

The Identification and Reporting of Child Abuse and Maltreatment Course For Mandated Reporters

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188 Washington Avenue
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- An official Certification of Completion, and
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Training Course Fee

\$ 30.00 Add \$30.00 to have your certification of completion faxed directly to NYSED within 4 business days.

The National Association of Social Workers- NYS Chapter is approved by the NYS Education Department- Professional Education Program as a course provider on the

Identification and Reporting of Child Abuse and Maltreatment. This course is designed for social workers to meet the new licensing requirement. Effective September 1, 2004, the new social work licensure law adds social workers to the list of professionals identified as mandated reporters for suspected child abuse and maltreatment. Social workers must complete a State Education Department-approved course in order to be licensed as an LMSW or LCSW. Former CSWs are automatically grandparented as an LMSW or LCSW, and are required to complete the course before their license can be renewed.

This course provides an overview of the mandated reporter's legal obligations and protections, the laws related to child abuse and maltreatment, the signs and symptoms of abuse and neglect and available resources.

The NYS Office of Children and Family Services has a Summary Guide for Mandated Reporters in New York State that serves as a useful reference and outlines much of what is contained in this course. It is available through their website at:

<http://www.ocfs.state.ny.us/main/publications/Pub1159.pdf>

As you begin the course, you can navigate in and out of the sections in the table of contents.

Table of Contents

Introduction

Learning Objectives

Prevalence and Impacts

What to Report

- Definitions of Physical Abuse, Maltreatment and Neglect, Emotional Neglect
- Who is the Person Legally Responsible?

Indicators of Abuse and Maltreatment

- Characteristics of Abusive Parents or Caretakers
- Signs and Symptoms in Children...Physical Abuse, Maltreatment and Neglect, Sexual Abuse

Mandated Reporters in New York State

When Reports are Required From a Mandated Reporter

What is Reasonable Cause to Report

Children and Disclosure

Reporting Procedures

Other Mandated or Authorized Actions

Legal Protections for Reporters

Consequences for Failing to Report

New York State's Child Protective Services System

Additional Resources

Hotline numbers, LDSS-221-A Reporting Form, List of local social service agencies, support agencies and services, references to the related laws

When Finished with the Course Materials

Please Print, Complete, and Submit to the NASW-NYS Chapter Office: the quiz, Certification of Completion (fill in part A only), evaluation and payment.

Introduction

Professional Social Workers play an important role in the safety and well being of children. They link children and families to needed community resources and supports, provide hands on adaptive skills as well as therapeutic intervention. According to the NASW Code of Ethics the social workers' primary goal is to help people in need and promote their well being. This commitment to those we serve is one of our highest ethical principles. The Code of Ethics further states, however, to this end, that "social workers' specific legal obligation may on limited occasions supercede the loyalty owed clients, and clients should be so advised" upfront.

Although social workers must make every effort to respect the clients' right to privacy and confidentiality, we must also ensure the safety and wellbeing of children. As Mandated Reporters, social workers are required to report to the State Central Registry anytime they have reasonable cause to suspect a child is being abused, maltreated or neglected.

Social workers should discuss these obligations with their clients, explaining what privacy and confidentiality means and the circumstances that would warrant disclosure. "Social Workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences and, when feasible, before the disclosure is made." (NASW Code of Ethics)

Learning Objectives

Upon completion of this course, the learner will be able to:

- Define what constitutes "abuse", "maltreatment", and "neglect" according to the New York State Family Court Act and Social Services Law.
- Distinguish among various behavioral and environmental characteristics of abusive parents or caregivers.
- Identify physical and behavioral indicators of physical abuse, maltreatment and neglect.
- Contrast the physical and behavioral indicators of sexual abuse
- Identify the professional social workers' role in child abuse identification and reporting.
- Describe situations in which mandated reporters must report suspected cases of child abuse or maltreatment.
- Describe what constitutes "reasonable cause to suspect" that a child has been abused or maltreated.
- Outline the proper procedure for making a report of suspected child abuse
- List what actions certain mandated reporters may take to protect a child in addition to filing a report.

- Describe the legal protections afforded reporters and the consequences for failing to report.

Prevalence and Impacts

The prevalence of child abuse and maltreatment in the United States is alarming and the impacts are long lasting. Every 36 seconds a child is confirmed as being abused or neglected and everyday four children are killed by child abuse or neglect (Children's Defense Fund, 2004).

Four million children a year suffer from abuse in the United States. These numbers are underestimated, as it is believed that about half the number of abuse incidences go unreported (National Child Abuse and Neglect Data Systems).

In the year 2001, an average of 2,475 children were found to be victims of child abuse each day in the United States. Of the confirmed cases, 59 percent were victims of neglect, 19 percent were physically abused, 10 percent sexually abused and seven percent were emotionally abused.(National Child Abuse and Neglect Data Systems)

Children from all walks of life are victims of child abuse and neglect regardless of their socioeconomic, ethnic or racial background. Although they are from all ages, the youngest children are the most vulnerable. Children less than a year old accounted for 41% of child abuse and neglect deaths reported in 2001, while 85 % of the children were under the age of six. (US Department of Health and Human Services)

Children are victimized again when we fail to protect them. Social workers are well aware of the cycle of abuse and the need to break it.

There are many risk factors that may result in child abuse and neglect like the stress, depression, or substance abuse of the caregiver. Adult survivors of child abuse and neglect are at risk for maltreating their own children. When it comes to the profile of a perpetrator, it is the parent who is most likely to have inflicted the abuse or neglect.

Abuse, maltreatment, and neglect can take many forms and can have long lasting effects. The impact of abuse is far greater than its immediate, visible effects. Abuse and neglect are associated with short- and long-term consequences that may include brain damage, developmental delays, learning disorders, and problems forming relationships, aggressive behavior and depression. Survivors of abuse and neglect may be at greater risk for problems later in life- such as low academic achievement, drug use, teen pregnancy, and criminal behavior- that affect not just the child and family, but society as a whole (US Department of Health and Human Services).

Children, who witness domestic violence or have experienced abuse, mistakenly learn that violence is the way to handle conflict. They may also know that treating problems this way is not the solution, but may not be aware of appropriate alternatives.

Children with disabilities and special needs are especially susceptible populations yet their abuse and neglect often go unreported, especially with regard to sexual abuse.

What to Report

The Federal Child Abuse Prevention and Treatment Act (CAPTA) provide the minimum guidelines for all states to follow. Included in the guidelines are the minimum required definitions of physical abuse that includes sexual abuse, maltreatment and neglect and emotional neglect.

The information provided are the legal definitions as reflected in the applicable NYS Social Services Law and the Family Court Act.

Physical Abuse

New York State Social Services Law, Section 412, defines an abused child to be a child under eighteen years of age who is defined as abused by the Family Court Act.

- Section 1012(e) of the Family Court Act further defines an abused child as a child less than eighteen years of age whose parent or other person legally responsible for his/her care:
 - inflicts or allows to be inflicted upon such child physical injury by other than accidental means, or
 - creates or allows to be created a substantial risk of physical injury to such a child by other than accidental means
 - which would be likely to cause death or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ, or
 - commits, or allows to be committed, a sex offense against such child, as defined in the penal law, or
 - allows, permits or encourages such child to engage in any act described in sections 230.25, 230.30 and 230.32 of the penal law [i.e., prostitution], or

- commits any of the acts described in section 255.25 of the penal law [i.e., incest], or
- allows such child to engage in acts or conduct described in article 263 of the penal law [e.g., obscene sexual performance, sexual conduct].

Maltreatment and Neglect

Social Services Law, Section 412, states that a maltreated child is a child under eighteen years of age: (a) defined as a neglected child by the Family Court Act; or (b) who has had serious physical injury inflicted upon him/her by other than accidental means.

