

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 :	Local Case #	Local Dist/Agency

**SUBJECTS OF REPORT**

List all children in household, adults responsible and alleged subjects.									
Line #	Last Name	First Name	Aliases	Sex (M, F, Unk)	Birthdate 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)	(Area Code) 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 reason 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 \_\_\_\_\_

Time :  AM  PM

Additional sheet attached with more explanation. | **The Mandated Reporter Requests Finding of Investigation**  YES  NO

**CONFIDENTIAL SOURCE(S) OF REPORT CONFIDENTIAL**

NAME	(Area Code) TELEPHONE	NAME	(Area Code) TELEPHONE
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 Physicians Only</b>	Medical Diagnosis on Child	Signature of Physician who examined/treated child <b>X</b>	(Area Code) 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 About To Be Taken

<input type="checkbox"/> Medical Exam	<input type="checkbox"/> X-Ray	<input type="checkbox"/> Removal/Keeping	<input type="checkbox"/> Not. Med Exam/Coroner
<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.
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**TO ACCESS THE LDSS-2221-A FORMS:** Via Internet: <http://www.ocfs.state.ny.us/main/forms/cps/>

Via Intranet: <http://ocfs.state.nyenet/admin/forms/SCR/> or

**TO ORDER FORMS:** access (OCFS-4627) Request for Forms and Publications, from either site, fill it out and send hard copy to: **The Office of Children and Family Services, Resource Distribution Center, 11, 4<sup>th</sup> Ave, Rensselaer, NY 12144.**

If you have difficulty accessing a form from either site, you can call **The Forms Hot Line at 518-473-0971** and leave a detailed message including your name, address, city, state, what form number you need, how many and a phone number in case we need to contact you.

## 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 DC: Daycare Provider  <u>IAB REPORTS ONLY</u> AR: Administrator CW: Child Care Worker DO: Director/Operator	XX: Other Parent Parent Substitute Unrelated Home Mem. Unknown  IN: Instit. Non-Prof IP: Instit. Pers/Vol. Psychiatric Staff	PA: AB: Abused Child PS: MA: Maltreated Child UH: AS: Alleged Subject (Perpetrator) UK: NO: No Role UK: Unknown  PL:	CH: Chinese CR: Creole EN: English FR: French GR: German HI: Hindi 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 paper copy of the LDSS-2221-A form originally signed to: the County Department of Social Services where the subjects 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.**

**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.

STAPLE TO LDSS-2221A (IF NEEDED)

**REPORT OF SUSPECTED  
CHILD ABUSE OR MALTREATMENT**

(Use only if the space on the LDSS-2221A under "Reasons for Suspicion" is not enough to accommodate your information)

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

**PERSON MAKING  
THIS REPORT:** \_\_\_\_\_

**Print clearly if filling out hard copy.**

**Continued:** 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  
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