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**POLICY DIRECTIVE #06-22-OPE**  
*(This Policy Directive Replaces PD #06-01-OPE)*

**AGENCY-MANDATED REPORTERS OF CHILD ABUSE AND MALTREATMENT**

<b>Date:</b> July 7, 2006	<b>Subtopic(s):</b> Child Abuse
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**AUDIENCE** This policy directive is intended for all Job Center and Non-Public Assistance (NPA) Food Stamp (FS) Office staff.

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**REVISIONS TO ORIGINAL DIRECTIVE** This policy directive is being revised to reflect the following:

- “and Maltreatment” was added to the title;
- “within 48 hours” was added to the mandated reporting requirement section on page 2;
- Section 419 of the Social Services Law, which addresses immunity from civil/criminal liability when a report of child abuse/maltreatment is made in good faith, was added on page 3;
- “Administration for Children’s Services (ACS)” and “in instances of residential/institutional abuse, submit the original copy of the **LDSS-2221-A** directly to the State Central Register, P.O. Box 4480, Albany, New York 12204-0480” was added to the Required Action section on page 3.
- the bulleted information on page 4 concerning the refusal or failure of the worker to report suspected abuse was deleted and the paragraph explaining the supervisor’s responsibilities was rewritten.

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**POLICY** In New York State, all social service workers, in their professional or official capacity, are mandated to report all instances of suspected child abuse, maltreatment and neglect to the State Central Register.

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HAVE QUESTIONS ABOUT THIS PROCEDURE?  
 Call 718-557-1313 then press 2 at the prompt followed by 765 or  
 send an e-mail to *FIA Call Center*

**BACKGROUND**

Definition of abuse

The New York State Family Court Act (Section 1012) and the Social Services Law (Section 412) define an **abused** child as one less than 18 years of age whose parent or other person legally responsible for his/her care:

- inflicts, or allows to be inflicted, physical injury by other than accidental means; or
- creates, or allows to be created, a substantial risk of physical injury by other than accidental means that would be likely to cause death or serious or protracted disfigurement, protracted impairment of physical or emotional health, or loss or impairment of any body organ; or
- commits or allows to be committed a sex offense (including incest and obscene sexual performance) against the child; or
- allows, permits or encourages the child to engage in prostitution.

Definition of maltreatment (including neglect)

Section 412 of the Social Services Law defines a **maltreated** child as one who is less than 18 years of age who has had serious physical injury inflicted upon him/her by other than accidental means or is a neglected child as defined by the Family Court Act.

Section 1012 of the Family Court Act defines a **neglected** child as one less than 18 years of age:

- whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his/her parent(s) or other person legally responsible for his/her care to exercise a minimum degree of care (including adequate food, shelter, clothing, supervision and education). This may also include the infliction of excessive corporal punishment, misuse of a drug or drugs, or any other acts requiring the aid of the court; or
- who has been abandoned by his/her parents or other person legally responsible for the child’s care.

Mandated reporting requirement

According to Social Services Law (SSL) 413(1), social service workers, in their professional or official capacity, are mandated reporters and are required to report child abuse, maltreatment or neglect when presented with reasonable cause to suspect such while acting as representatives of the Agency. As mandated reporters, workers are required to immediately contact the New York State Child Abuse and Maltreatment register by phone to make a verbal report and, within 48 hours, follow it up with a written report by completing and submitting the Report of Suspected Child Abuse or Maltreatment (**LDSS-2221-A**).

Use the **LDSS-2221-A** to report suspected child abuse, maltreatment or neglect.

New information

New information	Section 419 of the Social Services Law also states:
Immunity fro 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 criminal, that might otherwise be reason for such action.”
Penalties for failure to report suspicions of child abuse	Section 420 of the Social Services Law stipulates that a mandated reporter who willfully fails to report a case of suspected child abuse or maltreatment shall be guilty of a Class A misdemeanor. In addition, s/he can be held civilly liable for the damages proximately caused by such a failure.

