatment or providing a service pursuant to section four hundred twenty-four of this title shall be presumed, provided such person, official or institution was acting in the discharge of their duties and within the scope of their employment, and that such liability did not result from the willful misconduct or gross negligence of such person, official or institution.



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## Child Abuse

An abused child is a child whose parent or other person legally responsible:

- **Inflicted or allowed to be inflicted** upon a child an injury\*

OR

- **Created or allowed to be created a substantial risk of injury\***  
to that child

OR

- Committed or allowed to be committed against that child a sexual crime as defined in section 230.25, 230.30, 230.32, 255.25, or 263 of the penal code
  - In this context, the term injury means serious or protracted disfigurement, protracted impairment of physical, mental or emotional health, protracted loss of the function of any bodily organ or death.

## Maltreatment/Neglect

- Child's **physical, mental, or emotional condition must have been impaired** or placed in imminent danger of impairment

AND

- **The subject failed to exercise a minimum degree of care:**
  - In supplying adequate food, clothing, or shelter
  - In supplying adequate education
  - In supplying medical or dental care though financially able to do so  
OR offered financial or other reasonable means to do so
  - In providing proper supervision or guardianship
  - By inflicting excessive corporal punishment
  - By misuse of drugs or alcohol

AND

- There is a casual **connection** between the child's condition and the **subject's failure to exercise a minimum degree of care.**

OR

- The parent has **abandoned** the child by demonstrating intent to **forego his/her parental rights.**



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## Physical Abuse

### Child's Physical Indicators

#### Unexplained bruises and welts:

- On face, lips, mouth;
- On torso, back, buttocks, thighs;
- In various stages of healing;
- Clustered, forming regular patterns, Reflecting shape of article used to inflict (electrical cord, belt buckle);
- On several different areas;
- Regularly appear after absence, weekend or vacation.

#### Unexplained fractures:

- To skull, nose, facial structure;
- In various stages of healing;
- Multiple or spiral fractures;
- Swollen or tender limbs.

#### Unexplained burns:

- Cigar, cigarette burns, especially on soles, palms, back, buttocks;
- Immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia);
- Patterned (electric burner, iron);
- Rope burns on arms, legs, neck or torso.

#### Unexplained lacerations or abrasions:

- To mouth, lips, gums eyes;
- To external genitalia;
- On backs of arms, legs or torso;
- Human bite marks;
- Frequent injuries that are “accidental” or “unexplained”.

### Child's Behavioral Indicators

- Wary of adult contacts;
- Apprehensive when other children cry;
- Behavioral extremes: aggressiveness, withdrawal, changes in behavior;
- Seeks affection from any adult;
- Frightened of parents;
- Afraid to go home;
- Reports injury by parents;
- Wears long-sleeved or similar clothing to hide injuries.

### Parent's Behavioral Indicators

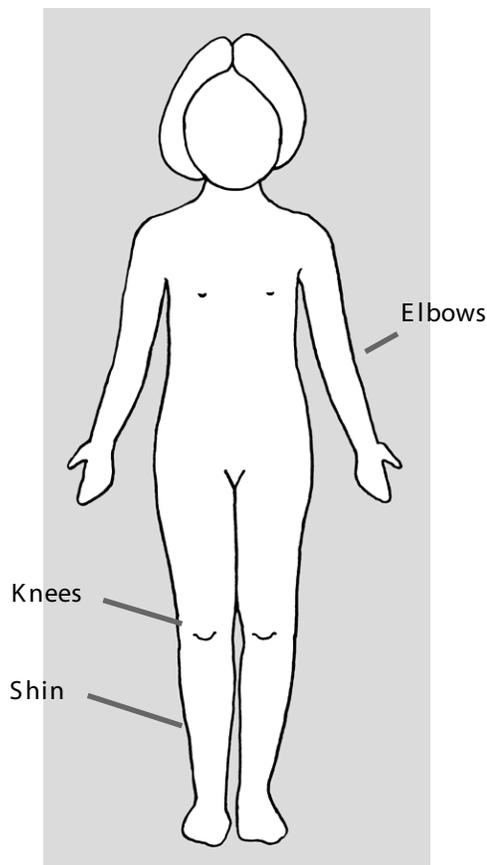
- Seems unconcerned about child;
- Takes an unusual amount of time to obtain medical care for the child;
- Offers inadequate or inappropriate explanation for child's injury;
- Gives different explanations for the same injury;
- Misuses alcohol or other drugs;
- Disciplines the child too harshly considering the child's age or what he/she did wrong;
- Sees the child as bad or evil;
- Has a history of abuse as a child;
- Attempts to conceal child's injury;
- Takes the child to a different doctor or hospital for each injury;
- Has poor impulse control.



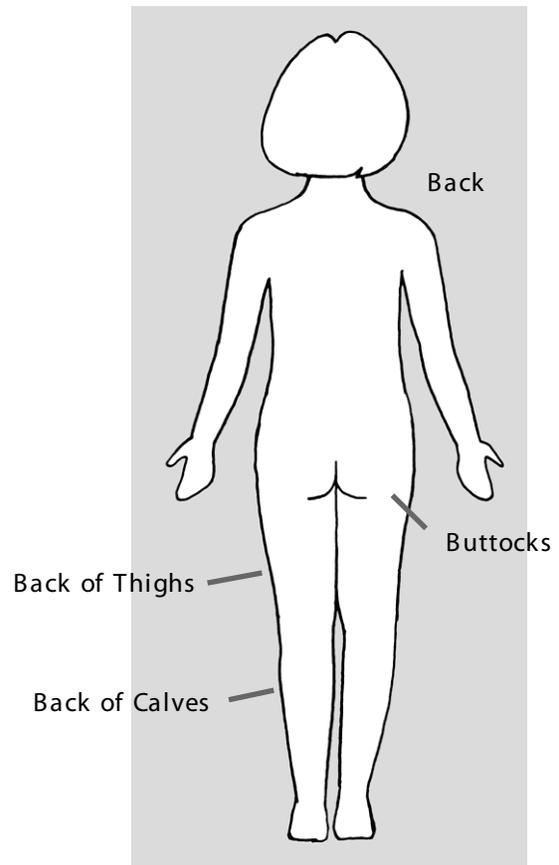
# Mandated Reporter Training: Identifying and Reporting Child Abuse and Maltreatment/Neglect

