NEW YORK STATE MANDATED
REPORTER TRAINING
Child Abuse & Neglect
Recognition & Reporting Guidelines

Marilyn L. Dollinger
DNS (c) FNP APRN BC RN
Associate Dean
Wegmans School of Nursing
St. John Fisher College
I. POSSIBLE BEHAVIORAL AND ENVIRONMENTAL CHARACTERISTICS
OF ABUSIVE PARENTS OR CARETAKER

A. PARENT-CARETAKER HISTORY

1. Parent abused or neglected as child
2. Lack of friendships or emotional support
   - isolated from supports such as friends, relatives, neighbors, community groups
   - lack of self-esteem, feelings of worthlessness
3. Marital problems of parents (and grandparents)
   - including spouse abuse
4. Physical or mental health problems, irrational behavior
5. Life crises
   - financial debt
   - unemployment/underemployment
   - housing problems
6. Alcohol/substance abuse (also includes grandparents)
7. Adolescent parents

B. PARENT-CHILD HISTORY

1. Parent's unrealistic expectations of child's physical/emotional needs
   - mentally/developmentally disabled children are particularly vulnerable
2. Parent's unrealistic expectations of child to meet parent's emotional needs
   - role reversal
   - children viewed as "miniature adults"
3. Absence of nurturing child rearing skills
   - violence/corporal punishment is accepted as unquestioned child-rearing practice within the parent's culture
   - violence is accepted as a normal means of personal interaction
4. Delay or failure in seeking health care for child's injury, illness, routine checkups, immunizations, etc.
5. Parent views child as bad, evil, different, etc.

C. ENVIRONMENTAL

1. Lack of social support
   - inability to ask for and receive the kind of help and support parents need for themselves and their children
   - social contact is avoided; no one is trusted
   - homelessness
II. PHYSICAL ABUSE
A. PHYSICAL INDICATORS

1. Bruises, welts, and bite marks
   • on face, lips, mouth, neck, wrists, and ankles
   • on torso, back, buttocks, and thighs
   • injuries to both eyes or cheeks
   • always of suspicious origin because only one side of face
   • is usually injured as the result of an accident
   • clustered, forming regular patterns reflecting shape of
     article used to inflict (electric cord, belt buckle)
   • "grab-marks" on arms or shoulders
   • on several different surface areas
   • evidence of human bite human bite compresses the flesh; animal bite tears
     flesh and has narrower teeth imprint
   • in various stages of healing
   • regularly appear after absence, weekend, or vacation

2. Lacerations or abrasions:
   • to mouth, lips, gums, eyes
   • to external genitalia
   • on backs or arms, legs or torso

3. Burns: cigar, cigarette burns, especially on soles, palms, back, buttocks
   • immersion burns by scalding water (sock-like, glove-like, doughnut-shaped on
     buttocks or genitalia -"dunking syndrome")
   • patterned like electric burner, iron, etc.
   • rope burns on arms, legs, neck, or torso

4. Fractures:
   • to skull, nose, facial structure
   • skeletal trauma accompanied by other injuries such as dislocations
   • multiple or spiral fractures
   • in various stages of healing
   • fractures "accidentally" discovered in course of an exam

5. Head injuries:
   • absence of hair and/or hemorrhaging beneath the scalp due to vigorous hair pulling
   • subdural hematoma (a hemorrhage beneath the outer covering of the brain, due to
     severe hitting or shaking)
   • retinal hemorrhage or detachment, due to shaking
   • "whiplash-shaken infant syndrome"
   • eye injury jaw and nasal fractures
   • tooth or frenulum injury

6. Symptoms suggestive of parental-induced or fabricated illnesses:
   • sometimes known as Munchausen Syndrome by Proxy (MSP)
   • an example might be repeatedly causing a child to ingest quantities of laxatives
     sufficient to cause diarrhea, dehydration and hospitalization.
B. BEHAVIORAL INDICATORS

