Catholic Charities Disabilities Services	
Agency Standard and Procedure	
Standard Category	Quality Assurance
Standard Title	Reporting Allegations of Child Abuse and Neglect
Regulations	1) Social Services Law 412 2) Social Law 413 3) Social Services Law 424-A 4) Social Services Law 491 5) 14 NYCRR Parts 624 and 625
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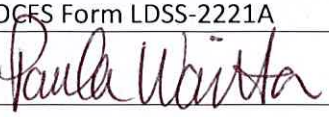
Approved by: Paula Warika, Executive Director	

Standard:
Catholic Charities Disabilities Services (CCDS) is committed to protecting all individuals from abuse and neglect and has a particular responsibility to children under the age of 18. Therefore, this Standard outlines responsibilities and procedures for staff in communicating concerns regarding suspected child abuse or neglect.

CCDS is committed to screening staff who will have the potential for regular and substantial contact with individuals with developmental disabilities through the State Central Register for Child Abuse and Maltreatment (SCR).

CCDS is committed to training all new employees in abuse identification and prevention.

Procedure:
§412 of the Social Services Law defines abuse or neglect of a child in a familial setting.
§413 Of the Social Services Law defines and describes the responsibilities of a mandated reporter.
§422 Of the Services Law establishes requirements for reports of child abuse or neglect to the SCR.
§424-A of Social Services Law establishes parameters for access to the information contained in the SCR.
§491 of the Social Services law establishes requirements for reporting allegations of abuse and neglect to the Justice Center for the Protection of People with Special Needs (Justice Center).

14 NYCRR Part 624 describes the required response to incidents arising under the auspices of an OPWDD operated, certified or funded program.
14 NYCRR part 625 the required response to allegations of abuse and neglect which arise in circumstances not under the auspices of an OPWDD operated, certified or funded program

1. Reporting Suspected Child Abuse by Mandated Reporters
    a) Social Services Law designates certain categories of staff who work in agencies that provide services to children as mandated reporters. Catholic Charities Disabilities Services identifies all active employees as mandated reporters.

b) CCDS requires mandated reporters to report instances of suspected child abuse or neglect immediately when they are presented with reasonable cause to suspect child abuse or neglect involving a child who receives services from CCDS.
c) If a child is suspected of being abused or neglected by a custodian while receiving services in a program operated or certified by OPWDD, the allegation is to be reported to the Justice Center, following the procedures applicable to the report of an allegation of abuse or neglect of an individual of any age, as prescribed in the CCDS Incident Management Standard. If the child receives services and the allegation occurs outside of the auspices of the agency, this will be reported as outlined in the Incident Management Standard & Procedure. Additionally, in these circumstances, the mandated reporter may have to contact the SCR. If it is unknown is the child receives, the allegation is to be reported to the SCR. When reporting to the Justice Center, the mandated reporter must personally report any witnessed or suspected instances of abuse or neglect unless they are aware that another reporter has notified the Justice Center and they have been included in that report. When reporting to the SCR all mandated reporters with knowledge or suspicion of abuse or maltreatment must personally make the report.
d) When reporting to the Justice Center, the mandated reporter must personally report any witnessed or suspected abuse or mistreatment unless they are aware that another reporter has notified the Justice Center and they have been included in that report.

2. Procedure for Making a Report to the State Central Register
   a) If a mandated reporter has reasonable cause to suspect abuse or neglect of a child, the reporter is responsible for calling the State Central Register (SCR) at 1-800-635-1522. If it is believed that the child is in immediate danger, the staff person will contact the police immediately. When making the call to the SCR, the reporter is responsible for obtaining the "Call ID" from the SCR. Following the call, the reporter will contact their supervisor and/or the on-call person to inform them that the call has been made. In turn, the on-call person will notify CCDS Quality Assurance staff.
   b) In the event that more than one staff have reasonable cause to suspect that a child has been abused or neglected, only one staff member needs to call the SCR, unless other staff members have knowledge of different instances of abuse or neglect.
   c) Within 48 hours, the mandated reporter and their supervisor, in collaboration with QA, is responsible for completing the LDSS 2221-A Form (available at http://www.ocfs.state.nv.us/main/forms/cps/) and sending the original completed Form to the Department of Social Services in the county in which the child lives.