- Section 1012(f) of the Family Court Act defines a neglected child as a child less than 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/her parent or other person legally responsible for his/her care to exercise a minimum degree of care:
 - in supplying the child with adequate food, clothing, shelter education or medical, dental, optometrical 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, 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 or she loses self-control of his/her actions; or by any other acts of similarly serious nature requiring the aid of the court; or
 - who has been abandoned by his/her parents or other person legally responsible for the child's care.

Emotional Neglect

Emotional neglect is defined as a state of substantially diminished psychological or intellectual functioning in relation to, but not limited to, such factors as failure to thrive, control of aggression or self-destructive impulses, ability to think and reason, or acting out and misbehavior, including incorrigibility, ungovernability or habitual truancy; provided, however, that such impairment must be clearly attributable to the unwillingness or inability of the parent or other person legally responsible for the child

to exercise a minimum degree of care toward the child. (Family Court Act, Section 1012(h))

The Neglected and Maltreated Child in Residential Care

Section 412.8 of the Social Services Law states that an abused child can include a child residing in a group residential care facility under the jurisdiction of the State Department of Social Services, Division for Youth, Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, or State Education Department. The definition of an abused child in these settings is virtually identical to the above definition of abuse occurring in a familial setting.

Section 412.1(c) states that an abused child can include a child with a disability, who is eighteen years of age or older, who is defined as an abused child in residential care. Section 412.2 (c), states that a maltreated child can include a child with a handicapping condition, who is eighteen years of age or older, who is defined as a neglected child in residential care. Both these sections of Social Services Law stipulate that the residential care as being provided in one of the following:

- the New York State School for the Blind (Batavia, NY) or the New York State School for the Deaf (Rome, NY);
- a private residential school which has been approved by the Commissioner of Education for special education services or programs;
- a special act school district; or
- state supported institutions for the instruction of the deaf and blind, which have a residential component.

Section 412.9 of the Social Services Law, indicates a separate definition for a neglected child in residential care. This definition pertains to children residing in a group residential facility under the jurisdiction of the State Department of Social Services, Division for Youth, Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, or State Education Department. Section 412.6 defines a custodian as a director, operator, employee or volunteer of a residential care facility or program. A neglected child in residential care means a child whose custodian impairs, or places in imminent danger of becoming impaired, the child's physical, mental or emotional condition:

- by intentionally administering to the child any prescription drug other than in accordance with a physician's or physician's assistant's prescription;

- in accordance with the regulations of the state agency operating, certifying, or supervising such facility or program, which shall be consistent with the child's age, condition, service and treatment needs, by:
 - failing to adhere to standards for the provision of food, clothing, shelter, education, medical, dental, optometrical or surgical care, or for the use of isolation or restraint; or
 - failing to adhere to standards for the supervision of children by inflicting or allowing to be inflicted physical harm, or a substantial risk thereof; or
- by failing to conform to applicable state regulations for appropriate custodial conduct.

Who is the Person Legally Responsible?

It is important to emphasize that abuse or maltreatment can result from the acts of the parent or person legally responsible for a child's care, and suspected incidents should be reported.

Person legally responsible includes the child's custodian, guardian, or any other person responsible for the child's care at the relevant time. Custodian may include any person continually or at regular intervals found in the same household as the child when the conduct of such persons causes or contributes to the abuse or neglect of the child. (Section 1012(g) of the Family Court Act).

Indicators for Abuse and Maltreatment

The following sections list the indicators for child abuse and maltreatment. It is important to note that:

- Indicators serve as clues rather than conclusive proof. These indicators may exist in situations where a child is not suspected to be abused or maltreated. However, they are useful to remember when dealing with the parent/caregiver or child.
- Clues rarely appear as single entities. Typically, several clues will appear regarding the child and his/her family.
- Except for the obvious cases where there is direct disclosure, or a blatant indicator, single clues should be treated as "flags" which indicate that the professional needs to look further, and look more closely, carefully, and methodically.

Characteristics of Abusive Parents or Caretakers

Parent/Caretaker History

- Parent abused or neglected as child;
- Lack of friendships or emotional support
 - isolated from supports such as friends, relatives, neighbors, community groups
 - lack of self-esteem, feelings of worthlessness;
- Relationship problems of parents or possibly grandparents
 - Including spouse abuse;
- Physical or mental health problems, irrational behaviors, difficulty controlling anger or stress;
- Life crises
 - Financial debt, unemployment/underemployment, housing problems, etc.;
- Alcohol or substance abuse. This includes grandparents
- Adolescent parents.

Parent-Child History

- Parent's unrealistic expectations of child's physical and emotional needs
 - Children with mental or developmental disabilities are particularly vulnerable;
- Parent's unrealistic expectations of child to meet parent's emotional needs whereby parent is looking for child to be the caregiver.
 - Children viewed as "miniature adults";
- Absence of nurturing child-rearing skills
 - violence/corporal punishment is accepted as unquestioned child-rearing practice within the parent's culture
 - violence is accepted as a normal means of personal interaction;
- Delay or failure in seeking health care for child's injury, illness, routine checkups, immunization, etc;
- Parent views child as bad, evil, or different.

Environmental

- Lack of social support

- inability to ask for and receive the kind of help and support parents need for themselves and their children
 - social contact is avoided; no one is trusted
- Homelessness

What are the Signs and Symptoms in Children?

Physical Abuse

Physical Indicators

Special attention should be paid to injuries that are unexplained or are inconsistent with the parent or caretaker's explanation as well as the developmental stage of the child.

- Bruises, welts, and bite marks:
 - on face, lips, mouth, neck, wrists, and ankles
 - on torso, back, buttocks, and thighs
 - injuries to both eyes or cheeks
 - These injuries are always of suspicious origin because only one side of face is usually injured as the result of an accident
 - clustered, forming regular patterns reflecting shape of article used to inflict (electric cord, belt buckle)
 - "grab-marks" on arms or shoulders
 - on several different surface areas
 - evidence of human bite
 - A human bite compresses the flesh while an animal bite tears the flesh and has a narrower teeth imprint
 - in various stages of healing
 - regularly appear after an absence, weekend, or a vacation
- Lacerations or abrasions:
 - To mouth, lips, gums, eyes
 - To external genitalia
 - On backs or arms, legs or torso
- Burns:

- cigar, cigarette burns, especially on soles, palms, back, or buttocks
 - immersion burns by scalding water (sock-like, glove-like, doughnut-shaped on buttocks or genitalia – “dunking syndrome”)
 - patterned like electric burner, iron, curling iron, etc.
 - rope burns on arms, legs, neck, or torso
- Fractures:
- to skull, nose, facial structure
 - skeletal trauma accompanied by other injuries, such as dislocations
 - multiple or spiral fractures
 - in various stages of healing
 - fractures “accidentally” discovered in course of an exam
- Head injuries:
- absence of hair and/or hemorrhaging beneath the scalp due to vigorous hair pulling
 - subdural hematoma is a hemorrhage beneath the outer covering of the brain, due to severe hitting or shaking
 - retinal hemorrhage or detachment, due to shaking
 - “whiplash shaken infant syndrome”
 - eye injury
 - jaw and nasal fractures
 - tooth or frenulum injury
- Symptoms suggestive of parentally-induced or fabricated illnesses:
- sometimes known as Munchausen Syndrome by Proxy (MSP) An example of this might be repeatedly causing a child to ingest quantities of laxatives sufficient to cause diarrhea, dehydration, and hospitalization.