1. Wary of contacts with parents or other adults
2. Apprehensive when other children cry
3. Behavioral extremes:
   • aggressiveness, or
   • withdrawal, or
   • extreme mood changes
4. Afraid to go home; repeated incidents of running away
5. Reports injury by parents
   • sometimes blames self, e.g., "I was bad and I was punished."
6. Habit disorders
   • self-injurious behaviors
   • psychoneurotic reactions (obsessions, phobias, compulsions, hypochondria)
7. May wear long sleeves or other concealing clothing to hide physical indicators of abuse
   • often inappropriate for season
8. Manifestations of low self-esteem
9. Suicide attempts

III. MALTREATMENT AND NEGLECT

A. PHYSICAL INDICATORS

1. Failure to thrive (physically or emotionally)
2. Positive indicator of toxicology, especially in newborns
   • drug withdrawal symptoms, tremors, etc.
3. Lags in physical development
4. Consistent
   • hunger,
   • poor hygiene (skin, teeth, ears, etc.)
   • inappropriate dress for the season
5. Speech disorders
6. Consistent lack of supervision, especially in dangerous activities or for long periods
7. Unattended physical problems or medical needs
8. Chronic truancy
9. Abandonment
B. BEHAVIORAL INDICATORS

1. Begging, stealing food
2. Extended stays at school (early arrival or late departure)
3. Constant fatigue, listlessness or falling asleep in class
4. Alcohol or drug abuse
5. Delinquency (e.g. thefts)
6. States there is no caretaker
7. Runaway behavior
8. Habit disorders (biting, sucking, rocking etc.)
9. Conduct disorders (antisocial, destructive, etc.)
10. Neurotic traits (sleep disorders, inhibition of play)
11. Psychoneurotic reactions (hysterical, obsession, compulsion, phobias, hypochondria)
12. Behavior extremes:
   - compliant, passive
   - aggressive, demanding
13. Overly adaptive behavior:
   - inappropriately adult
   - inappropriately infant
14. Lags in mental and/or emotional development
15. Attempted suicide

IV. SEXUAL ABUSE

A. PHYSICAL INDICATORS

1. Difficulty in walking or sitting
2. Torn, stained, or bloody underclothing
3. Pain or itching in genital area
4. Bruises or bleeding in external genitalia, vaginal, or anal areas
5. Bruises to the hard or soft palate
6. Sexually transmitted diseases, especially in preteens
   - includes venereal oral infections
7. Pregnancy, especially in the early adolescent years
8. Painful discharge of urine and/or repeated urinary infections
9. Foreign bodies in vagina or rectum

B. BEHAVIORAL INDICATORS

1. Unwilling to change for gym or participate in physical education class
2. Withdrawal, fantasy, or infantile behavior
3. Bizarre, sophisticated, or unusual sexual behavior or knowledge
   - seductive or promiscuous behavior
4. Poor peer relationships
5. Delinquent or runaway
6. Reports sexual assault by caretaker
7. Prostitution
8. Forcing sexual acts on other children
9. Extreme fear of being touched
   • unwilling to submit to physical examination
10. Truancy
11. Self-injurious behaviors
    • suicide attempts
12. Manifestations of low self-esteem, general fearfulness

V. CHILD ABUSE: RECOGNITION AND REPORTING

A. REQUIRED REPORTERS

Physician  Medical Examiner
Dentist  Optometrist
Registered Nurse  Social Service Worker
Psychologist  Day Care Center Worker
Psychiatrist  Coroner
Mental Health Professional  Chiropractor
Christian Science Practitioner  Intern/Resident
Family/Group Day Care Worker  Child/Foster Care Worker
District Attorney  School official
Assistant District Attorney DA's  Peace Officer
Investigator  Dental Hygienist
Other Law Enforcement Officer

Hospital personnel engaged in admission, examination, care or treatment of persons
Employee or volunteer in a Residential Care Facility

