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

SUBJECTS OF REPORT
List all children in household, adults responsible and alleged subjects.
Line #  Last Name                  First Name                               Aliases

1.  
2.  
3.  
4.  
5.  
6.  
7.  

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)
Child's Drug/Alcohol Use
Poisoning/Noxious Substances
Choking/Twisting/Shaking
Lack of Medical Care
Malnutrition/Failure to Thrive
Sexual Abuse
Inadequate Guardianship
Parent's Drug/Alcohol Misuse
Swelling/Dislocation/Sprains
Educational Neglect
Emotional Neglect
Inadequate Food/Clothing/Shelter
Lack of Supervision
Abandonment

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.

(MO DAY YR)

Additional sheet attached with more explanation. The Mandated Reporter Requests Finding of Investigation YES NO

CONFIDENTIAL
SOURCE(S) OF REPORT
CONFIDENTIAL

NAME

ADDRESS

AGENCY/INSTITUTION

RELATIONSHIP

Med. Exam/Coroner  Physician  Hosp. Staff  Law Enforcement  Neighbor  Relative  Inst. 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
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: X

Date Submitted
Mo.  Day  Yr.
An "abused child" is a child less than eighteen years of age whose parent or other person legally responsible for his care:

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:

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.

Possible Penalties:

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.

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)
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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<tr>
<th>Time</th>
<th>Local Case #</th>
<th>Local Dist/Agency</th>
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<tr>
<td>☐ AM</td>
<td>☐ PM</td>
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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)

M O D A Y Y R

Time : ☐ AM ☐ PM