



CHILD ABUSE PREVENTION

HOTLINE NUMBER
1-800-635-1522



CHILD ABUSE and EDUCATIONAL NEGLECT

REPORTING ABUSE:

Reports of suspected child abuse or maltreatment should be made immediately. School personnel are all mandated reporters. There is *no need* for staff members to get permission to call the CPS Hotline Line. It is recommended after the call is placed to CPS, the staff member inform the building administrator that they have filed a complaint. All this information is strictly confidential and there is no obligation to the parent who called the complaint in. If you fail to report suspected child abuse, the individual can be held liable by both the civil and criminal legal system for intentionally failing to make a report.

CHILD ABUSE or NEGLECT:

Children who are mistreated can be physically abused, sexually abused or emotionally abused. They can also be neglected.

<i>Physical Abuse:</i>	is any injury resulting from beating, biting, burning or otherwise hurting a child.
<i>Sexual Abuse:</i>	is any act of molestation against a minor.
<i>Emotional Abuse:</i>	can be caused by constantly rejecting a child, exposing a child to violence or threatening a child safety.
<i>Neglect:</i>	is defined as the failure of a parent to provide food, clothing, supervision, schooling or medical care for a child.

PROCEDURE:

- Obtain a NYS Office of Children and family Services ***Report of Suspected Child Abuse Form***
- Call the NYS Register Hot Line for mandated reporters
1-800-635-1522
- The CPS Specialist who answers your call will ask you questions and information. Provide as much factual information that pertains to the child/family you are calling about.
- You will be asked for your name and position or title. The specialist needs this information for their records. It will not be disclosed by the investigator and this should be kept ***CONFIDENTIAL.***
- You must complete the ***Report of Suspected Child Abuse Form.***
Send the completed form to Pupil Support Services to keep on file and to follow up with Child Protective Services. Keep a copy of the form in a secure location in the principal's office.
- At this point, the CPS unit of the local Department of Social Services is required to begin an investigation of each report within 24 hours.

REPORTING EDUCATIONAL NEGLECT:

The Yonkers Public Schools in collaboration with Westchester County Department of Social Services (CPS Division) are working to reduce truancy in our district.

- If a student is absent 20 illegal or unexcused absences and is not on a no show list, you must report this student for “*Educational Neglect*”.
- Please check with the Pupil Support Team and administration in case they are working with the families to improve the attendance of the students. If they are, a joint decision should be made to determine if the individual case is *educational abuse*.
- If you have decided it is *educational neglect*, you must complete both the DSS-2221-A-“Report of Suspected Child Abuse or Maltreatment Form and the Supplement Educational Neglect Form.
- Please indicate on the Supplemental Form how the absences have impacted the student’s learning.
- You then call the CPS State Hot Line at 1-800-635-1522
- After this call is made copies of these forms **must be faxed** to:
 - Ellen Alix-Cossifos at DSS @ 914-813-4411
 - Dr. Luis Rodriguez at Pupil Support Services @ 914-376-3662
- These cases should be called in on an individual basis as each child reaches the 20 day unexcused absence. You should not wait for these to accumulate and call in numerous students.

**EDUCATIONAL NEGLECT
SUPPLEMENTAL FORM TO:
NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT FORM LDSS-2221-A**

After filing the CPS report to the State, **fax this form and the completed form DSS-2221-A to:**

- 1) Dr. Luis Rodriguez, Pupil Support Services, Yonkers Public Schools, at (914) 376-3662 AND
2) Ellen Alix-Cossifos, Westchester County Department of Social Services, at (914) 813-4411.

When you make a call to the State Central Registry you will need to give the registry some or all of the information listed below, including the names and birth dates if possible of the parents, including the father. If the registry refuses to accept the report, ask for a supervisor, and be sure to get the name of the person you spoke to, and the registry identification number.

NAME OF STUDENT: _____ DOB: _____ AGE: _____
CURRENT GRADE: _____ SCHOOL: _____

☐ General Education ☐ Special Education If Special Education, is IEP current: ☐ Yes ☐ No

DID THE CHILD TURN 6 YRS OF AGE PRIOR TO DECEMBER 1ST – THEN THE CHILD IS REQUIRED TO ATTEND
THE CURRENT, SEPTEMBER THROUGH JUNE, SCHOOL YEAR
DID THE CHILD TURN 16 YRS OF AGE AFTER JULY 1ST - THEN THE CHILD MUST ATTEND THE
CURRENT, SEPTEMBER THROUGH JUNE, SCHOOL YEAR

NUMBER OF UNEXCUSED ABSENT: _____

Check one: ☐ Consecutive Days Out ☐ Cumulative Days Out

Over period of time: _____ through _____
(date) (date)

HAS THE STUDENT'S ABSENCES HAD AN IMPACT ON LEARNING? ☐ YES ☐ NO

If Yes, please check all that apply:

- ☐ Regression in academic skills
- ☐ Decrease in socialization skills
- ☐ Decrease in class participation
- ☐ Negative change in overall affect
- ☐ Incomplete required homework assignments
- ☐ Failing one or more classes
- ☐ In danger of repeating the grade
- ☐ Previously been retained
- ☐ Demonstrating minimal academic progress in most subject areas
- ☐ Student is Special Education and is missing the following mandated services:
 - ☐ Counseling
 - ☐ Speech
 - ☐ OT
 - ☐ PT
 - ☐ Resource Room
 - ☐ Other - _____

☐ Other: _____

Reported by:		Reported to:	
Time:		Registry ID #	
Date:			

DOCUMENTS THAT WILL BE NEEDED:

- ATTENDANCE RECORDS
- REPORT CARDS
- IEP, IF APPLICABLE
- EVALUATIONS (PSYCHOLOGICAL, ETC.)
- OTHER RELEVANT DOCUMENTS (LETTERS, ETC.)

**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 Only 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
YRTime : ☐ 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: <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
About To Be Taken	<input type="checkbox"/> Photographs	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Returning Home
		<input type="checkbox"/> Not. Med Exam/Coroner	<input type="checkbox"/> Notified DA
Signature of Person Making This Report: X		Title	Date Submitted Mo. Day Yr.

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	(Check <i>Only If</i> <i>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			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-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.

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.**

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
YRTime : ☐ AM ☐ PM