3. Agency Response to Allegations of Abuse
   a) CCDS employees report, and, as required, the CCDS QA Department investigates and/or respond to all incidents which are allegations of abuse or neglect of individuals of any age in accordance with 14 NYCRR Parts 624 and 625.
   b) In situations where there is reasonable cause to suspect that a child has been abused or neglected in a "Familial Situation," and a report to the Justice Center or OPWDD is not otherwise required, the definitions of abuse and neglect describing the situations in which a report to the SCR is warranted differ from the definitions applicable under 14 NYCRR Parts 624 and 625.

4. Definition of Child Abuse and Neglect in a Familial Setting
    a) An abused or neglected child in a familial setting is a child less than 18 years of age whose parent or other person legally responsible for their care:
        - inflicts or allows to be inflicted upon the child physical injury by other than accidental means and such action causes significant harm or creates a substantial risk of significant harm;
        - creates or allows to be created a substantial risk of serious physical injury to the child by other than accidental means;
        - commits a sexual offense against the child or allows, permits, or encourages the child to engage in any sex offense;
        - abandons the child;
        - fails to provide adequate food, shelter, or clothing;
        - fails to obtain appropriate medical care; or
        - inflicts excessive corporal punishment.

    The definition above is a summary. Please see Social Services Law § 412 for the full definition.

5. Screening
    a) All new employees, volunteers, interns, consultants and vendors who have the potential for regular and substantial contact with individuals with disabilities in a certified program operated by CCDS will be screened through the SCR in accordance with the requirements of the Justice Center and OPWDD.
    b) Until the SCR informs CCDS of the results of the screening, the employee, volunteer, intern, consultant or vendor will not have unsupervised contact with individuals with disabilities.
    c) If the SCR notifies CCDS that the subject of the screening has been indicated in a report of child abuse or neglect, CCDS will determine, on the basis of the information it has available to CCDS, whether to hire the individual, volunteer, intern, consultant or vendor. If a decision is made to hire the individual, CCDS will maintain a written record of the specific reasons why the individual was determined to be an appropriate candidate.
6. Training
    - As part of their orientation, all new employees will receive training in abuse and neglect and CMG: Safe Haven/Safe Environments Training or similar training as determined by CCDA. All employees will receive annual refresher training in abuse identification and prevention.

LDSS-2221A (Rev. 05/2020) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

REPORT DATE	CASE ID	CALL ID
TIME : ☐ AM ☐ PM	LOCAL CASE #	LOCAL DIST./AGENCY

SUBJECTS OF REPORT

List all children in household, adults responsible and alleged subjects. Line #	Last name	First name	Aliases	Sex (m, f, unk)	Birthday or Age mo/day/yr	Race code	Ethnicity (Ck only if hispanic/latino)	Relation code	Role code	Lang. code
1.							☐			
2.							☐			
3.							☐			
4.							☐			
5.							☐			
6.							☐			
7.							☐			

☐ MORE

List addresses and telephone numbers (using line numbers from above)	(Area code) Telephone No.
	( ) -
	( ) -
	( ) -

BASIS OF SUSPICIONS

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

____ DOA/fatality	____ Poisoning/noxious substances	____ Swelling/dislocation/sprains
____ Fractures	____ Choking/twisting/shaking	____ Educational neglect
____ Internal injuries (e.g., subdural hematoma)	____ Lack of medical care	____ Emotional neglect
____ Lacerations/bruises/welts	____ Malnutrition/failure to thrive	____ Inadequate food/clothing/shelter
____ Burns/scalding	____ Sexual abuse	____ Lack of supervision
____ Excessive corporal punishment	____ Inadequate guardianship	____ Abandonment
____ Child's drug/alcohol use	____ Other (specify) ____	____ Parent's drug/alcohol misuse
____ Sex Trafficking	____	

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)
MO
DAY
YR
Time : ☐ AM ☐ PM