## Normal and Suspicious Bruising Areas

Normal Bruising Areas



Suspicious Bruising Areas





# Mandated Reporter Training: Identifying and Reporting Child Abuse and Maltreatment/Neglect

## Maltreatment/Neglect

### Child's Physical Indicators

- Consistent hunger, poor hygiene, inappropriate dress;
- Consistent lack of supervision, especially in dangerous activities or long periods;
- Unattended physical problems, medical or dental needs;
- Abandonment.

### Child's Behavioral Indicators

- Begging or stealing food;
- Extended stays in school (early arrival and late departure);
- Infrequent school attendance;
- Consistent fatigue, falling asleep in class;
- Misuses alcohol and other drugs;
- States there is no caretaker.

### Parent's Behavioral Indicators

- Misuses alcohol or other drugs;
- Has disorganized or upsetting home life;
- Is apathetic, feels nothing will change;
- Is isolated from friends, relatives, neighbors;
- Cannot be found;
- Has history of neglect as a child;
- Exposes child to unsafe living conditions;
- Evidences limited intellectual capacity.
- Has long-term chronic illness;

## Emotional Maltreatment

### Child's Physical Indicators

- Conduct disorders (fighting in school, anti-social, destructive);
- Habit disorders (rocking, biting, sucking fingers);
- Neurotic disorders (speech, sleep, inhibition of play);
- Psycho-neurotic reactions (phobias, hysterical reactions, compulsion, hypochondria);
- Lags in physical development;
- Failure to thrive.

### Child's Behavioral Indicators

- Overly adaptive behavior (inappropriately adult or infantile);
- Developmental delays (mental, emotional);
- Extremes in behavior (compliant, passive, aggressive, demanding);
- Suicide attempts or gestures, self-mutilation

### Parent's Behavioral Indicators

- Treats children in family unequally;
- Doesn't seem to care much about child's problems;
- Blames or belittles child;
- Is cold and rejecting;
- Inconsistent behavior towards child.



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### Sexual Abuse

#### Child's Physical Indicators

- Difficulty in walking or sitting;
- Torn, stained or bloody underclothing;
- Pain or itching in genital area;
- Pregnancy, especially in early adolescent years.
- Bruises or bleeding in external genitalia;
- Sexually transmitted disease (especially in pre-adolescent age group, includes oral venereal infections).

#### Child's Behavioral Indicators

- Unwilling to change for gym to participate in physical education class;
- Withdrawal, fantasy or infantile behavior;
- Bizarre sophisticated or unusual sexual behavior or knowledge;
- Self injurious behavior: suicide attempts;
- Poor peer relationships;
- Aggressive or disruptive behavior, delinquency, running away, or school truancy;
- Reports sexual assault by caretaker;
- Exaggerated fear of closeness or physical contact.

#### Parent's Behavioral Indicators

- Very protective or jealous of child;
- Encourages child to engage in prostitution or sexual acts in the presence of the caretaker;
- Misuses alcohol or other drugs;
- Is geographically isolated and/or lacking in social and emotional contacts outside the family;
- Has low self-esteem.



## Mandated Reporter Training: Identifying and Reporting Child Abuse and Maltreatment/Neglect

### Talking with Children

#### Do:

- Find a private place.
- Remain calm.
- Be honest, open and up front with the child.
- Remain supportive: Be an advocate.
- Listen to the child.
- Stress that it's not the child's fault.
- Report the situation immediately.

#### Don't:

- Overreact.
- Make judgments.
- Make promises.
- Interrogate child or try to investigate.
- This is especially important in sexual abuse cases.





# Mandated Reporter Training: Identifying and Reporting Child Abuse and Maltreatment/Neglect

## Reasonable Cause to Suspect

Certainty or proof is not required before reporting suspected child abuse or neglect. The law purposely requires only “reasonable cause to suspect” that a child is abused or maltreated.

A reasonable cause to suspect means that **based on what you have observed or been told, combined with your training and experience, you feel the harm or imminent danger of harm to the child could be the result of act or omission by the person legally responsible for the child.** Explanations that are inconsistent with your observations and/or knowledge may be a basis for your reasonable suspicion.

## Information for an Oral Report

At the time of the oral report, the Child Protective Services (CPS) specialist will request the following information:

- The names and addresses of the child and his/her parents or other person legally responsible for care.
- Location of the child at the time of the report.
- The child’s age, gender and ethnicity
- The nature and extent of the child’s injuries, abuse or maltreatment, including information on prior injuries, abuse or maltreatment to child or siblings.
- What is the effect on the child?
- The names of the person(s) you suspect are responsible for causing the injury, abuse or maltreatment.
- Family composition
- The source of the report
- The person making the report and contact information.
- The actions taken by the reporting source such as photographs, x-rays, removal or keeping of the child, or notifying the medical examiner or coroner.
- Are there any special needs?
  - Medications
  - Disabilities
  - Interpreter
  - Medications
- Are there any personal safety issues for CPS (weapons, dogs, etc).