3. WHEN A REPORT SHOULD BE MADE

Whenever a mandated reporter has "reasonable cause" or "suspicion" that
a child who the reporter sees in his/her professional capacity is being
abused

OR

If the reporter suspects that a parent or guardian who comes before them in his/her professional
capacity is abusing a child

1. DEFINITION OF TERMS

a. Reasonable Cause
   • certainty NOT required
   • observe or hear about injuries or conditions which are POSSIBLY caused by neglect or
     non-accidental means
   • assess from your training/experience that a child's condition is POSSIBLY from abuse or
     neglect

b. Suspicion
   • certainty NOT required
   • physical and behavioral indicators of abuse form a suspicion of abuse
   • reporter distrusts or doubts what he/she has been told about a child
C. HOW TO REPORT

1. IMMEDIATELY 24 hours a day - 7 days a week. Mandated reporters CALL the NY State Central Registrar of Child Abuse and Maltreatment
   - Toll free 1-800-342-3720

2. WITHIN 48 HOURS a reporter must file a WRITTEN REPORT with the local Child Protective Service (CPS).
   - Form LDSS-2221-A (revised 2/2006) from the local CPS or online at www.ocfs.state.ny.us/main/cps

D. INFORMATION needed for TELEPHONE and WRITTEN reports

1. Lack of complete information should not prevent a report from being made
2. Written information should be presented clearly and objectively since it is admissible in court
   - names and addresses of child and parent/guardian
   - child's age, gender and race
   - nature of abuse or maltreatment
   - name of person suspected of causing abuse
   - family composition
   - source of the report
   - person making the report and where he/she can be contacted
   - actions taken e.g. x-rays, photos, removal of child from parent/guardian care, notification of coroner
   - any additional pertinent information

E. SUBJECT OF REPORT

1. Parent, guardian, custodian or any person 18 yr. or older
   - who is LEGALLY RESPONSIBLE for the child
   - AND...
   - who is allegedly RESPONSIBLE FOR CAUSING or ALLOWING the abuse or maltreatment of the child
   - OR

2. Operator, employee/volunteer in
   - a home under the supervision or operation of the Division of Youth
   - or Dept. of Mental Hygiene
   - or a home day care, group family day care home, day services program
   - WHO IS RESPONSIBLE FOR CAUSING or ALLOWING injury, abuse or maltreatment to a child.

3. OTHERS Neighbors, strangers or others who are NOT LEGALLY RESPONSIBLE for the child's care and therefore not eligible to be the "subject of report" who are suspected of child abuse should be reported to the POLICE
F. PROTECTION FOR MANDATED REPORTER
   • legal protection from liability
   • confidentiality - reporter not identified unless written permission is given by the reporter

G. FAILURE TO REPORT
   • willful failure to report child abuse by mandated reporters is a Class A misdemeanor
   • reporter may be civilly liable for damages caused by such a failure

VI. EXAMPLES OF REPORTABLE SITUATIONS

1. A school principal calls the State Central Register (SCR) and reports that a 10-year-old pupil, Ed, has
told him repeatedly for several weeks that he does not get enough to eat at home. The child appears pale
and eats excessively at the school lunch program.

2. Mary Lacy brings her four-year-old daughter, Joan, to the emergency room because of a vaginal
discharge. The child is diagnosed with gonorrhea.

3. A five-year-old boy, Jason, is continually brought to the school nurse for an advanced case of
head lice.

4. Nancy, a 12-year-old, comes to school with two bruises. One is on her upper left arm and one is on the
lower area of her neck. Nancy states that her mother was upset yesterday and threw her against the
refrigerator.

5. Three-year-old Amy is brought to the emergency room and is diagnosed to have second-degree
immersion burns.

6. A school counselor calls the SCR and states that Teddy has missed 34 out of a possible 95 days of
school. Teddy has submitted an excuse for 10 of his absences. The school has attempted to contact the
parents. The parents have not responded to the contacts.