Behavioral Indicators

- Wary of contacts with parents or other adults
- Apprehensive when other children
- Behavioral extremes like aggressiveness, withdrawal, or extreme mood changes

- Afraid to go home; repeated incidents of running away
- Reports injury by parents as being deserving. The child blames self-saying, “I was bad and I was punished.”
- Habit disorders
 - self-injurious behaviors
 - psychoneurotic reactions (obsessions, phobias, compulsions, hypochondria)
- May wear long sleeves or other concealing clothing to hide physical indicators of abuse that are often inappropriate for the season
- Manifestations of low self-esteem
- Suicide attempts
- Report of the injury does not match type of injury. A child may say he/she fell yet the bruise matches that of grab marks

Maltreatment and Neglect

Physical Indicators

- Failure to thrive (physically or emotionally)
- Positive indicator of toxicology, especially in newborns
 - drug withdrawal symptoms, tremors, etc.
- Lags in physical development
- Consistent hunger, poor hygiene (skin, teeth, ears, etc.), inappropriate dress for the season
- Speech disorders
- Consistent lack of supervision, especially in dangerous activities or for long periods
- Unattended physical problems or medical needs
- Chronic truancy
- Abandonment

Behavioral Indicators

- Begging, stealing food
- Extended stays at school like early arrival or late departure
- Constant fatigue, listlessness or falling asleep in class
- Alcohol or drug abuse

- Delinquency (e.g., thefts)
- States there is no caretaker
- Runaway behavior
- Habit disorders like sucking, biting, and rocking
- Conduct disorders as in antisocial, destructive, etc.
- Neurotic traits like sleep disorders or inhibition to play
- Psychoneurotic reactions (hysteria, obsession compulsion, phobias, hypochondria)
- Behavior extremes:
 - compliant, passive
 - aggressive, demanding, bullying
- Overly adaptive behavior:
 - inappropriately adult
 - inappropriately infant
- Lags in mental and/or emotional development
- Attempted suicide

Sexual Abuse

Sexual abuse does not usually present obvious physical evidence or indicators, thus making it difficult to detect. Also the child victim of sexual abuse has legitimate fears about coming forth, even to someone they trust.

The vast majority of child molesters are family members or friends of the child or the family making disclosure of the abuse very difficult for the child. Victims of child sexual abuse experience the fear of betraying a loved one or losing the affection of the perpetrator or even the non-abusing parent if they disclose the abuse.

The impact of what this disclosure could do to the family is overpowering for a child. Marriages end, families break up, children are removed from the home, and a parent is incarcerated. Child victims fear the overwhelming anticipated shame and guilt that such disclosure will cause, and they fear that family members and other significant people in their lives will blame them for the abuse. They also fear the common threats of being hurt or even killed if they disclose the abuse.

Even after disclosing sexual abuse, a child may retract the disclosure as the family system begins to place pressure. For these and other reasons, sexually abused children often decide to live in quiet and devastating isolation with their “secret” rather than risk the realization of their fears.

It is very important to keep in mind that the overwhelming majority of child sexual abuse occurs within the child's immediate or extended family. Most perpetrators of child sexual abuse are known to the child before the abuse. They are usually trusted members who have easy physical access to their child victims, not necessarily the stereotypical strangers in raincoats who wait for children on street corners with lures of candy or money.

Child sexual abuse is not a problem uniquely found in only certain geographic areas or among people of certain economic conditions, races, or occupations. There is absolutely no profile of a child molester or of the typical victim. Do not assume that, because an alleged offender has an unparalleled reputation for good works in the community or holds a certain job, he or she could not also be a child molester.

Physical Indicators

- Difficulty in walking or sitting
- Torn, stained, or bloody underclothing
- Pain or itching in genital area
- Bruises or bleeding in the external genitalia, vaginal, or anal areas
- Bruises to the hard or soft palate
- Sexually transmitted diseases, especially in preteens
 - Includes venereal oral infections
- Pregnancy, especially in the early adolescent years
- Painful discharge of urine and/or repeated urinary infections
- Foreign bodies in vagina or rectum

Behavioral Indicators

- Unwilling to change for gym or participate in physical education class
- Withdrawal, fantasy, or infantile behavior
- Bizarre, sophisticated, or unusual sexual behavior or knowledge, seductive or promiscuous behavior
- Poor peer relationships
- Delinquent or runaway
- Reports sexual assault by caretaker
- Prostitution
- Forcing sexual acts on other children
- Extreme fear of being touched

- unwilling to submit to physical examination
- Truancy
- Self-injurious behaviors
 - suicide attempts
- Manifestations of low self-esteem, general fearfulness
- Unnatural Interest in sex

Mandated Reporters in New York State:
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Physician Surgeon Medical Examiner Coroner Dentist Osteopath Optometrist Chiropractor Podiatrist Resident Intern Psychologist Registered Nurse Dental Hygienist Psychiatrist School Official Social Service Worker	Social Worker Day Care Center Worker Peace Officer Mental Health Professional Police Officer Christian Science Practitioner Hospital personnel- engaged in the admission, examination, care, or treatment of persons Employee or volunteer in a Residential Care Facility defined by §412(7). Provider of family or group family day care Any other Child Care or Foster Care Worker District Attorney or Assistant District Attorney Investigator Employed in the office of the D.A. or other Law Enforcement Official
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Reports are required when a mandated reporter:

- has reasonable cause to suspect that a child whom the reporter sees in his/her professional capacity is abused or maltreated; or
- has reasonable cause to suspect that a child is abused or maltreated where the parent or person legally responsible for the child comes before them in his/her professional capacity and states from personal knowledge facts, conditions, or circumstances would render the child abused or maltreated;
- suspects child abuse or maltreatment while acting in his/her professional capacity as a staff member of a medical or other public or private institution, school, facility, or agency, he or she shall immediately notify the person in charge of that school, facility, institution or his/her designated agent, who will then also become responsible for reporting or causing a child abuse report to be made to the county Child Protective Services agency. (Section 413.1 of the Social Service Law does

not require more than one report from the institution, school, facility, or agency on any one incident of suspected abuse or maltreatment. However, the mandated reporter's obligation is not discharged unless the report is made.)

A situation could occur in which the staff member is mistaken about the standard of abuse or maltreatment, or about whom a subject of a report may be; the person in charge, or his/her designated agent, could determine that a report need not be made in this situation. Nevertheless, the person in charge – or his/her designated agent – may not prevent the staff member from making a report.

What is Reasonable Cause to Report

A person who has reasonable cause to suspect that a child has been abused or maltreated based upon what has been disclosed, any physical evidence and one's own training and experience should make a report. It is **POSSIBLE** that the injury or condition was caused by neglect or by non-accidental means.

The reporter need not be absolutely certain that the injury or condition was caused by neglect or by non-accidental means; the reporter should only **BE ABLE TO ENTERTAIN THE POSSIBILITY THAT IT COULD HAVE BEEN NEGLIGENCE OR NONACCIDENTAL** in order to assume reasonable cause. Certainty is not required. To be suspicious, where one doubts what is told, and looks at the physical and behavioral indicators forms a reasonable basis for suspicion and a reasonable cause to make a report.

Examples of Reportable Situations

Social Workers who work directly or indirectly with children are found in a variety of settings like schools, hospitals, community organizations and mental health agencies. Due to the nature of our profession, our colleagues and parents often ask us whether or not a particular situation constitutes abuse or maltreatment. Listed below are common types of reportable examples that may be presented to a social worker.

- ❑ A school principal reports that a 10-year old pupil, Ed, has told him repeatedly for several weeks that he does not get enough to eat at home. The child appears pale and eats excessively at the school lunch program
- ❑ A mother informs you that she brought her four-year-old daughter, Joan, to the emergency room because of a vaginal discharge. The child was diagnosed as having gonorrhea.
- ❑ The school nurse tells you that a five-year-old boy, Jason, is continually brought to her for an advanced case of head lice.

- ❑ Nancy, a 12-year-old, comes to therapy with two bruises. One is on her upper left arm and one is on the lower area of her neck. Nancy states that her mother was upset yesterday and threw her against the refrigerator.
- ❑ The school attendance officer informs you that Teddy has missed 34 out of a possible 95 days of school. Teddy has submitted an excuse for 10 of his absences. The school has attempted to contact the parents. The parents have not responded to the contacts.
- ❑ During a home visit, a parent tells you that the children living upstairs, Kim and Megan Smith, a three-year-old and four-year-old, sit on the windowsill every day during warm weather. The Smith's live in a fourth floor apartment without any screens.
- ❑ A mother on your caseload, reports that she is afraid her husband is going to harm her six-month-old baby. He has on more than one occasion violently shaken the baby when the baby does not stop crying.
- ❑ A grandmother who sees you for therapy, states that her daughter-in-law treats her eight-year old grandson, Mark, terribly. She verbally abuses Mark by calling him filthy names and makes him cry.
- ❑ A neighbor wants to call the State Central Register because three young children, who live two trailers down, roam the trailer park all night long vandalizing neighbors' property.
- ❑ You are made aware that 16-year-old Boy, Roger, is repeatedly drinking (two-three times a week) to the point of intoxication. He drinks in front of his mother.