A reporter is not required to know all of the above information in making a report; therefore, lack of complete information does not prohibit a person from reporting. However, an address is crucial. Persons should report each and all incidents of child abuse or maltreatment.

## Mandated Reporter SCR Telephone Number **1-800-635-1522**

**Use this number when reporting suspicion within your professional capacity.**

### **Non-Mandated SCR Telephone Number 1-800-343-3720**

**Use this number when reporting suspicion outside your professional capacity.**

Monroe County may call: 1-585-461-5690

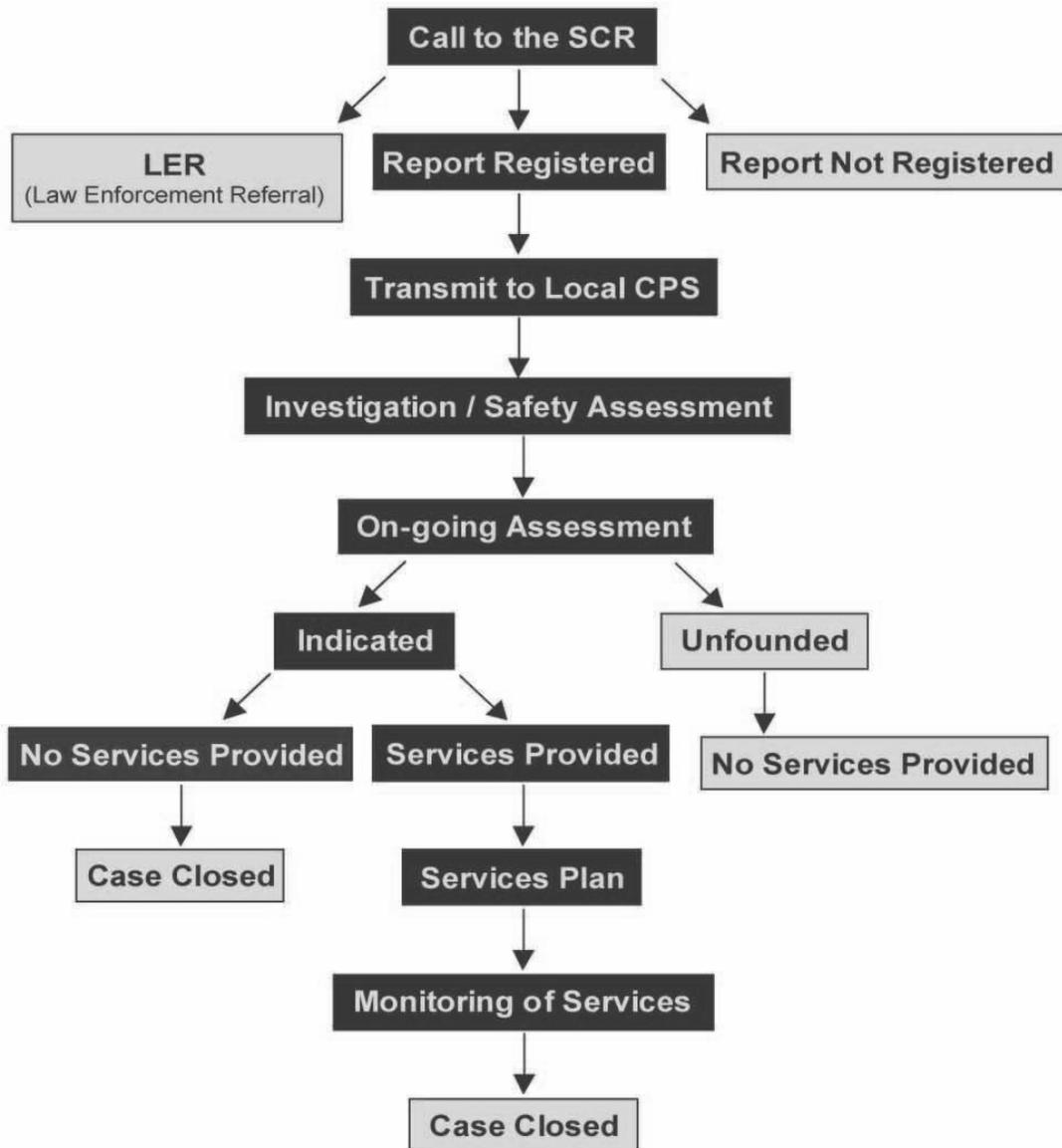
Onondaga County may call: 1-315-422-9701

**Form LDSS 2221-A must be submitted within 48 hours to the appropriate local Child Protective Services.**



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## New York State Child Protective Services System





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### Abandoned Infant Protection Act

The Abandoned Infant Protection Act is part of New York State's efforts to stop people from abandoning newborns in unsafe and dangerous places. Each year newborn children are found in public places where they have been left - abandoned - with no plan and no one to care for them.

The Abandoned Infant Protection Act (AIPA) created an affirmative defense to the criminal charges of abandonment of a Child and Endangering the Welfare of a Child. In short, an affirmative defense means that a person accused of a crime *did* not commit the criminal act but will not suffer a conviction so long as the elements of the affirmative defense are met. Under AIPA the elements of the affirmative defense are:

- 1) The abandoned infant can be no more than 5 days old.
- 2) The person abandoning the infant must have intended the child be safe and well cared for. They cannot have intended the child any harm.
- 3) The infant must be left with an appropriate or suitable location. Should the infant be left in a suitable location, and appropriate person must be notified immediately of the child's location so the child can be taken into custody and cared for.