**REQUIRED ACTION** While maltreatment and neglect may manifest in many different forms, some common physical indicators of maltreatment and neglect are:

New Information. Please note this is not a comprehensive list of all physical indicators

- A failure of the minor child to thrive (physically or emotionally)
- Positive drug toxicology, especially in newborns
- Lags in physical development
- Consistent hunger, poor hygiene, and inappropriate dress for the weather
- Speech disorders
- Consistent lack of supervision, for extended periods, or in dangerous situations
- Unattended physical problems or medical needs
- Chronic truancy
- Abandonment

If at any point of contact with a public assistance (PA) and/or Food Stamp (FS) applicant/participant a Worker observes one of the physical indicators listed above or reasonably believes that a child is the victim of abuse, maltreatment or neglect, he/she must proceed as follows:

- immediately notify his/her supervisor of his/her suspicions;
- call the New York State Child Abuse and Maltreatment Register at (800) 635-1522 to report his/her suspicions and:

New information

- obtain the Call ID assigned to the oral report by the State Register;
- request the address of the local Administration for Children’s Services (ACS) site to send the written report to;

New information

New information

- complete the first two sections of the **LDSS-2221-A** and make a copy;
- within 48 hours of the oral report, send the original of this form (the written report) directly to the ACS address obtained from the State Register;
- in instances of residential institutional abuse, submit the original copy of the **LDSS-2221-A** directly to the State Central Register, P.O. Box 4480, Albany, New York 12204-0480;
- request findings of any investigation related to the filed report from the New State Child Abuse and Maltreatment Register;
- file the copy of the **LDSS-2221-A** report and any other related documents or correspondence in a separate, confidential file (not in the case file), except domestic violence–related documents.

**Note:** If at any point the Worker actually observes child abuse or maltreatment happening in the Center/Office, the building’s Security Department must also be immediately notified.

If a Supervisor is notified by a Worker that s/he reasonably believes that a child is the victim of abuse or maltreatment, the Supervisor must ensure that the Worker has followed the mandated procedure for reporting the suspected abuse to the New York State Child Abuse Register for the oral report and the appropriate local ACS site for the written report.

New Information

If the Worker has failed to, unreasonably delays in, or refuses to file a report of suspected abuse, it is the Supervisor’s responsibility to ensure that all of the steps listed on page 3 required to file the report and request findings of any investigation are performed.

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**PROGRAM  
IMPLICATIONS**

Model Center  
Implications

The instructions in this policy directive should be followed by staff in the Customer Service Information Center (CSIC), as well as all Job Opportunity Specialists/Workers who interview applicants and participants.

Paperless Office System (POS) Implications

To comply with this policy in POS, staff must scan and index a copy of the **LDSS-2221-A** report and any other related documents or correspondence in a confidential file, except domestic violence–related documents, which are handled according to existing procedures.

**Reminder:** The **LDSS-2221-A** must not be part of the case file. It must be kept in a Director’s confidential file or follow a similar procedure.

Food Stamp Implications

There are no Food Stamp implications.

Medicaid Implications

There are no Medicaid implications.

**LIMITED ENGLISH SPEAKING ABILITY (LESA) AND HEARING IMPAIRED IMPLICATIONS**

For Limited English Speaking Ability (LESA) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #06-12-OPE](#) and [PD #06-13-OPE](#).


**FAIR HEARING IMPLICATIONS**

There are no Fair Hearing implications.

**REFERENCES**

The New York State Family Court Act, Section 1012  
 Social Services Law, Sections 412, 413 and 415  
 18 NYCRR Part 432

**ATTACHMENTS**

 Please use Print on Demand to obtain copies of forms.

**LDSS-2221-A** Report of Suspected Child Abuse or Maltreatment (Rev. 2/2006)

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**

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)	(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 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 \_\_\_\_\_

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	<input type="checkbox"/> Medical Exam	<input type="checkbox"/> X-Ray	<input type="checkbox"/> Removal/Keeping
About To Be Taken	<input type="checkbox"/> Photographs	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Returning Home
			<input type="checkbox"/> Not. Med Exam/Coroner
			<input type="checkbox"/> Notified DA
Signature of Person Making This Report		Title	Date Submitted Mo. Day Yr.

**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: 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 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  
DAY  
YR

Time :  AM  PM

**SAMPLE**