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>Aliases</th>
<th>Sex (M, F, Unk)</th>
<th>Birthday or Age (Mo/Day/Yr)</th>
<th>Race Code</th>
<th>Ethnicity (Ck Only if Hispanic/Latino)</th>
<th>Relation Code</th>
<th>Role Code</th>
<th>Language Code</th>
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List Addresses and Telephone Numbers (Using Line Numbers From Above)

BASIS OF SUSPICIONS

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

- DOA/Fatality
- Fractures
- Internal Injuries (e.g., Subdural Hematoma)
- Lacerations/ Bruises/Welts
- Burns/Scalding
- Excessive Corporal Punishment
- Inappropriate Isolation/Restraint (Institutional Abuse Only)
- Inappropriate Custodial Conduct (Institutional Abuse Only)

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

Additional sheet attached with more explanation.

The Mandated Reporter Requests Finding of Investigation

YES
NO

CONFIDENTIAL

SOURCE(S) OF REPORT

<table>
<thead>
<tr>
<th>NAME</th>
<th>(Area Code) TELEPHONE</th>
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</table>

ADDRESS

AGENCY/INSTITUTION

RELATIONSHIP

<table>
<thead>
<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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</thead>
<tbody>
<tr>
<td>Social Services</td>
<td>Public Health</td>
<td>Mental Health</td>
<td>School Staff</td>
<td>Other (Specify)</td>
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</table>

For Use By Physicians Only

Medical Diagnosis on Child

Signature of Physician who examined/treated child

([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

Signed by Person Making This Report:

X

Reviewed 2/2013
New York State Office of Children and Family Services

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 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.

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.

Reviewed 2/2013
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>
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<tbody>
<tr>
<td>Time</td>
<td>AM</td>
<td>PM</td>
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<tr>
<td>Local Case #</td>
<td></td>
<td>Local Dist/Agency</td>
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</tbody>
</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.

(If known, give time/date of alleged incident)

MO
DAY
YR

Time : ☐ AM ☐ PM

Reviewed 2/2013