Children and Disclosure

Children disclose their abuse in direct and indirect ways, and many times not at all. It is important that we observe, and listen in order to protect the safety and wellbeing of the child that has come before us.

A child rarely lies about being abused. Some children have told about their abuse, but were not believed and were sometimes accused of lying and then punished as a result. Children are also reluctant to disclose their abuse because it may be someone they love, like a parent. They may fear the consequences to their parent, family or self. They could also feel humiliation and do not want to draw any more attention to an already painful situation.

Sometimes, if they have a disability or are too young, may not be able to articulate the abuse. Some situations of neglect and maltreatment, though painful may be perceived as normal to a child if that is all they have experienced.

Disclosure can take many forms from direct to disguised. Here are some examples:

- ❑ My aunt burned me with a cigarette.
- ❑ My brother wouldn't let me sleep last night
- ❑ I know a friend whose mommy doesn't feed her
- ❑ My neighbor makes her son do bad things.
- ❑ I have a secret, but you can't tell anyone.
- ❑ My friend's boyfriend hits her.

Reporting Procedures

When

Immediately, by telephone, at any time of day, seven days a week.
A written report must be filed within 48 hours of oral report.

To Whom

Oral telephone reports should be made to the New York State Central Register of Child Abuse and Maltreatment (SCR) by calling the statewide, toll-free telephone number:

MANDATED REPORTER HOTLINE 1-800-635-1522

A written report, signed by the reporter, must be filed with the local child protective services (CPS) within 48 hours of the oral report. (A written report involving a child cared for away from his or her home [e.g., foster care, residential care] should be submitted to the New York State Child Abuse and Maltreatment Register, 40 North Pearl Street, Albany, NY 12243.)

Reporters may wish to maintain careful notes for their own personal records, noting such things as dates, times, places, names of individuals involved in any reporting incident, etc.

For purposes of reporting suspected cases of child abuse and maltreatment to the State Central Register and Child Protective Services, it is important to understand the definition of who can be the "subject of the report" as defined by Section 412.4 of the Social Service Law.

- "Subject of the report" means any:
 - parent
 - guardian

- custodian, or
 - other person 18 years of age or older
- who is legally responsible for a child reported to the Central Register of Child Abuse and Maltreatment

and

- who is allegedly responsible for causing – or allowing the infliction of – injury, abuse, or maltreatment to such child.

- “Subject of the report” also means an
- operator of, or
 - employee or volunteer in a home operated or supervised by an authorized agency, the Division for Youth, or an office of the Department of Mental Hygiene, or a family day-care home, day-care center, group family day-care home, or a day-services program,
 - who is allegedly responsible for causing – or allowing the infliction of – injury, abuse or maltreatment to a child who is reported to the Central Register.

Of course, abuse and maltreatment may be caused by individuals other than a parent or person legally responsible for the child’s care, such as neighbors or strangers. Such individuals might not fit the legal definition of the “subject of the report.” In such instances, law enforcement authorities should be contacted.

When the alleged perpetrator of child abuse or maltreatment cannot be the “subject to a report” law enforcement authorities should be contacted directly. If a call is received by the State Central Register, and the person allegedly responsible for the abuse or maltreatment cannot be the subject of a report, and the SCR believes that the alleged acts or circumstances described by the caller may constitute a crime or an immediate threat to the child’s health or safety, the SCR is required by law to transmit the information contained in the call to the appropriate law enforcement agency, district attorney, or other public official empowered to provide necessary aid or assistance (Social Services Law, Sec 422.2(c))

What to Include

Telephone Report:

- the names and addresses of the child and his/her parents or other person responsible for his/her care;
- the child’s age, gender, and race;
- the nature and extent of the child’s injuries, abuse or maltreatment, including any evidence of prior injuries, abuse, or maltreatment to the child or his/her siblings;

- the name of the person or persons responsible for causing the injury, abuse, or maltreatment;
- family composition;
- the source of the report;
- the person making the report and where s/he can be reached;
- the actions taken by the reporting source, including the taking of photographs or X-rays, removal or keeping of the child, or notifying the medical examiner or coroner; and
- any additional information that may be helpful.

The lack of complete information does not prohibit a person from reporting.

Written Report is placed on the LDSS-2221-A form titled- *Report of Suspected Child Abuse or Maltreatment*. This form is available in the **Additional Resources** Section of this course. It can also be obtained from your local CPS office or on the Office of Children & Family Services website at www.ocfs.state.ny.us/main/forms/ to download a PDF version. *(The free adobe reader is required to view and print the PDF. It is available for download by clicking the Get Adobe Reader graphic –setup graphic)*

Written reports are admissible as evidence in any judicial proceedings; accuracy is vital.

Other Mandated or Authorized Actions

Photographs and X-rays

- any mandated reporter may take, or cause to be taken, at public expense, color photographs of the area of trauma visible on a child (a social worker may ask the local CPS to take photographs when appropriate) and
- if medically indicated, cause X-Rays to be taken.
- Photos or X-rays must accompany the LDSS-2221-A, or be sent as soon as possible after its submission; they should be appropriately identified with child's name, date, and name of person taking the photos or X-rays.

Protective Custody

It is important for social workers to know those times a when child can be taken into protective custody immediately, who can do it and how it is done.

- A child may be taken into protective custody (i.e., without court order or parental consent):

- if the child is in such circumstances or condition that continuing to stay in his/her residence or in the care and custody of the parent or person legally responsible for the child's care, presents an imminent danger to the child's life or health; and
 - if there is not enough time to apply for an order of temporary removal from the Family Court;
 - but protective custody should not be confused with status of child admitted voluntarily to hospital by parent(s).
- Persons legally authorized to place child into physical protective custody:
- a peace officer (acting pursuant to his/her special duties)
 - a police officer,
 - a law enforcement official
 - an agent of a duly incorporated society for the prevention of cruelty to children,
 - a designated employee of a city or county department of social services, or
 - a person in charge of a hospital or similar institution.
- When protective custody occurs, the authorized person is required to take the following actions:
- bring the child immediately to a place designated by the rules of the Family Court for this purpose, unless the person is a physician treating the child and the child is or will be presently admitted to a hospital.
 - make every reasonable effort to inform the parent or other person legally responsible for the child's care of the facility to which the child has been brought.
 - provide the parent or the person legally responsible with written notice, coincident with removal (Family Court Act(b)(iii)).
 - inform the court and make a report of suspected child abuse or maltreatment pursuant to Title 6 of the Social Services Law, as soon as possible (PCA, Sec 1024(b)).
 - immediately notify the appropriate local child protective service, which shall commence a child protective proceeding in the Family Court at the next regular weekday session of the appropriate Family Court or recommend that the child be returned to his/her parents or guardian. In neglect cases, pursuant to Section 1026 of the Family Court Act, the authorized person or entity (usually CPS) may return a child prior to a child protective proceeding if it concludes there is no imminent risk to the child's health.

What Happens After the Call Has Been Made

After the call has been received, the Department of Social Services has established procedures they must follow. (This is defined in Sections 422.2(a) and 422.11 of the Social Services Law)

When any allegations contained in the phone call could reasonably constitute a report of child abuse or maltreatment, such allegations must be immediately transmitted by the Department of Social Services to the appropriate agency or local child protective service for investigation. If the Department records indicate a previous report concerning a “subject of the report,” other persons names in the report, or other pertinent information, the appropriate agency or local child protective service must be immediately notified of this fact.

