

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

REPORT DATE	CASE ID	CALL ID
TIME : <input type="checkbox"/> AM <input type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST./AGENCY

**SUBJECTS OF REPORT**

Line #	Last name	First name	Aliases	Sex (m, f, unk)	Birth day or Age mo/day/yr	Race code	Ethnicity (Ck only if hispanic/latino)	Relation code	Role code	Lang. code
1.							<input type="checkbox"/>			
2.							<input type="checkbox"/>			
3.							<input type="checkbox"/>			
4.							<input type="checkbox"/>			
5.							<input type="checkbox"/>			
6.							<input type="checkbox"/>			
7.							<input type="checkbox"/>			

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"/> Poisoning/noxious substances   | <input type="checkbox"/> Swelling/dislocation/sprains     |
| <input type="checkbox"/> Fractures                                   | <input type="checkbox"/> Choking/twisting/shaking       | <input type="checkbox"/> Educational neglect              |
| <input type="checkbox"/> Internal injuries (e.g., subdural hematoma) | <input type="checkbox"/> Lack of medical care           | <input type="checkbox"/> Emotional neglect                |
| <input type="checkbox"/> Lacerations/bruises/welts                   | <input type="checkbox"/> Malnutrition/failure to thrive | <input type="checkbox"/> Inadequate food/clothing/shelter |
| <input type="checkbox"/> Burns/scalding                              | <input type="checkbox"/> Sexual abuse                   | <input type="checkbox"/> Lack of supervision              |
| <input type="checkbox"/> Excessive corporal punishment               | <input type="checkbox"/> Inadequate guardianship        | <input type="checkbox"/> Abandonment                      |
| <input type="checkbox"/> Child's drug/alcohol use                    | <input type="checkbox"/> Other (specify) _____          | <input type="checkbox"/> Parent's drug/alcohol misuse     |

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**

- 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	(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	<b>X</b>	(    )
Actions taken or About to be taken	<input type="checkbox"/> Medical exam <input type="checkbox"/> X-ray <input type="checkbox"/> Hospitalization	<input type="checkbox"/> Removal/keeping <input type="checkbox"/> Returning home	<input type="checkbox"/> Notify medical examiner/coroner <input type="checkbox"/> Notified DA
SIGNATURE OF PERSON MAKING THIS REPORT: <b>X</b>		TITLE	DATE SUBMITTED mo. / day / yr.

**TO ACCESS A COPY OF THE LDSS-2221A FORM:** Via Internet: [http://ocfs.ny.gov/main/documents/forms\\_keyword.asp](http://ocfs.ny.gov/main/documents/forms_keyword.asp) OR

**TO ORDER A SUPPLY OF FORMS ACCESS FORM (OCFS-4627) Request for Forms and Publications**, from the site above, fill it out and send to: **THE OFFICE OF CHILDREN AND FAMILY SERVICES, FORMS AND PUBLICATIONS UNIT, 52 WASHINGTON ST. ROOM 134 NORTH, RENSSELAER, NY 12144-2834**. If you have difficulty accessing this form from either site, you can call **the Forms Order Line at 518-473-0971**. Leave a detailed message including your name, address, city, state, the form number you need, the quantity and a phone number in case we need to contact you.

### NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

RACE CODE	ETHNICITY CODE	RELATION CODES FAMILIAL REPORTS <i>(Choose One)</i>		ROLE CODE <i>(Choose One)</i>	LANGUAGE CODE <i>(Choose One)</i>	
AA: Black or African-American AL: Alaskan Native AS: Asian NA: Native American PI: Native Hawaiian/Pacific Islander WH: White XX: Other UNK: Unknown	<i>(Check Only If Hispanic/ Latino)</i>	AU: Aunt/Uncle CH: Child GP: Grandparent FM: Other family member FP: Foster parent DC: Daycare provider	XX: Other PA: Parent PS: Parent substitute UH: Unrelated home member UK: Unknown	AB: Abused child MA: Maltreated child AS: Alleged subject (perpetrator) NO: No role UK: Unknown	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
		IAB REPORTS ONLY				
		AR: Administrator CW: Child care worker DO: Director/operator	IN: Instit. non-prof IP: Instit. pers/vol. PI: Psychiatric staff			

#### **Abstract of Sections from Article 6, Title 6, Social Services Law**

##### **Section 412. Definitions**

1. **Definition of Child Abuse**, (see also 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 sexual abuse against the child or allows sexual abuse to be committed.

2. **Definition of Child Maltreatment**, (see also 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 imminent 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 unreasonably inflicting, or allowing to be inflicted, harm or a substantial risk thereof, including the infliction of excessive corporal punishment; or
- 4) by misusing a drug or drugs; or
- 5) by misusing 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; or
- 7) by abandoning the child.

**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.

**Submit the written paper copy of the LDSS-2221A form originally signed to: the Local County Department of Social Services (LDSS) where the abused/maltreated child resides.**

To locate your Local Department of Social Services, visit this site <http://www.ocfs.state.ny.us/main/localdss.asp>.

**Residential institutional abuse reports:** Call 1-855-373-2122 or go online to: <http://www.justicecenter.ny.gov/>.

**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.** Pursuant to section 419 of the Social Services Law, any person, official, or institution participating in good faith in the making of a report of suspected child abuse or maltreatment, the taking of photographs, or the removal or keeping of a child pursuant to the relevant provisions of the Social Services Law 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 shall be presumed, provided such person, official or institution was acting in 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.

##### **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 : <input type="checkbox"/> AM : <input type="checkbox"/> PM	LOCAL CASE #	LOCAL DIST/AGENCY

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

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

<p><b>Continued:</b> 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.</p>	<p>(If known, give time/date of alleged incident)</p> <p>MO DAY YR</p> <p>Time : <input type="checkbox"/> AM <input type="checkbox"/> PM</p>
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