7. A neighbor calls the SCR and states that Kim and Meghan Rourke, a three-year-old and
four-year-old, sit on the window sill every day during warm weather. The Rourkes live in a fourth
floor apartment without any screens.

8. A mother calls the SCR and reports that she is afraid her husband is going to harm her six-month-old
baby. He has on more than one occasion violently shaken the baby when the baby doesn't stop crying.

9. A grandmother calls the SCR and states that her daughter-in-law treats her 8-year-old grandson, Mark,
terribly. She verbally abuses Mark by calling him filthy names and makes him cry.

10. A neighbor calls the SCR and states that three young children, who live two trailers down, roam the
trailer park all night long vandalizing neighbors' property.

11. A 16-year-old boy, Roger, is repeatedly drinking (two-three times a week) to the point of intoxication.
He drinks in front of his mother. The aunt is concerned and calls the SCR.
VII. Disclosure

When a child discloses sexual abuse to you, it is not necessary or even helpful to obtain all the facts or circumstances and the sexual abuse. It is important to establish that sexual abuse has occurred or that you suspect that it has occurred and the perpetrator of the abuse is a parent, guardian, household member or someone with child-caring responsibilities.

Some helpful statements to make to a child after a disclosure:

I am sorry that this happened to you.
I am glad you told me...I believe you.
What happened to you is not your fault.
What has happened to you has happened to other children too.
I will get you help.

Tell a child know that you need to involve other people who can help him/her and the family and that s/he will need to talk to them.

NEVER PROMISE A CHILD THAT YOU WILL NOT TELL ANYONE.

NEVER PROMISE A CHILD ANYTHING THAT YOU ARE NOT SURE OF (e.g. that the child will not go to foster care, that the perpetrator will not go to jail, that a mother will not be angry etc.)

Be supportive and non-judgmental. Remember that the child may very well love the perpetrator of the sexual use. Tell the child that it may be difficult in the beginning but in the long run, the sexual abuse will stop and s/her family will get help.
Reasonable Cause to Suspect: Scenario A

A female student, 15, has come to you and disclosed that she has been engaging in sexual intercourse with her mother's 38-year-old boyfriend for the past two months. The boyfriend has resided in the home with the child and her mother for the past five years and is responsible for the care of the child when the mother is at work.

- What indicators are present?

- Is there reasonable cause to suspect abuse or maltreatment?

- Is there a parent or other person responsible for the suspected abuse or maltreatment?

- What are your next steps?
Reasonable Cause to Suspect: Scenario B

A teacher observes seven-year old Chris with a bruise to the right side of his face and scrapes along his right arm. Chris claims he fell off his bike. The child lives with his mother, a single parent. Chris is a very active child and at times can present challenging behaviors in the classroom.

- What indicators are present?

- Is there reasonable cause to suspect abuse or maltreatment?

- Is there a parent or other person responsible for the suspected abuse or maltreatment?

- What are your next steps?
Reasonable Cause to Suspect: Scenario C

Mary, a bright and outgoing third-grade child in your class, has recently become quiet and withdrawn. The child has also been coming to school late and in a disheveled state. Usually well prepared, her homework of late is not complete. In talking to Mary you learn that Mary's mom recently took a new job, requiring her to work late hours, leaving Mary in the care of an older sibling who is rarely home to supervise Mary. Mary has been getting herself up in the morning, preparing her own breakfast, and getting herself to school. The mother gets angry with the children if they wake her up to help with homework or to prepare a meal. You have attempted to contact Mary's mother to help resolve this situation, but she has not returned your calls or responded to notes sent home.

- What indicators are present?

- Is there reasonable cause to suspect abuse or maltreatment?

- Is there a parent or other person responsible for the suspected abuse or maltreatment?