Inquiring About the Findings of an Investigation

Section 422.4 of the Social Services Law provides that a mandated reporter can receive, upon request, the finding of an investigation made pursuant to his/her report. This request can be made to the State Central Register at the time of making the report or to the appropriate local CPS at any time thereafter.

If the request for information is made prior to the completion of an investigation of a report, the released information shall be limited to whether the report is “indicated” (i.e., substantiated), “unfounded,” or “under investigation,” whichever the case may be.

If the request for information is made after the completion of an investigation of report, the released information shall be limited to whether a report is “indicated” or, if the report has been expunged, that there is “no record of such report,” whichever the case may be. (Note: Reports are expunged for lack of credible evidence of alleged abuse or maltreatment after an investigation, or 10 years after the 18th birthday of the youngest child named in the report.)

Legal Protections for Reporters

➤ Immunity

Mandated Reporters are legally protected from any liability when they make a report in good faith and within the scope of their employment and their official duties. (Social Services Law, Section 419)

➤ Confidentiality

Your name cannot be released as the person who gave the report unless you have given written permission to do so. When making a report, you can also stress the need for confidentiality if the situation warrants it.

Consequences for Failing to Report

➤ Legal Repercussions

Any person, official, or institution required by the law to report a case of suspected child abuse or maltreatment who willfully fails to do so:

- may be guilty of a Class A misdemeanor;
- may be civilly liable for the damages caused by such failure.

➤ Repercussions to the Child

Abused children tell their story or reveal their abuse and neglect indirectly through their signs and symptoms many, many times before an adult takes action. Children are re-victimized when adults fail to respond. Child Protective Services cannot act until child abuse is identified and reported. Services cannot be offered to the family nor can the child be protected from further suffering.

New York State's Child Protective Services System

What Happens When a Report is Made?

The Social Services Law mandates that the local child protective service investigate reports and provide, or arrange for, and monitor rehabilitative services for children and their families. The Child Protective Service (CPS) has cooperative working relationships with a wide variety of agencies, particularly those involving mandated reporters, to ensure the successful operation of its program.

Investigation

The goal of the investigation is to determine whether credible evidence of abuse or maltreatment exists. The investigation is a fact-finding process that includes interviewing, observing, and gathering information. The child protective service will make contact with those people who will be able, by the nature of their relationships with the children and family, to give the most relevant information. These contacts include, but are not limited to, the following: the source, the children, the parents or persons legally responsible, school personnel, physicians, health professionals, service providers, relatives, and neighbors. For court proceedings the mandated reporter's testimony and records may be required.

The mandated reporter will be contacted by CPS, for the following purposes:

- to clarify the role and purpose of CPS and the information contained in the report and the caseworker's understanding of the situation;
- to provide the source with the opportunity to complete DSS-2221-A if it has not yet been received by CPS;
- to obtain additional information about the child(ren), his/her condition, whereabouts, etc.;
- to obtain assistance in establishing a helping relationship with the subject(s) of the report; and
- to encourage on-going communication between the source and CPS.

The mandated reporter may also initiate contact with CPS once the report has been made.

The mandated reporter can assist in the investigation process by providing CPS with any information (s)he has available that will clarify and supplement the information contained in the report, and provide a better understanding of the child's condition and/or the family's functioning. In cooperating with CPS in an on-going investigation, it may be helpful to both the mandated reporter and CPS to establish an agreement regarding some or all of the following issues related to the:

- sharing of information;
- facilitation of interviews with the subject of the report;
- notification of the status of the report;
- release of information to CPS; and
- mandated reporter's future involvement in the case.

The investigation is a crucial step in the overall CPS process because the information obtained during the investigation determines, to a large extent, the subsequent actions or lack of actions taken by CPS in the case.

Determination/Assessment and Service Planning

The final step in the investigation process is the determination of whether the report is "indicated" or "unfounded." This determination must be made within 90 days of receipt of the oral report.

Unless an investigation determines that some credible evidence of abuse or maltreatment exists, the report is unfounded and all information identifying the subjects of the report is expunged. If an investigation determines that some credible evidence of abuse or maltreatment exists, the report is indicated (i.e., substantiated) and the family is offered appropriate services.

"Some credible evidence" is needed to support an indication of child abuse or maltreatment. Some credible evidence is evidence worthy of belief. It may be either direct evidence which includes the results of the caseworker's interviews and observations or information which has been gathered from other sources: medical records, school records, police and other agency records.

After the facts are gathered, they should be compared to the statutory definitions of abuse and maltreatment. Upon consideration of the facts and the legal definitions, a decision should be made whether there is some credible evidence of child abuse and maltreatment.

If the report is indicated, an appropriate rehabilitative service plan for the child and/or family must be developed that would include those services necessary to safeguard and ensure the child's wellbeing and development and to preserve and stabilize family life.

When a service plan is developed it should include, but not be limited to:

- description of problems;
- assessment of individual problems and needs;
- goals to be achieved
- services to be provided to attain the goals;
- tasks to be performed by family member and/or service provider(s); and
- expected duration of services.

When a case is unfounded, child protective services will no longer be involved with the family except to the extent of referring the family to specific providers, as appropriate.

In addition, a service plan may be developed and necessary services will be provided prior to reaching a determination when CPS, during the course of its investigation, assesses the need for such services.

The mandated reporter, acting in his or her professional capacity, can play an important role in both the assessment and service planning processes. The expertise of professionals such as social workers, physicians, nurses, educators, etc., is extremely helpful in rendering decisions regarding the future activity to be conducted on a child abuse or maltreatment case. For example, the social worker may individually evaluate the child and/or family and provide CPS with a diagnostic understanding of the problems present within the family. They may make recommendations for defining problems/stresses within the family and/or developing an appropriate rehabilitative service plan.

Finally, the mandated reporter may request at the time of making a report, or any time thereafter, the findings of the CPS investigation. This will permit the mandated reporter to ascertain whether the report was determined to be indicated or not.

Services Provision and Monitoring

In implementing a rehabilitative service plan, CPS has several options in providing services. They may be provided directly by CPS or CPS may arrange for and monitor services to be provided through:

- (1) referrals to other units within DSS;
- (2) referrals without cost to other agencies; and/or

(3) the purchase of service from other agencies. Such services may be provided during the investigation period, prior to determination and after a report is indicated.

Finally, in some cases of child abuse and neglect in which the child's injuries are severe, there is a history of past abuse, and the parents refuse services offered by the CPS, or their cooperation is insufficient, CPS must turn to the family court for assistance. In such cases, the role of the family court is to impose a treatment or protective service measure on the parents. The family court depends on CPS and other agencies to bring to its attention cases of child abuse and neglect. However, the decisions on cases in family court can be made only on the basis of information presented to the court.

Mandated reporters and service providers who play an integral part in the investigation and treatment processes may be called as witnesses to testify in family court. However concerned about the safety of the child, such witnesses are frequently apprehensive about how their testimony will affect their relationship with the family and are ambivalent about testifying voluntarily. In such instances, the court may subpoena the witness to appear in court, thereby affording some protection to the client-worker relationship. Additionally, the county attorney representing the local child protective service should prepare witnesses for testifying and answer questions they may have.

The support and assistance of mandated reporters and service providers is necessary to present a case in court.

References

Much of the information used for this course comes from the Identification and Reporting of Child Abuse and Maltreatment NYS Syllabus, New York State Education Department

Children's Defense Fund. Child Abuse and Neglect Fact Sheet. Available at: http://www.childrensdefense.org/childwelfare/abuse/fact_sheet.asp

National Network for Child Care. Responding to a Disclosure of Child Abuse. Available at: http://www.nncc.org/Abuse/rspond_disclos.html

Metro News. Helping Kids Disclose Abuse. Available at: http://metronews.ca/column_security.asp?id=1050&cid=647

US Department of Health and Human Services, Administration for Children and Families. National Clearinghouse on Child Abuse and Neglect Information Available at: <http://nccanch.acf.hhs.gov/>

Course compiled by Thea Griffin, Assistant Executive Director NASW-NYS

Congratulations, you have just completed the course!