☐ **Additional sheet attached with more explanation.**

The Mandated Reporter Requests Finding of Investigation ☐ Yes ☐ No

SOURCE(S) OF REPORT

CONFIDENTIAL NAME	(Area Code) TELEPHONE No.	***CONFIDENTIAL*** NAME	(Area Code) TELEPHONE No.
	( ) -		( ) -
ADDRESS		ADDRESS	
EMAIL ADDRESS:		EMAIL 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	(AREA CODE) TELEPHONE NO.
	X	( )

Hospitalization required: ☐ None ☐ Under 1 week ☐ 1-2 weeks ☐ Over 2 weeks

Actions taken or About to be taken: ☐ Medical exam ☐ Photographs ☐ X-ray ☐ Hospitalization ☐ Removal/keeping ☐ Returning home ☐ Notify medical examiner/coroner ☐ Notified DA

SIGNATURE OF PERSON MAKING THIS REPORT:	TITLE	DATE SUBMITTED mo. day yr.
X		/ /

TO ACCESS A COPY OF THE LDSS-2221A FORM: Via Internet: https://ocfs.ny.gov/main/documents/forms_keyword.asp OR

TO ORDER A SUPPLY OF FORMS ACCESS FORM (OCFS-4627) *Request for Forms and Publications*, from the site above, fill it out and send to: **OFFICE OF CHILDREN AND FAMILY SERVICES, FORMS AND PUBLICATIONS UNIT, 52 WASHINGTON ST. ROOM 134 NORTH, RENSSELAER, NY 12144-2834.** If you have difficulty accessing this form from either site, you can call **the Forms Order 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 Only If Hispanic/ Latino)*	AU: Aunt/Uncle	XX: Other	AB: Abused child	CH: Chinese	KR: Korean
AL: Alaskan Native		CH: Child	PA: Parent	MA: Maltreated child	CR: Creole	MU: Multiple
AS: Asian		GP: Grandparent	PS: Parent substitute	AS: Alleged subject (perpetrator)	EN: English	PL: Polish
NA: Native American		FM: Other family member	UH: Unrelated home member	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 Local County Department of Social Services (LDSS) where the abused/maltreated child resides.
To locate your Local Department of Social Services, visit this site https://ocfs.state.ny.us/main/localdss.asp

Residential institutional abuse reports: Call 1-855-373-2122 or go online to: https://www.justicecenter.ny.gov/

NYS CHILD ABUSE AND MALTREATMENT REGISTER: 1-800-635-1522 (FOR MANDATED REPORTERS ONLY)
1-800-342-3720 (FOR PUBLIC CALLERS)

Section 419. Immunity from Liability, Pursuant to section 419 of the Social Services Law, any person, official, or institution participating in good faith in the making of a report of suspected child abuse or maltreatment, the taking of photographs, or the removal or keeping of a child pursuant to the relevant provisions of the Social Services Law shall have immunity from any liability, civil or criminal, that might otherwise result by reason of such actions. For the purpose of any proceeding, civil or criminal, the good faith of any such person, official, or institution required to report cases of child abuse or maltreatment shall be presumed, provided such person, official or institution was acting in discharge of their duties and within the scope of their employment, and that such liability did not result from the willful misconduct or gross negligence of such person, official or institution.

Section 420. Penalties for Failure to Report.

1. Any person, official, or institution required by this title to report a case of suspected child abuse or maltreatment who willfully fails to do so shall be guilty of a class A misdemeanor.
2. Any person, official, or institution required by this title to report a case of suspected child abuse or maltreatment who knowingly and willfully fails to do so shall be civilly liable for the damages proximately caused by such failure.

STAPLE TO LDSS-2221A *(IF NEEDED)*

REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

(Use only if the space on the LDSS-2221A under "Reasons for Suspicion" is not enough to accommodate your information)

REPORT DATE / /	CASE ID	CALL ID
TIME : ☐ AM ☐ PM	LOCAL CASE #	LOCAL DIST/AGENCY

PERSON MAKING THIS REPORT: _____

Print clearly if filling out hard copy.

Continued: State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time/date of alleged incident)
MO
DAY
YR
Time : ☐ AM ☐ PM