LDSS-2221A (Rev. 9/2007) FRONT

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)	Birthday or Age Mo/Day/ Yr	Race Code	Ethnicity (Ck **Only If** Hispanic/Latino)	Relation Code	Role Code	Lang. Code
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**".

____	DOA/Fatality	____	Child's Drug/Alcohol Use	____	Swelling/Dislocation/Sprains
____	Fractures	____	Poisoning/Noxious Substances	____	Educational Neglect
____	Internal Injuries (e.g., Subdural Hematoma)	____	Choking/Twisting/Shaking	____	Emotional Neglect
____	Lacerations/Bruises/Welts	____	Lack of Medical Care	____	Inadequate Food/Clothing/Shelter
____	Burns/Scalding	____	Malnutrition/Failure to Thrive	____	Lack of Supervision
____	Excessive Corporal Punishment	____	Sexual Abuse	____	Abandonment
____	Inappropriate Isolation/Restraint (Institutional Abuse Only)	____	Inadequate Guardianship	____	Parent's Drug/Alcohol Misuse
____	Inappropriate Custodial Conduct (Institutional Abuse Only)	____	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)

For Use By Physicians Only	Medical Diagnosis on Child	Signature of Physician who examined/treated child **X**	(Area Code) Telephone No.
	Hospitalization Required: ☐ None	☐ Under 1 week ☐ 1-2 weeks	☐ Over 2 weeks

Actions Taken Or About To Be Taken				
	☐ Medical Exam	☐ X-Ray	☐ Removal/Keeping	☐ Not. Med Exam/Coroner
	☐ Photographs	☐ Hospitalization	☐ Returning Home	☐ Notified DA

Signature of Person Making This Report: **X**	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 A SUPPLY OF FORMS: access **(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, 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

RACE CODE	ETHNICITY CODE	RELATION CODES FAMILIAL REPORTS *(Choose One)*		ROLE CODE *(Choose One)*	LANGUAGE CODE *(Choose One)*	
AA: Black or African-American	*(Check **Only If** Hispanic/ Latino)*	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		FR: French	RS: Russian
PI: Native Hawaiian/Pacific Islander		FP: Foster Parent	UK: Unknown	NO: No Role	GR: German	SI: Sign
WH: White		DC: Daycare Provider		UK: Unknown	HI: Hindi	SP: Spanish
XX: Other		**IAB REPORTS ONLY**			HW: Hebrew	VT: Vietnamese
UNK: Unknown		AR: Administrator	IN: Instit. Non-Prof		IT: Italian	XX: Other
		CW: Child Care Worker	IP: Instit. Pers/Vol.		JP: Japanese	
		DO: Director/Operator	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-2221-A form originally signed to: the County Department of Social Services where the abused/maltreated child resides.

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.

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)

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