Neither the term "suitable location" nor "appropriate person" is defined by law. However, district attorneys have stated that hospitals, police stations and fire stations could be suitable locations if they are open and staff is present. Appropriate persons would be employees of the suitable location that are trained to deal with emergency situations. At a hospital, a Doctor, Nurse or Emergency Room personnel would be suitable. Any on-duty police officer at a police station or fire-persons or EMT's at a fire station would also be appropriate.

It is important to know that AIPA **does not affect your responsibilities as a mandated reporter** of suspected child abuse or maltreatment. AIPA does not amend the law in regard to mandated reporters and does not in any way change or lessen the responsibilities of mandated reporters. **Any mandated reporter who learns of abandonment is still obligated to fulfill their mandated reporter responsibilities.** Even if you are unsure of the name of the person who abandoned a child, the reporter must nevertheless make a report. The unknown parties will be listed, as "unknown" but the mandated reporter will still have fulfilled his/her legal responsibility.

It is also important to be aware that AIPA does not change the laws pertaining to child abuse or maltreatment in either the Social Services Law or the Family Court Act. Persons who abandon infants under AIPA will still be indicated as subjects of child maltreatment reports and may still have petitions for child neglect brought against them in family court.

If you have any questions, please call the AIPA Informational Hotline operated by the New York State Office of Children and Family Services (OCFS) at 1-866-505-SAFE. Alternatively, you may contact the OCFS Public Information Office at (518) 473-7793.



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## Mandated Reporter Quiz

1. Mandated reporters are required to make an oral report of a suspected child abuse or maltreatment/neglect immediately and submit a written report (LDSS 2221A) within seventy-two hours. T F
2. A mandated reporter should have clear and sufficient evidence before reporting any allegations of abuse or maltreatment/neglect. T F
3. In New York State, a maltreated child is under the age of sixteen while an abused child is anyone under the age of eighteen. T F
4. Public school teachers can be reported to the State Central Register when they mistreat a child in their classroom. T F
5. Law Enforcement officials have the authority to take a child into protective custody T F
6. If you have notified the person designated to report in your agency and you learn a call was not made to the SCR your obligation as a mandated reporter has been fulfilled. T F
7. A mandated reporter would be liable only if the original report was later considered unfounded. T F
8. If a mandated reporter has a reasonable cause to suspect that a child is being maltreated/neglect and fails to report, this would be considered a class A misdemeanor T F
9. When a mandated reporter makes a report to the New York State Central Register, every effort is made to maintain confidentiality T F
10. Mandated reporters are required to inform the parents that a suspected child abuse or maltreatment/neglect report is being made. T F



# Mandated Reporter Training: Identifying and Reporting Child Abuse and Maltreatment/Neglect

## Evaluating Your Response

Please evaluate the following cases and rate them by category.

**Category A** This should be left to the family

**Category B** Assistance to seek community agency or resource as appropriate.

**Category C** Report to State Central Register (SCR).

**Case 1**  Juanita, age 8, stole some small articles from the local drug store. Her  
  mother spanked her causing bruises and welts.

**Case 2**  Ms. Lombardi walks into the police station asking to speak to someone.   
  She alleges that when her children, (ages 5,7,11) visit their father on   
  weekends, he spanks them if they misbehave. She acknowledges that the   
  children are notuised but she is visibly angry and upset and wants to press   
  charges and have the father arrested.

**Case 3**  You respond to a call of possible family disturbance. Upon your arrival,   
  you find 12 year old Rasheem home with five younger siblings and things   
  are chaotic and out of control. Rasheem has no idea where his mother is or   
  when she will return.

**Case 4**  You find the Russell family living in their car in a parking lot. They have   
  two children ages 4 and 6. They have no relatives in town. The parents tell   
  you they have been there for two days while the father looks for work.   
  They use the local gas station for the bathroom, collect bottles to buy food,   
  and run the car periodically to keep it warm.

# **Mandated Reporter Training Handouts**

# **This Information is provided on the NYC Administration for Children's Services (ACS) Web Site:**

**<http://www.ci.nyc.ny.us/html/acs>**

## **ACS Main Office**

Call 1-877-KIDSNYC (543-7692)  
Outside NYC: 212-341-0900

150 William Street 18th Floor,  
New York, NY 10038

### Prevent Child Abuse and Neglect

ACS works with a network of neighborhood-based service providers to offer children and families throughout the city support within their own community. These services include:

- Community-based preventive services, such as crisis intervention, individual and family counseling, parenting skills training and referrals to public assistance, day care and other subsidized programs.
- Family Preservation Program – Provides six- to eight-week crisis intervention and family preservation services through specially trained workers who work with only two families at a time. Volunteer mentors work with the family intensively for up to 20 hours a week to provide further support.
- Family Rehabilitation Program – Serves families in which a parental substance abuse problem exists; family must have at least one child under six years old.
- Respite Care Programs – Provide families with brief and temporary care for children from birth to 17 years of age for 24 hours and up to 30 consecutive days. Respite care is provided in the homes of specially trained, certified foster parents who provide short-term care for children who remain in the custody of their parents or legal guardians.

### How You Can Help

Studies have shown that neighbors can reduce violence and crime in a community simply by increasing their awareness and working together. Similarly, neighbors can help stop child abuse and neglect.