- What are your next steps?
Reasonable Cause to Suspect: Scenario D

A special education teacher observes how Susan, a severely developmentally delayed 14-year-old student, changed her behavior lately. Susan cries often, grabs at the genitalia of her classmates, and she refuses to participate in school activities, even in arts and crafts, which she loved before. The teacher calls her mother, who states that Susan is just in a "bad mood." The teacher also finds out that Susan's maternal uncle is now in the home and takes care of Susan when her mother goes to work. Susan has refused to talk about her uncle or why she is upset. Susan's verbal skills are very limited and she might require an interpreter.

- What indicators are present?

- Is there reasonable cause to suspect abuse or maltreatment?

- Is there a parent or other person responsible for the suspected abuse or maltreatment?

- What are your next steps?
### NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT

**SUBJECTS OF REPORT**

<table>
<thead>
<tr>
<th>Line #</th>
<th>Last Name</th>
<th>First Name</th>
<th>Sex (M, F, U)</th>
<th>Birthday or Age (Month/Day/Yr)</th>
<th>Ethnic Code</th>
<th>Relation Code</th>
<th>Role</th>
<th>Lang.</th>
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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”.

- DCA/Family
- Fractures
- Internal Injuries (i.e. Subdural Hematoma)
- Lacerations/Bruses/Welts
- Burns/Scalding
- Excessive Corporal Punishment
- Inappropriate Isolation/Restraint (Institutional Abuse Only)
- Inappropriate Custodial Conduct (Institutional Abuse Only)

Child’s Drug/Alcohol Use
Poisoning/Narcotic Substances
Choking/Twisting/Shaking
Lack of Medical Care
Malnutrition/Failure to Thrive
Sexual Abuse
Inadequate Guardianship
Other Specify

Swelling/Dislocation/Sprains
Educational Neglect
Emotional Neglect
Inadequate Food
Lack of Supervision
Abandonment
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/place 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**

**NAME**

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<tr>
<th>Area Code</th>
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**ADDRESS**

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**AGENCY/INSTITUTION**

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

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<tr>
<th>Med. Exam/Coroner</th>
<th>Physician</th>
<th>Hosp. Staff</th>
<th>Law Enforcement</th>
<th>Neighbor</th>
<th>Relative</th>
<th>Inst. Staff</th>
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<td>Public Health</td>
<td>Mental Health</td>
<td>School Staff</td>
<td>Other Specify</td>
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For Use By Physicians:

Medical Diagnosis of Child

Signature of Physician who examined/treated child

X

Hospitalization Required:

- None
- Under 1 week
- 1-2 weeks
- Over 2 weeks

Actions Taken Or

- Medical Exam
- X-Ray
- Removal/Keeping
- Not Med Exam/Coroner

About To Be Taken

- Photographs
- Hospitalization
- Returning Home
- 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.oefs.state.ny.us/main/forms/cps/
Via Intranet: http://oefs.state.ny.state/sr/forms/SCR/

TO ORDER FORMS: access (OGFS-4627) Request for Forms and Publications, from either site, fill out and send hard copy to: The Office of Children and Family Services, Resource Distribution Center, 11, 4th 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

**ETHNICITY CODES**

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**RELATION CODES**

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**FAMILIAL REPORTS**

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<tr>
<td>MA</td>
<td>Maltreated Child</td>
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<td>AS</td>
<td>Alleged Subject (Perpetrator)</td>
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**LANGUAGE**

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**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;
   2. In providing the child with proper supervision or guardianship;
   3. By unreasonable or arbitrary acts, or acting in an arbitrary manner, including the infliction of excessive corporal punishment;
   4. By using a drug or drugs;
   5. By using alcoholic beverages to the extent that he loses self-control of his actions;
   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) 1-800-342-3726 (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 wilfully fails to do so shall be guilty of a class A misdemeanor.