-Take the Quiz-

-View the Additional Resources Section-

This section contains information on the Reporting form, Hotline numbers, local New York State Social Services agencies, support agencies and selected references to the related laws.

Additional Resources

- 1. Report of Suspected Child Abuse and Maltreatment Reporting Form LDSS-2221-A**
- 2. Local NYS Social Services Agencies-**
<http://www.ocfs.state.ny.us/main/beccs/localdss.asp>
- 3. Hotline Numbers**
- 4. Support Agencies and Services**
- 4. Selected References to Related Laws**

Hotlines

NEW YORK STATE CHILD ABUSE HOTLINE ----- 800-635-1522
(Mandated Reporters)

NEW YORK STATE CHILD ABUSE HOTLINE ----- 800-342-3720
(General Public)

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES ----- 800-342-3715
(General Information)

TDD -----800-369-2437

NEW YORK STATE DOMESTIC VIOLENCE HOTLINE – (English).... 800-942-6906

NEW YORK STATE DOMESTIC VIOLENCE HOTLINE – (Spanish) -- 800-942-6908

RUNAWAY HOTLINE ----- 800-231-6946

NATIONAL RUNAWAY SWITCHBOARD ----- 800-621-4000

CHILD HELP USA - NATIONAL CHILD ABUSE HOTLINE-----800-422-4456

Local Child Protective Offices in New York State

Albany County Department of Social
Services
Child Protective Services
112 State Street
Albany, NY 12207
(518) 447-7578

Allegany County Department of Social
Services
Child Protective Services
Court House
Belmont, NY 14813
(716) 268-7661

Broome County Department of Social
Services
Child Protective Services
36-38 Main Street
Binghamton, NY 13905
(607) 778-2647

Cattaraugus County Department of
Social Services
Child Protective Services
1701 Lincoln Avenue, Suite 6010
Olean, NY 14760
(716) 373-8070

Cayuga County Department of Social
Services
Child Protective Services
160 Genesee Street
Auburn, NY 13201
(315) 253-1338

Chautauqua County Dept of Social
Services
Child Protective Services
Health & Social Services Bldg.
Mayville, NY 14757
(716) 753-4411

Chemung County Dept of Social
Services
Child Protection Services
425-477 Pennsylvania Avenue
Elmira, NY 14901
(607) 737-5430

Chenango County Department of Social
Services
Child Protective Services
County Office Building
Norwich, NY 13815
(607) 335-4560

Clinton County Department of Social
Services
Child Protective Services
30 Durkee Street, Box 990
Plattsburgh, NY 12901
(518) 565-3324

Columbia County Department of Social
Services
Child Protective Services
610 State Street
Hudson, NY 12534
(518) 828-9411

Cortland County Department of Social
Services
Child Protective Services
60 Central Avenue, Box 1172
Cortland, NY 13045
(607) 753-9681

Delaware County Department of Social
Services
Child Protective Services
111 Main Street
Delhi, NY 13753
(607) 746-2325

Dutchess County Department of Social Services
Child Protective Services
60 Market Street
Poughkeepsie, NY 12601
(914) 431-5441

Greene County Department of Social Services
Child protective Services
465 Main Street
Catskill, NY 12414
(518) 943-32002

Erie County Department of Social Services
Child Protective Services
478 Main Street
Buffalo, NY 14202
(716) 858-6478

Hamilton County Department of Social Services
Child Protective Services
P.O. Box 725
White Birch Lane
Indian Lake, NY 12842
(518) 548-3462

Essex County Department of Social Services
Child Protective Services
Court House
Elizabethtown, NY 12932
(518) 873-6301

Herkimer County Department of Social Services
Child Protective Services
County Office Building, Box 231
Mary Street
Herkimer, NY 13350
(315) 867-1249 or 1246

Franklin County Department of Social Services
Child Protective Services
Court House
Malone, NY 12953
(518) 483-6767

Jefferson County Department of Social Services
Child Protective Services
250 Arsenal Street
Watertown, NY 13601
(315) 785-5079

Fulton County Department of Social Services
Child Protective Services
County Building, Box 549
Johnstown, NY 12095
(518) 762-0615

Lewis County Department of Social Services
Child Protective Services
Stowe Street, Box 193
Lowville, NY 13367
(315) 376-5400

Genesee County Department of Social Services
Child Protective Services
County Building 2
3837 West Main Road
Batavia, NY 14020
(716) 344-2580

Livingston County Department of Social Services
Child Protective Services
Livingston County Campus
Building 3
Mt. Morris, NY 14510
(716) 658-2801

Madison County Department of Social
Services
Child Protective Services
Box 637
Wampsville, NY 13163
(315) 366-2384

Onondaga County Department of Social
Services
Child Protective Services
Civic Center
421 Montgomery Street
Syracuse, NY 13202
(315) 425-2884

Monroe County Department of Social
Services
Child Protective Services
111 Westfall Road
Room 660
Rochester, NY 14620
(716) 461-5690

Ontario County Department of Social
Services
Child Protective Services
3871 County Road 460
Canandaigua, NY 14424
(716) 396-4111

Montgomery County Department of
Social Services
Child Protective Services
County Office Building
Fonda, NY 12068
(518) 853-4646

Orange County Department of Social
Services
Child Protective Services
Quarry Road
Box Z
Goshen, NY 10924
(914) 294-5788

Nassau County Department of Social
Services
Child Protective Services
County Seat Drive
Mineola, NY 11501
(516) 535-5317

Orleans County Department of Social
Services
Child Protective Services
Route 31
Albion, NY 14411
(716) 589-7004

Niagara County Department of Social
Services
Child Protective Services
301 Tenth Street, Box 865
Niagara Falls, NY 14302
(716) 284-3039

Oswego County Department of Social
Services
Child Protective Services
County Office Building
Spring Street
Mexico, NY 13114
(315) 963-7271

Oneida County Department of Social
Services
Child Protective Services
County Office Building
800 Park Avenue
Utica, NY 13501
(315) 798-5965

Otsego County Department of Social
Services
Child Protective Services
197 Main Street
Cooperstown, NY 13326
(607) 547-4355

Putnam County Department of Social Services
Child Protective Services
110 Old Route 6 Center
Carmel, NY 10512-2110
(914) 225-7040

Rensselaer County Department of Social Services
Child Protective Services
133 Bloomingrove Drive
Troy, NY 12180
(518) 283-2000 Ext. 270

Rockland County Department of Social Services
Child Protective Services
Sanatorium Road
Building L
Pomona, NY 10970
(914) 354-0200

St. Lawrence County Department of Social Services
Child Protective Services
Harold B. Smith County Office Building
Judson Street
Canton, NY 13617
(315) 379-9452

Saratoga County Department of Social Services
Child Protective Services
County Complex
Bldg. 2
Ballston Spa, NY 12020
(518) 885-5381

Schenectady County Department of Social Services
Child Protective Services
620 State Street
Schenectady, NY 12305
(518) 382-3279

Schoharie County Department of Social Services
Child Protective Services
Route 30
Schoharie, NY 12157
(518) 295-8318

Schuyler County Department of Social Services
Child Protective Services
County Office Building
105 9th Street
Watkins Glen, NY 14891
(607) 535-2639

Seneca County Department of Social Services
Child Protective Services
1 DiPronio Drive
Waterloo, NY 13165-9561
(315) 568-5609

Steuben County Department of Social Services
Child Protective Services
3 E. Paltene Square
Bath, NY 14810
(607) 776-7611

Suffolk County Department of Social Services
Child Protective Services
Box 2000
10 Oval Drive
Hauppauge, NY 11788
(516) 468-2666

Sullivan County Department of Social Services
Child Protective Services
Infirmary Road, Box 231
Liberty, NY 12754
(914) 292-0100.