Here are some things you can do to make children and families safe and secure in your neighborhood:

**Understand** the causes and effects of abuse and neglect. If you know a parent who is under stress, encourage them to seek help. To locate a parenting program that can provide guidance and support, call the Prevention Information and Parent Helpline at 1-800-342-7472.

**Learn** to identify the warning signs of child abuse and neglect. Abuse can include physical, emotional, and sexual abuse. Neglect is the failure by a caretaker to provide a child with adequate food, clothing, shelter, medical care, supervision, or emotional support.

**Report** any known or suspected case that you observe. Reporting abuse can protect children from further harm and help a family address its problems. All reports are confidential and may be made anonymously.

## **Neighborhood Based Services**

ACS's Neighborhood Based Services unit oversees the agency's efforts to create a strong safety net for every child and family in New York City by providing culturally, linguistically and need-driven services within their own community. The unit works to ensure that families can access programs and services available through all divisions of ACS and its partners in the child welfare community. The unit also collaborates with community service providers and stakeholders in 25 Neighborhood Networks.

### **What are Neighborhood Based Services?**

ACS believes that safety and permanency for children and families is best served through a neighborhood-based approach that seeks to provide every child and family with culturally, linguistically and need-driven services within their own communities.

Neighborhood Based Services are key to ACS's reform efforts, which began with the agency's formation in 1996. Following this strategy, ACS works to:

- provide preventive services at the community level to make them more accessible to families in all neighborhoods;
- recruit and retain strong, nurturing foster and adoptive families within all neighborhoods, especially those within the city's 18 highest needs community districts;
- place children in foster care within their own community so that they may stay in contact with their own schools, friends, relatives, and neighbors; and
- identify and coordinate the delivery of neighborhood-based resources that can and do provide effective services (including medical, mental-health, and substance-abuse) to children and families.

As part of its Neighborhood Based Services strategy, ACS realigned its service divisions by community district to deliver preventive, protective, case management and administrative, childcare and Head Start services at the neighborhood level.

To learn more, call ACS's Division of Neighborhood Based Services (NBS) at 212-341-3060 and ask for a copy of the *Parents' Guide to New York State Child Welfare*

*Laws.* NBS can also send a representative to speak in your community about child abuse and neglect.

## **Neighborhood Networks**

ACS has established 25 Neighborhood Networks to serve as a cornerstone of the Neighborhood Based Services strategy. A Neighborhood Network is a collaboration among community-based ACS staff, ACS contract agencies assigned to specific community districts, other local service providers and community stakeholders. Each Network is designed to improve the well being of children and families in the child welfare system and reduce the use of foster care services in their community. Neighborhood Networks provide a forum to form local partnerships to share resources, ideas and referrals. Neighborhood Network participants also engage in joint planning, training and advocacy.

To find out more about a Neighborhood Network in your community, please call:

### **BRONX:**

Francis Ayuso 1-212-227-6501

### **Brooklyn:**

Nigel Nathaniel 1-212-341-2913

### **Manhattan:**

Gladys Screen 1-212-341-2910

### **Queens:**

Elisabeth Jackson 1-212-341-2909

### **Staten Island:**

Laura White-Haynes 1-212-227-6376

## **Listing of County Local District Departments of Social Services**

### **Albany County DSS**

162 Washington Avenue Albany, NY 12210 · (518) 447-7300

### **Allegany County DSS**

County Office Building · 7 Court St. · Belmont, NY 14813-1077 ·  
(716) 268-9303

### **Broome County DSS**

36-42 Main Street · Binghamton, NY 13905-3199 · (607) 778-  
2600

### **Cattaraugus County DSS**

Cattaraugus County Building 1701 Lincoln Avenue · Suite 6010 ·  
Olean, NY 14760-1158 · (716) 373-8065

### **Cayuga County DSS**

County Office Building · 160 Genesee Street · 2nd Floor · Auburn,  
NY 13021-3433 · (315) 253-1451

### **Chautauqua County DSS**

Hall R. Clothier Building · Mayville, NY 14757 · (716) 753-4421

### **Chemung County DSS**

Human Resource Center · 425 Pennsylvania Avenue · Elmira, NY  
14902 · (607) 737-5309

### **Chenango County DSS**

County Office Building · Court Street · Norwich, NY 13815 · (607)  
337-1546

### **Clinton County DSS**

13 Durkee Street · Plattsburgh, NY 12901-2911 · (518) 565-3221

**Columbia County DSS**

25 Railroad Avenue · P.O. Box 458 · Hudson, NY 12534 · (518) 828-9411

**Cortland County DSS**

County Office Building · 60 Central Avenue · Cortland, NY 13045-5590 · (607) 753-5091

**Delaware County DSS**

111 Main Street · P.O. Box 469 · Delhi, NY 13753-1265 · (607) 746-2325

**Dutchess County DSS**

60 Market Street · Poughkeepsie, NY 12601-3299 · (845) 486-3001

**Erie County DSS**

Rath County Office Building · 95 Franklin Street, 8th Floor · Buffalo, NY 14202-3959 · (716) 858-7511

**Essex County DSS**

7551 Court St. · PO Box 217 · Elizabethtown, NY 12932 · (518) 873-3441

**Franklin County DSS**

Court House · Malone, NY 12953 · (518) 481-1873

**Fulton County DSS**

4 Daisy Lane · P.O. Box 549 · Johnstown, NY 12095 · (518) 736-5640

**Genesee County DSS**

5130 East MainSt. · Suite #3 · Batavia, NY 14020-3497 · (585) 344-2580

**Greene County DSS**

465 Main Street · P.O. Box 528 · Catskill, NY 12414-1716 · (518) 943-3200

**Hamilton County DSS**

White Birch Lane · P.O. Box 725 · Indian Lake, NY 12842-0725 · (518) 648-6131

**Herkimer County DSS**

320 North Washington Street · Site 2110 · Herkimer, NY 13350 · (315) 867-1222

**Jefferson County DSS**

Human Services Building · 250 Arsenal Street · Watertown, NY 13601 · (315) 785-3101