Any person, official, or institution required by this title to report a case of suspected child abuse or maltreatment who knowingly and wilfully 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)

<table>
<thead>
<tr>
<th>Report Date</th>
<th>Case ID</th>
<th>Call ID</th>
</tr>
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<tbody>
<tr>
<td>Time AM/PM</td>
<td>Local Case #</td>
<td>Local Det/Agency</td>
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</table>

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.

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Where You Can Find More Information

**Administration for Children & Families — www.acf.dhhs.gov**
The Administration for Children and Families (ACF) is a federal agency funding state, territory, local, and tribal organizations to provide family assistance (welfare), child support, child care, Head Start, child welfare, and other programs relating to children and families.

**ACF - Children's Bureau Express — www.cbexpress.acf.hhs.gov**
The Children's Bureau Express is designed for professionals concerned with child abuse and neglect, child welfare, and adoption. The Children's Bureau Express is supported by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services and published by the National Clearinghouse on Child Abuse and Neglect Information and the National Adoption Information Clearinghouse.

**Annie E. Casey Foundation — www.aecf.org**
Since 1948, the Annie E. Casey Foundation (AECF) has worked to build better futures for disadvantaged children and their families in the United States. The primary mission of the Foundation is to foster public policies, human service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families.

**Child Abuse Reporting — www.dorightbykids.org**
Monroe County Health and Human Services maintains a Website dedicated to learning about preventing and reporting child abuse.

**Child Welfare League of America — www.cwla.org**
The Child Welfare League of America is the nation's oldest and largest membership-based child welfare organization. It is committed to engaging people everywhere in promoting the well-being of children, youth, and their families, and protecting every child from harm.

**Child Welfare Institute — www.gocwi.org**
This organization's mission is to provide information, ideas, and guidance in the field of child welfare training and organizational development consultation.

**National Children's Alliance — www.nca-online.org**
The National Children's Alliance is a group of 53 national organizations with an interest in the well-being of children and youth.

**National Clearinghouse on Child Abuse and Neglect — nccanch.acf.hhs.gov**
The Clearinghouse is a national resource for professionals and others seeking information on child abuse and neglect and child welfare.

http://www.acfs.state.ny.us/main/becs/localdss.asp
Mandated Reporter Training: Identifying and Reporting Child Abuse and Maltreatment/Neglect

National Data Archive on Child Abuse & Neglect — www.ndacan.cornell.edu
A resource since 1988, NDACAN promotes scholarly exchange among researchers in the child maltreatment field. NDACAN acquires microdata from leading researchers and national data collection efforts and makes these datasets available to the research community for secondary analysis.

New York State Office for Children and Family Services — www.ocfs.state.ny.us
A variety of resource information related to child abuse and maltreatment/neglect specific to New York State.

A wide variety of resources is available on the home page of this federal agency.
## Mandated Reporter Quiz

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<tbody>
<tr>
<td>1. Mandated reporters are required to make an oral report of suspected child abuse or maltreatment/neglect immediately and submit a written report (LDSS 2221-A) within seventy-two hours.</td>
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<tr>
<td>2. A mandated reporter should have clear and sufficient evidence before reporting any allegations of abuse or maltreatment/neglect.</td>
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<tr>
<td>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.</td>
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<td>4. Day care center workers can be reported to the State Central Register when they mistreat a child in their classroom.</td>
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<td>5. If a child discloses sexual abuse, be sure to interview the child thoroughly to obtain a detailed affidavit for court.</td>
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<td>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.</td>
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<td>7. A mandated reporter would be liable only if the original report was later determined unfounded.</td>
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<tr>
<td>8. If a mandated reporter has a reasonable cause to suspect that a child is being maltreated/neglected and fails to report, this would be considered a class A misdemeanor.</td>
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<tr>
<td>9. When a mandated reporter makes a report to the New York State Central Register, every effort is made to maintain confidentiality.</td>
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<tr>
<td>10. Mandated reporters are required to inform the parents that a suspected child abuse or maltreatment/neglect report is being made.</td>
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