Tioga County Department of Social Services
Child Protective Services
RD. 3, Rt. 38, Box 240
Owego, NY 13827
(607) 687-5000

Tompkins County Department of Social Services
Child Protective Services
301 Harris B. Dates Drive
Ithaca, NY 14850
(607) 274-5321

Ulster County Department of Social Services
Child Protective Services
Ulster Office Building
268 R Clinton Avenue, Box 1800
Kingston, NY 12401
(914) 339-4300

Warren County Department of Social Services
Child Protective Services
Municipal Center Annex
Gursey Lane Road
Lake George, NY 12845
(518) 761-6306

Washington County Department of Social Services
Child Protective Services
Six Church Street
Granville, NY 12832
(518) 642-2800

Wayne County Department of Social Services
Child Protective Services
77 Water Street, Box 10
Lyons, NY 14489
(315) 946-4881

Westchester County Department of Social Services
Child Protective Services
112 East Post Road
White Plains, NY 10601
(914) 285-5333

Wyoming County Department of Social Services
Child Protective Services
466 North Main Street
Warsaw, NY 14569
(716) 786-8900

Yates County Department of Social Services
Child Protective Services
County Office Building.
110 Court St
Penn Yan, NY 14527
(315) 536-4451

NEW YORK CITY

Brooklyn Field Office
1274 Bedford Avenue
Brooklyn, NY 11216
(718) 826-5507 or 5508

Bronx Field Office
192 East 151 Street
Bronx, NY 10451
(212) 579-8863

Manhattan Field Office
770 Broadway
New York, NY 10013
(212) 614-7058

Queens Field Office
165-15 Archer Avenue
Jamaica, NY 11433
(718) 481-5777 or 5770

Staten Island Field Office
350 St. Mark Place, 5th Floor
Staten Island, NY 10304
(718) 720-2753

Support Agencies and Services

Association of Junior Leagues
International Inc. (AJLI)
132 West 31st Street, 11th Floor
New York, NY 10001-3406
(212) 951-8300
Fax: (212) 481-7196
Email: info@ajli.org
www.ajli.org

Best Beginnings - The New York
Society for the Prevention of Cruelty to
Children
161 William Street, 9th Floor
New York, NY 10038-2607
Toll Free: (800) 447- 7220
www.nyspcc.org

Bright Beginnings
Albany County Department of Health
(518) 447-4695

Bright Beginnings
Trinity Institution, Homer Perkins Center
(518) 436-1104

Bright Beginnings
Whitney M. Young Jr. Health Center
(518) 465-4771

Bright Beginnings
Parsons Child and Family Center
(518) 426-2600

Buffalo Home Visiting Program
Buffalo Prenatal& Perinatal Services
(716) 884-6680

Covenant House Hotline
Phone: (800) 999-9999

Child Find of America
(800) I-AM-LOST/(800) 426-5678

Child Find of America Mediation
800-A-WAY-OUT/(800) 292-9688

Child Quest International
Sighting Line
(888) 818-HOPE/(888) 818-4673

Child Abuse Prevention Network
<http://child-abuse.com/>

Early Advantages, Clinton County
Behavioral Health Services North
(518) 563-8206

Emergency Children's Services Special
Services for Children
241 Church Street
New York, NY 10013
(212) 966-8000

Family Life Development Center
(FLDC)
Cornell University
Martha Van Rensselaer Hall
Ithaca, NY, 14853-4401
Phone: (607) 255-7794
Fax: (607) 255-8562
www.human.cornell.edu/centers/fldc/

Girls and Boys Town
Phone: (800) 448-3000

Healthy Families America
<http://www.healthyfamiliesamerica.org/>

Healthy Families - Chemung County
Comprehensive Interdisciplinary
Developmental Services (C.I.D.S.)
<http://www.cvhn.org/members/>

Healthy Families Steuben County
<http://www.ihnsnet.org/links.htm>

Healthy Kids
Samaritan Hospital of Troy
Rensselaer County
(518) 274-1279

Healthy Schenectady Families
Catholic Charities
(518) 453-6650

Healthy Schenectady Families
St. Clare's Hospital
(518) 347-5720

Healthy Schenectady Families
Schenectady Co. Public Health Services
Schenectady, NY
(518) 386-2824

KidsPeace - offering Foster Care and
Family Services Programs
501 Rosewood Plaza
Albany, NY 12205
(800) 201-3005
Fax (518) 452-1571
www.kidspeace.org

KidsPeace - offering Foster Care and
Family Services Programs
Amsterdam Office
2520 River Front Center
Amsterdam, NY 12010
(877) 206-3099
Fax: (518) 842-0370
www.kidspeace.org

Kingston Office
Willow Park Office Complex
480 Aaron Court
Kingston, NY 12401
(866) 360-0911
Fax: (845) 331-3572

Kinship Youth and Family Services
(607) 324-0909

Lockport Office
One East Avenue, 2nd Floor
Lockport, NY 14094
(800) 726-5565
Fax: (716) 438-2078

National Center for Missing and
Exploited Children
(800) THE-LOST/(800) 843-5678

National Center for Victims of Crime
(800) FYI-CALL /(800) 394-2255

National Domestic Violence Hotline
(800) 799-SAFE/(800) 799-7233

National Referral Network for Kids in
Crisis
(800) KID-SAVE/(800) 543-7283

National Respite Locator Service
(800) 677-1116

National Youth Crisis Hotline
(Youth Development International)
(800) HIT-HOME/(800) 448-4663

New York State Coalition Against
Sexual Assault
<http://www.nyscasa.org>

NYS Department of Health
<http://www.health.state.ny.us/home.html>

NYS Office of Children & Family
Services
<http://www.ocfs.state.ny.us/main/>

Operation Lookout National Center
for Missing Youth
(800) LOOKOUT/(800) 566-5688

Prevent Child Abuse New York
134 S. Swan Street
Albany, NY 12210
(518) 445-1273
<http://preventchildabuseny.org/>

Prevention Information Resource Center
24/ 7 HELPLINE in Spanish & English
(800) 342-7472
<http://preventchildabuseny.org/pirc.html>

Rape Abuse & Incest National Network
<http://www.rainn.org/>

Rape and Incest National Network
(800) 656-HOPE x 1/(800) 656-4673 x 1

Starting Together - Madison County
Community Action Program
(315) 684-3144

The New York State Alliance of
Information & Referral Systems
<http://www.nysairs.org>

Ulster County Department of Social
Services
(845) 334-5100

Ulster County Healthy Start Mid-Hudson
Family Health Institute
(845) 566-1800

West Seneca Office
4184 Seneca Street, Suite 212
West Seneca, NY 14224
(800) 451-3425
Fax: (716) 675-7060

Youth Crisis Hotline
(800) HIT-HOME/(800) 448-4663

Selected Sections of Related Laws

Child abuse, maltreatment, and neglect are legally defined, in each state, by state legislation. In New York State, definitions appear in the New York State Social Services Law, Section 412, and the New York State Family Court Act, Section 1012. Other important references appear in sections of the Penal Law.

Chapter 544 of the Laws of 1988 amended sections of the Social Services Law and the New York State Education Law. Chapter 544 requires coursework or training in the identification and reporting of child abuse and maltreatment for many mandated reporters.

➤ “*Abuses child*” means:

- a child under eighteen years of age defined as an abused child by the family court act;
- a child under the age of eighteen years who is defined as an abuse child in residential care pursuant to subdivision eight of this section; or
- a child with a handicapping condition, as defined in subdivision one of section forty-four hundred one of the education law, who is eighteen years of age or older, and in residential care in a school or facility described in paragraph (c), (d), (e) or (f) of subdivision seven of this sections, and is defined as an abused child pursuant to subdivision eight of this section; provided that such term shall include a pupil with a handicapping condition in residential care in such a school or facility who is defined as an abused child pursuant to subdivision eight of this section, is twenty-one years of age, and is entitled, pursuant to subdivision five of section forty-four hundred two of the education law, to remain in such school or facility until either then termination of the school year or the termination of the summer program, as applicable.