**Lewis County DSS**

Outer Stowe Street · P.O. Box 193 · Lowville, NY 13367 · (315) 376-5402

**Livingston County DSS**

Livingston County Campus · Building #3 · Mt. Morris, NY 14510-1699 · (585) 243-7300

**Madison County DSS**

North Court St. · P.O. Box 637 · Wampsville, NY 13163 · 315-366-2211

**Monroe County DSS**

111 Westfall Road - Room 660 · Rochester, NY 14620-4686 · (716) 274-6298

**Montgomery County DSS**

County Office Building · Broadway Fonda, NY 12068 · (518) 853-8290

**Nassau County DSS**

101 County Seat Drive · Mineola, NY 11501 · (516) 571-4444

**New York City DSS**

250 Church Street - Room 1500 · New York, NY 10013-3403 · (212) 274-2664

NYC Administration for Children's Services · 150 William St. 18th Fl. · New York, NY 10038 · (212) 341-0903

Human Resources Administration · 180 Water St. 25th Fl. · New York, NY 10038 · (212) 331-6000

**Niagara County DSS**

100 Davison Rd. P.O. Box 506 · Lockport, NY 14095-0506 · (716) 439-7602

**Oneida County DSS**

County Office Building · 800 Park Avenue · Utica, NY 13501-2981 ·  
(315) 798-5733

**Onondaga County DSS**

Onondaga Co. Civic Center · 421 Montgomery Street · Syracuse,  
NY 13202-2923 · (315) 435-2985

**Ontario County DSS**

3010 County Road #46 · Canandaigua, NY 14424-1296 · (585)  
396-4060

**Orange County DSS**

Quarry Road, Box Z · Goshen, NY 10924-0678 · (914) 291-4311

**Orleans County DSS**

14016 Route 31 West · Albion, NY 14411-9365 · (716) 589-7004

**Oswego County DSS**

100 Spring Street · Mexico, NY 13114 · (315) 963-5435

**Otsego County DSS**

County Office Building · 197 Main Street · Cooperstown, NY  
13326-1196 · (607) 547-7594

**Putnam County DSS**

110 Old Route Six Center, Building #2 · Carmel, NY 10512-2110 ·  
(845) 225-7040

**Rensselaer County DSS**

133 Bloomingrove Drive · Troy, NY 12180-8403 · (518) 283-2000

**Rockland County DSS**

Building L · Sanatorium Road · Pomona, NY 10970 · (845) 364-  
3300

**St. Lawrence County DSS**

Harold B. Smith County Office Building · 6 Judson Street · Canton,  
NY 13617-1197 · (315) 379-2101

**Saratoga County DSS**

County Complex · McMaster Street · Ballston Spa, NY 12020 ·  
(518) 884-4140

**Schenectady County DSS**

106 Erie Boulevard · Schenectady, NY 12305 · (518) 388-4736

**Schoharie County DSS**

County Office Building · P.O. Box 687 · Schoharie, NY 12157 ·  
(518) 295-8311

**Schuyler County DSS**

County Office Building · 105 Ninth Street · Watkins Glen, NY  
14891 · (607) 535-8303

**Seneca County DSS**

1 DiPronio Drive · P.O. Box 690 · Waterloo, NY 13165-0690 ·  
(315) 539-1830

**Steuben County DSS**

3 East Pulteney Square · Bath, NY 14810 · (607) 776-7611

**Suffolk County DSS**

3085 Veterans Memorial Highway · Ronkonkama, NY 11779 · (631)  
854-9930

**Sullivan County DSS**

16 Community Lane · P.O. Box 231 · Liberty, NY 12754 · (845)  
292-0100

**Tioga County DSS**

P.O. Box 240 · Owego, NY 13827 · (607) 687-8301

**Tompkins County DSS**

320 West State Street · Ithaca, NY. 14850 · (607) 274-5252

**Ulster County DSS**

1061 Development Court · Kingston, NY 12401-1959 · (845) 334-  
5221

**Warren County DSS**

Warren Co. Municipal Center · Lake George, NY 12845-9803 ·  
(518) 761-6309

**Washington County DSS**

Municipal Building · 383 Broadway · Fort Edward, NY 12828 ·  
(518) 746-2322

**Wayne County DSS**

77 Water Street · P.O. Box 10 · Lyons, NY 14489-0010 · (315)  
946-4881

**Westchester County DSS**

County Office Building #2 · 112 East Post Road · White Plains, NY  
10601-5113 · (914) 995-5000

**Wyoming County DSS**

466 North Main Street · Warsaw, NY 14569-1080 · (716) 786-  
8901

**Yates County DSS**

County Office Building · 110 Court Street · Penn Yan, NY 14527-  
1118 · (315) 536-5183

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**REPORT OF SUSPECTED  
CHILD ABUSE OR MALTREATMENT**

|                 |              |                   |
|-----------------|--------------|-------------------|
| Report Date     | Case ID      | Call ID           |
| Time AM/PM<br>: | Local Case # | Local Dist/Agency |

