

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)	Birthday or Age Mo/Day/ Yr	Race Code	Ethnicity (Ck <b>Only</b> 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"/> 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 (e.g., 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**

- 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	<input type="checkbox"/> Not. Med Exam/Coroner
About To Be Taken	<input type="checkbox"/> Photographs	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Returning Home	<input type="checkbox"/> Notified DA

Signature of Person Making This Report: <b>X</b>	Title	Date Submitted Mo. Day Yr.
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**TO ACCESS A COPY OF THE LDSS-2221A FORM:** Via Internet: <http://www.ocfs.state.ny.us/main/forms/cps/>  
Via Intranet: <http://ocfs.state.nyenet/admin/forms/SCR/> OR

**TO ORDER A SUPPLY OF FORMS ACCESS FORM (OCFS-4627) Request for Forms and Publications**, from either site above, fill it out and send to: **Office of Children and Family Services, Resource Distribution Center, 11 Fourth Ave, Rensselaer, NY 12144.**  
If you have difficulty accessing this form from either site, you can call **The Forms Hot 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 (Choose One)		ROLE CODE (Choose One)	LANGUAGE CODE (Choose One)	
AA: Black or African-American	<i>(Check Only If Hispanic/Latino)</i>	AU: Aunt/Uncle	XX: Other	AB: Abused Child	CH: Chinese	KR: Korean
AL: Alaskan Native		CH: Child	PA: Parent	MA: Maltreated Child	CR: Creole	MU: Multiple
AS: Asian		GP: Grandparent	PS: Parent Substitute	AS: Alleged Subject (Perpetrator)	EN: English	PL: Polish
NA: Native American		FM: Other Family Member	UH: Unrelated Home Member	NO: No Role	FR: French	RS: Russian
PI: Native Hawaiian/Pacific Islander		FP: Foster Parent	UK: Unknown	UK: Unknown	GR: German	SI: Sign
WH: White		DC: Daycare Provider	<b>IAB REPORTS ONLY</b>		HI: Hindi	SP: Spanish
XX: Other			AR: Administrator	IN: Instit. Non-Prof	HW: Hebrew	VT: Vietnamese
UNK: Unknown			CW: Child Care Worker	IP: Instit. Pers/Vol.	IT: Italian	XX: Other
			DO: Director/Operator	PI: Psychiatric Staff	JP: Japanese	

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

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

- 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:
  - Inflicts or allows to be inflicted upon the child serious physical injury, or
  - Creates or allows to be created a substantial risk of physical injury, or
  - Commits sexual abuse against the child or allows sexual abuse to be committed.
- 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:
  - 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
  - in providing the child with proper supervision or guardianship; or
  - by unreasonably inflicting, or allowing to be inflicted, harm or a substantial risk thereof, including the infliction of excessive corporal punishment; or
  - by misusing a drug or drugs; or
  - by misusing alcoholic beverages to the extent that he loses self-control of his actions; or
  - by any other acts of a similarly serious nature requiring the aid of the Family Court; or
  - 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 County Department of Social Services (DSS) where the abused/maltreated child resides. To locate your local DSS, visit this site <http://www.ocfs.state.ny.us/main/localdss.asp>.**

**Residential Institutional Abuse Reports:** Submit a paper copy of form, LDSS 2221A, **originally signed**. It must be submitted **directly** to the Office of Children and Family Services (OCFS) Regional Office, associated with the county in which the abused/maltreated child is in care.

**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.**

- 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.
- 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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