(Social Services Law, Section 412.1)

➤ “*Abused child*” means 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 such child physical injury by other than accidental means which causes or creates a substantial risk of death, or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the functions of any bodily organ, or
- creates or allows to be created a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the functions of any bodily organ, or

- commits, or allows to be committed, a sex offense against such child, as defined in the penal law; allows, permits or encourages such child to engage in any act described in sections 230.25, 230.30, and 230.32 of the penal law; commits any acts described in section 255.25 of the penal law; or allows such child to engage in acts or conduct described in article two hundred and sixty-three of the penal law provided, however, the (a) the corroboration requirements contained in the penal law and (b) the age requirement of the application of article two hundred sixty-three of such law shall not apply to proceedings under this article.

(Family Court Act, Section 1012, subdivision e)

- *“Abused child in residential care”* means a child whose custodian:
 - inflicts or allows to be inflicted upon such child physical injury by other than accidental means which causes or creates a substantial risk of death, serious protracted disfigurement, protracted impairment of physical or emotional health or protracted loss or impairment of the function of any organ;
 - creates or allows to be created a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death or serious or protracted disfigurement, protracted impairment of physical or emotional health or protracted loss or impairment of the function of any organ; or
 - commits, or allows to be committed, a sex offense against such child, as described in the penal law; allows, permits or encourages such child to engage in any acts described in section 230.25, 230.30 or 230.32 of the penal law; commits any of the acts described in section 255.25 of the penal law, or allows such child to engage in acts or conduct described in article two hundred sixty-three of the penal law, provided however, that (i) the corroboration requirements in the penal law and (ii) the age requirement for the application of article two hundred sixty-three of such law shall not apply to proceedings commenced pursuant to this title or article ten of the family court act.

(Social Services Law, Section 412.8)

- *“Residential Care”* means:
 - care provided to a child who has been placed by the family court with a social services official or the state division for youth, or whose care and custody or custody and guardianship has been transferred or committed to, a social services official, another authorized agency, or the state division for youth and such care is provided in an agency operated boarding home, a group home or child care institution;
 - care provided a child in a facility or program operated or certified by the state division for youth pursuant to article nineteen-G or nineteen-H of the executive law, excluding foster family care;

- care provided a child in the new York state school for the blind or the New York state school for the deaf, pursuant to the provisions of articles eighty-seven and eighty-eight of the education law;
- care provided a child in a private residential school which is within the state and which has been approved by the commissioner of education for special education services or programs;
- care provided in institutions for the instruction of the deaf and the blind which have a residential component, and which are subject to the visitation of the commissioner of education pursuant to article eighty-five of the education law;
- care provided through a residential placement of a child with a special act school district listed in chapter five hundred sixty-six of the laws of nineteen hundred sixty-seven, as amended; or
- care provided a child in a residential facility licensed or operated by the office of mental health or the office of mental retardation and developmental disabilities, excluding family care homes.

(Social Services Law, 412.7)

➤ *“Maltreated child”* includes:

- a child under eighteen year of age:
- defined as a neglected child by the family court act;
- who has had serious physical injury inflicted upon him by other than accidental means; or
- who is in residential care and is defined as neglected child pursuant to subdivision nine of this section; or
- a child with a handicapping condition, as defined in subdivision one of section forty-four hundred one of the education law, who is eighteen years of age or older, is in residential care in a school or facility described in paragraph (c), (d), (e) or (f) of subdivision seven of this section, provided that such term shall include a pupil with a handicapping condition in residential care in such a school or facility who is defined as a neglected child pursuant to subdivision nine of this section, is twenty-one years of age, and is entitled, pursuant to subdivision five of section forty-four hundred two of the education law, to remain in such school or facility until either the termination of the school year or the termination of the summer program, as applicable.

(Social Services Law, Section 412.2)

- *“Neglected child”* means a child less than 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 or education in accordance with the provisions of part one of article sixty-five of the education law, or medical, dental or optometrical 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, 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 court; provided, however, that where the respondent is voluntarily and regularly participating in a rehabilitative program, evidence that the respondent has repeatedly misused a drug or drugs or alcoholic beverages to the extent that he loses self-control of his actions shall not establish that the child is a neglected child in the absence of evidence establishing that the child’s physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as set forth in paragraph (l) of this subdivision; or
 - who has been abandoned, in accordance with the definition and other criteria set forth in subdivision five of section three hundred eighty-four-b of the social services law, by his parents or other person legally responsible for his care.

(Family Court Act, Section 1012, subdivision f)

- *“Neglected child in residential care”* means a child whose custodian impairs, or places in imminent danger of becoming impaired, the child’s physical, mental or emotional condition:
 - by intentionally administering to the child any prescription drug other than in accordance with a physician’s or physician’s assistant’s prescription;
 - in accordance with the regulation of the state agency operating, certifying or supervision such facility or program, which shall be consistent with the child’s age, condition, service and treatment needs, by:
 - failing to adhere to standards for the provision of food, clothing, shelter, education, medical, dental, optometrical or surgical care, or for the use of isolation or restraint; or

- failing to adhere to standards for the supervision of children by inflicting or allowing to be inflicted physical harm, or a substantial risk thereof; or
- by failing to conform to applicable state regulations for appropriate custodial conduct.

(Social Services Law, Section 412.9)

- *“Impairment of Emotional Health” and “Impairment of Mental or Emotional Condition”* includes a state of substantially diminished psychological or intellectual functioning in relation to, but not limited to, such factors as failure to thrive, control of aggressive or self-destructive impulses, ability to think and reason, or acting out or misbehavior, including incorrigibility, ungovernability or habitual truancy; provided, however, that such impairment must be clearly attributable to the unwillingness or inability of the respondent to exercise a minimum degree of care toward the child.

(Family Court Act, Section 1012, subdivision h)

- *“Person Legally Responsible”* includes the child’s custodian, guardian, or any other person responsible for the child’s care at the relevant time. Custodian may include any person continually or at regular intervals found in the same household as the child when the conduct of such person causes or contributes to the abuse or neglect of the child.

(Family Court Act, Section 1012, subdivision g)

- *“Subject of the Report”* means any parent of, guardian of, custodian of or other person eighteen years of age or older legally responsible for, as defined above, a child reported to the central register of child abuse and maltreatment who is allegedly responsible for causing injury, abuse or maltreatment to such child or who allegedly allows such injury, abuse or maltreatment to be inflicted on such child, or an operator of or employee or volunteer in a home operated or supervised by an authorized agency, the division for youth, or an office of the department of mental hygiene or in a family day-care home, a daycare center, a group family day care home or a day-services program who is allegedly responsible for causing injury, abuse or maltreatment to a child who is reported to the central register of child abuse or maltreatment or who allegedly allows such injury, abuse or maltreatment to be inflicted on such child.

(Social Services Law, Section 412.4)

- *“Other Persons Named in the Report”* shall mean and be limited to the following persons who are named in a report of child abuse or maltreatment other than the subject of the report: the child who is reported to the central register of child abuse and maltreatment; and such child’s parent, guardian, custodian or other person legally responsible for the child who have not been named in the report as

allegedly responsible for causing injury, abuse or maltreatment to the child or as allegedly allowing such injury, abuse or maltreatment to be inflicted on such child; in the case of a report involving abuse or maltreatment of a child in residential care, such term shall be deemed to include the child's parent, guardian or other person legally responsible for the child who is not named in such report.

(Social Services Law, Section 412.5)

- “*Custodian*” means a director, operator, employee or volunteer of a residential care facility or program.

(Social Services Law, Section 412.6)

- “*Child Protective Agency*” means any duly authorized society for the prevention of cruelty to children or the child protective service of the appropriate local department of social services or such other agencies with whom the local department has arranged for the provision of child protective services under the local plan for child protective services.

(Family Court Act, Section 1012, subdivision i)