**SUBJECTS OF REPORT**

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

MORE

| List Addresses and Telephone Numbers (Using Line Numbers From Above) | Telephone No. |
|--|---------------|
|  | ( ) - -       |
|  | ( ) - -       |
|  | ( ) - -       |

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

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)

MO  
DAY  
YR

The Mandated Reporter Requests Finding of Investigation  YES  NO

| <b>CONFIDENTIAL</b> | <b>SOURCE(S) OF REPORT</b> | <b>CONFIDENTIAL</b> |
|---------------------|----------------------------|---------------------|
| NAME<br>( ) -       | NAME<br>( ) -              | TELEPHONE<br>( ) -  |
| ADDRESS             | ADDRESS                    |                     |
| AGENCY/INSTITUTION  | AGENCY/INSTITUTION         |                     |

**RELATIONSHIP ( ✓ = REPORTER, X = SOURCE)**

Med. Exam/Coroner  
  Physician  
  Hosp. Staff  
  Law Enforcement  
  Neighbor  
  Relative  
  Instit. Staff  
 Social Services  
  Public Health  
  Mental Health  
  School Staff  
  Other Specify) \_\_\_\_\_

|   |  |   |                        |
|---|--|---|------------------------|
| <b>For Use By<br/>Physicians<br/>Only</b> | Medical Diagnosis on Child   | Signature of Physician who examined/treated child<br><b>X</b> | Telephone No.<br>( ) - |
|   | 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 About To Be Taken  
  Medical Exam  
  X-Ray  
  Removal/Keeping  
  Not. Med Exam/Coroner  
 Photographs  
  Hospitalization  
  Returning Home  
  Notified DA

|  |       |                               |
|--|-------|-------------------------------|
| Signature of Person Making This Report | Title | Date Submitted<br>Mo. Day Yr. |
|--|-------|-------------------------------|

## NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

**TO ORDER MORE LDSS-2221A FORMS:** Internet: : <http://www.ocfs.state.ny.us/main/Forms/default.htm> ,  
Intranet: <http://www.sdssnet5/ocfs/admin/forms/default.asp> choose OCFS-4627 "County Forms Request. Difficulty accessing the order form? Call (518) 473-0971.

**TO ACCESS FORM LDSS-2221A** electronically: Internet: : <http://www.ocfs.state.ny.us/main/Forms/default.htm> ,  
Intranet: <http://www.sdssnet5/ocfs/admin/forms/default.asp> choose LDSS-2221A. YOU MUST SUBMIT A PAPER COPY, ORIGINALLY SIGNED LDSS-2221A FORM to the local child protective services.

| <b>KEY TO CODES ON THE FRONT PAGE OF FORM LDSS-2221A</b>                                       |  |  |  |  |   |  |
|--|--|--|--|--|---|--|
| <u>ETHNICITY CODES</u>   | <u>RELATION CODES</u><br><u>FAMILIAL REPORTS</u>   |  | <u>ROLE CODES</u>  | <u>LANGUAGE</u>  |   |  |
| AA: African-American<br>AS: Asian<br>CW: Caucasian<br>HL: Hispanic<br>UK: Unknown<br>XX: Other | AU: Aunt/Uncle<br>CH: Child<br>GP: Grandparent<br>FM: Other Fam. Member<br>FP: Foster Parent<br>DC: Daycare Provider | XX: Other<br>Parent<br>Parent Substitute<br>Unrelated Home Mem.<br>Unknown | PA: AB: Abused Child<br>PS: MA: Maltreated Child<br>UH: AS: Alleged Subject<br>(Perpetrator)<br>NO: No Role<br>UK: Unknown | CH: Chinese<br>CR: Creole<br>EN: English<br>FR: French<br>GR: German<br>HI: Hindi<br>HW: Hebrew<br>IT: Italian<br>JP: Japanese | KR: Korean<br>MU: Multiple<br>PL: Polish<br>RS: Russian<br>SI: Sign<br>SP: Spanish<br>VT: Vietnamese<br>XX: Other |  |
|  | <u>IAB REPORTS ONLY</u>  |  |  |  |   |  |
|  | AR: Administrator<br>CW: Child Care Worker<br>DO: Director/Operator  | IN: Instit. Non-Prof<br>IP: Instit. Pers/Vol.<br>Psychiatric Staff         | PI:  |  |   |  |

### 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 followed in writing (on LDSS-2221A) within 48 hours after such oral report.

#### NYS CHILD ABUSE AND MALTREATMENT REGISTER:

**1-800-635-1522** (For Mandated Reporters Only)      **1-800-342-3720** (For Public Callers)

**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.

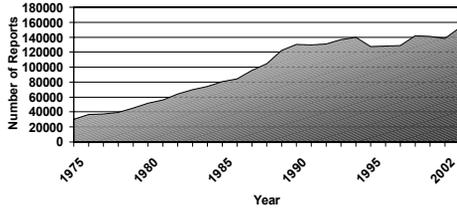
#### **Section 420. Penalties for Failure to Report.**

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.

**TO SUBMIT FORM LDSS-2221A:** A paper copy originally signed, must be submitted to the County Department of Social Services where the subject(s) of the report reside. See Section 415 above.

**Residential Institutional Abuse Reports:** A paper copy of the form LDSS 2221A, originally signed, must be submitted directly to the State Central Register, P.O. Box 4480, Albany, New York 12204-0480. See Section 415 above.

## SCR Reports Registered By Year



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## Child Protective Services Act of 1973

Mandated Reporter



Local Child Protective Services

State Central Register

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## Role of Mandated Reporter

To report suspected incidents of child abuse and maltreatment / neglect while acting in their official capacity

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**Legal  
Framework**

- Immunity
- Confidentiality
- Penalties

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**Abuse**

- Inflicts or allows to be inflicted serious injury
- Creates or allows to be created substantial risk of injury
- Commits or allows to be committed a sex offense

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**Maltreatment/Neglect**

- A child whose physical, mental, or emotional condition has been impaired
- A parent or custodian's failure to provide a minimum degree of care

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## Types of Neglect

### Fails to provide:

- Adequate food, clothing, shelter, education, and medical care
- Proper supervision

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## OR

- Inflicts/allows to be inflicted harm including the infliction of excessive corporal punishment
- Misuses alcohol or other drugs
- Abandonment

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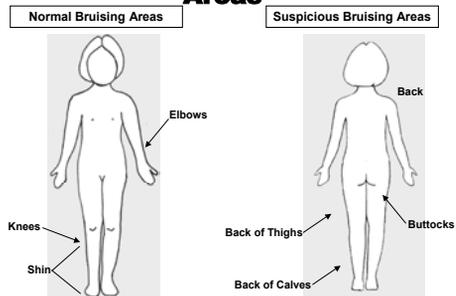
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## Normal and Suspicious Bruising Areas



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**Handprint Injury**



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**Looped Cord Injury**



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**Steam Iron Injury**



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## Talking with Children

- Find a private place to talk
- Remain calm
- Listen to the child
- Be honest, open, up-front, supportive

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## Talking with Children

- Don't make judgments or promises
- Report the situation immediately

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## Evaluating Your Response

Category A: This should be left to the family

Category B: Assistance to seek community agency or resource as appropriate

Category C: Report to the State Central Register (SCR)

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# Making the Call

New York State Child Abuse and Maltreatment Register

**1-800-635-1522**

Mandated Reporter Express Line

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## New York State Child Protective Services System



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## New York State Child Protective Services System



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## Following up the Call

- Within 48 hours
- To local CPS

1089-0207-A (Rev. 10/2002) FRONT NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
REPORT OF SUSPECTED  
CHILD ABUSE OR MALTREATMENT

|             |              |                   |
|-------------|--------------|-------------------|
| Report Date | Case ID      | Call ID           |
| Time ABPM   | Local Case # | Local Disposition |

**SUBJECTS OF REPORT**

| Line # | Line Name | Age | Sex | DOB or Age | Ethnic | Race | Relig. | Lang. |
|--------|-----------|-----|-----|------------|--------|------|--------|-------|
| 1      |           |     |     |            |        |      |        |       |
| 2      |           |     |     |            |        |      |        |       |
| 3      |           |     |     |            |        |      |        |       |
| 4      |           |     |     |            |        |      |        |       |
| 5      |           |     |     |            |        |      |        |       |
| 6      |           |     |     |            |        |      |        |       |

All Address and Telephone Numbers (Using Line Numbers From Above)

|         |               |
|---------|---------------|
| Address | Telephone No. |
|         |               |
|         |               |
|         |               |

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## Following up the Call

- Within 48 hours
- To local CPS

**BASES OF SUSPICION**

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

(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))

MS  
per  
NR

The Mandated Reporter Requests Finding of Investigation  YES  NO

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## Following up the Call

- Within 48 hours
- To local CPS

**SOURCES OF REPORT**

|              |              |              |              |
|--------------|--------------|--------------|--------------|
| NAME         | TELEPHONE    | NAME         | TELEPHONE    |
|              |              |              |              |
| ADDRESS      | ADDRESS      | ADDRESS      | ADDRESS      |
|              |              |              |              |
| ORGANIZATION | ORGANIZATION | ORGANIZATION | ORGANIZATION |
|              |              |              |              |

**RELATIONSHIP ( \* = REPORTER, X = SOURCE)**

MS: Exam/Coner \_\_\_\_\_ Physician \_\_\_\_\_ Hosp. Staff \_\_\_\_\_ Law Enforcement \_\_\_\_\_ Neighbor \_\_\_\_\_ Relative \_\_\_\_\_ Instt. Staff \_\_\_\_\_ Social Services \_\_\_\_\_ Public Health \_\_\_\_\_ Mental Health \_\_\_\_\_ School District \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**For Use By Physicians**

Medical Diagnosis on Child \_\_\_\_\_ Signature of Physician who examined/treated (Only) \_\_\_\_\_ Telephone No. \_\_\_\_\_ Hospitalization Required  None  Under 1 week  1-2 weeks  Over 2 weeks

Actions Taken Or About To Be Taken  Medical Exam  X-Ray  Removal/Keeping  Not. Mand. Exam/Coner  Photographs  Hospitalization  Returning Home  Notified Co.

Date of Report Making This Report \_\_\_\_\_ Date \_\_\_\_\_ Time Submitted \_\_\_\_\_ M. Day Yr.

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## OCFS Website

<http://www.dfa.state.ny.us>



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## http://www.dfa.state.ny.us/ ohrd/MRCertification/

The image shows a web form titled 'Bureau of Training - Mandated Reporter Certification Request'. The form is for a 'Mandated Reporter' and includes the following fields: Name (Last, First, Middle), SSN, DOB, Profession Code, License #, License State, Date Affiliated, Address Line 1, Address Line 2, Address Line 3, City, Zip, and Email. A 'Submit' button is at the bottom. The form also includes a 'Read the Terms before and click "Submit"' instruction and a note that 'ALL FIELDS ARE REQUIRED'.

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## To Evaluate Online (Internet):

<http://www.dfa.state.ny.us>



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