


January 13, 2014

**ADVISORY MEMORANDUM**

To: College Presidents  
From: Sr. Vice Chancellor Frederick P. Schaffer   
Re: Reporting Suspected Child Abuse and Maltreatment

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This memorandum updates and replaces our 2004 memorandum on the subject of suspected child abuse and maltreatment reporting requirements. On occasion, college officials have consulted the Office of General Counsel in connection with a suspected case of child abuse. A suspected perpetrator of abuse may be the parent or guardian of the child, or a college or related entity employee. The purpose of this memorandum is to describe the obligations of those individuals who are mandated by law to report incidents of abuse, as well as to set forth CUNY's policy for those employees who are not statutorily mandated reporters.

Social Services Law Section 413 requires that certain individuals must report or cause a report to be made to the New York State central register of child abuse and maltreatment,

when they have reasonable cause to suspect that a child coming before them in their professional or official capacity is an abused or maltreated child, or when they have reasonable cause to suspect that a child is an abused or maltreated child where the parent, guardian, custodian or other person legally responsible for such child comes before them in their professional or official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the child an abused or maltreated child.

Individuals who must report such incidents ("mandated reporters") include, among others: school officials, physicians, registered nurses and registered physician's assistants, psychologists, social workers, mental health counselors, day care center personnel, summer camp directors, and peace officers.<sup>1</sup> Any other person who has reasonable cause to believe that a child less than eighteen years of age has been abused or maltreated may report such abuse or maltreatment.

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<sup>1</sup> A list of mandated reporters is here: [http://www.nyc.gov/html/acs/html/child\\_safety/mandated\\_reporters.shtml](http://www.nyc.gov/html/acs/html/child_safety/mandated_reporters.shtml)

Since most CUNY colleges provide child care and health care facilities, and many run summer camps, have collaborative programs with the New York City Public School System, or otherwise host minors on their campuses, it is appropriate for college employees, in particular staff of child care and health care centers, who come in contact with children in the course of their employment to be aware of their responsibilities under the law.<sup>2</sup>

## Definitions

Abused child<sup>3</sup> means a child under eighteen years of age whose parent or other person legally responsible for the child's care:

- (i) 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 function of any bodily organ; or
- (ii) 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 function of any bodily organ; or
- (iii) commits, or allows to be committed a sex offense, as defined in Section 130 of the Penal Law, against such child; allows, permits or encourages such child to engage in any act of promoting prostitution as described in §§ 230.25, 230.30 and 230.32 of the Penal Law; commits any of the acts of incest described in §§ 255.25, 255.26 and 255.27 of the Penal Law; or allows such child to engage in acts or conduct of sexual performance described in Article 263 of the Penal Law.

Maltreated child<sup>3</sup> means a child under eighteen years of age:

- (i) whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of the parent or other person legally responsible for his care to exercise a minimum degree of care:
  - (A) in supplying the child with adequate food, clothing, shelter or education in accordance with the provisions of part one of Article 65 of the Education Law, or medical, dental, optometrical or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or

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<sup>2</sup> These rules also apply to employees of separately-incorporated related entities of CUNY that provide child care and health care services to the colleges or otherwise come in contact with children in the course of employment.

<sup>3</sup> Social Services Law, § 412 and Family Court Act, § 1012.



- (B) 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 Family Court; or
- (ii) who has been abandoned, in accordance with the definition and other criteria set forth in subdivision five of Section 384-b of the Social Services Law, by his parents or other person legally responsible for his care; or
- (iii) who has had serious physical injury inflicted upon him or her by other than accidental means.

### **Reporting Procedure**

*Mandated Reporters.* CUNY and CUNY related entity employees who are mandated reporters and who have reasonable cause to suspect that any child is being or has been abused or maltreated by a parent, guardian, CUNY employee, CUNY student or any other third party must make an oral report immediately to the New York State Central Registry (SCR) for Child Abuse and Maltreatment in Albany by telephoning the toll-free number: **1-800-635-1522**. In compliance with Social Services Law § 413 and CUNY's Title IX Protocol<sup>4</sup>, mandated reporters must also immediately notify the college's Director of Public Safety, Title IX Coordinator or Chief Student Affairs Officer, and, in the case of the child care centers, the director of the center as well.

Within 48 hours of the oral report, the mandated reporter must make a written report on Office of Children and Family Services (OCFS) form LDSS-2221-A (copy attached)<sup>5</sup>. The report must be mailed to the Administration for Children's Services (ACS) field office in the borough where the subjects of the report reside.

Copies of the report should also be given to the college's director of public safety and the Office of General Counsel.

*All Others:* CUNY and CUNY related entity employees who are not mandated reporters and who have reasonable cause to suspect that a child is being or has been abused or maltreated must immediately notify their college's Director of Public Safety, Title IX Coordinator or Chief Student Affairs Officer, in compliance with CUNY's Title IX Protocol.

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<sup>4</sup> <http://www.cuny.edu/about/administration/offices/la/protocol-reporting-responding-sexual-harassment.pdf>

<sup>5</sup> The form is also available here:

<http://www.ocfs.state.ny.us/main/Forms/cps/LDSS-2221A%20Report%20of%20Suspected%20Child%20Abuse%20or%20Maltreatment.pdf>

Addresses of the respective ACS borough field offices are:

**Bronx**

Attn: Deputy Director for Admin  
NYC Administration for Children's Services  
2501 Grand Concourse, 5th Floor  
Bronx, NY 10468  
718-933-1212

**Brooklyn**

Attn: Deputy Director for Admin  
NYC Administration for Children's Services  
345 Adams Street, 9th Floor  
Brooklyn, NY 11201  
718-522-8235

**Manhattan**

Attn: Deputy Director for Admin  
NYC Administration for Children's Services  
110 William Street, 20th Floor  
New York, NY 10038  
212-676-7055

**Queens**

Attn: Deputy Director for Admin  
NYC Administration for Children's Services  
165-15 Archer Avenue, 3rd Floor  
Queens, NY 11433  
718-557-1745

**Staten Island**

Attn: Deputy Director for Admin  
NYC Administration for Children's Services  
350 St. Marks Place  
Staten Island, NY 10301  
718-720-2833

**Confidentiality**

Reports made to SCR are confidential. However, the individual making the report must identify him or herself to the SCR. Neither the name or other identifying information of the person making the report can be released to the subject of the report or the parent or person in parental relationship unless the reporting individual has given written permission to do so. The source of a report may be given to court officials, police, district attorneys, and certain government agencies in limited circumstances permitted by the Social Services Law. The SCR may refer a report to the New York City Police Department, when deemed necessary.

**Penalties for Failure to Report**

Pursuant to the Social Services Law, the willful and/or knowing failure by a mandated reporter to report suspected child abuse and maltreatment may result in criminal action or civil liability if the employee had reasonable cause to suspect it. It may also result in disciplinary action against the employee.

## **Immunity from Liability and Legal Assistance**

Pursuant to Section 419 of the Social Services Law, any college employee participating in good faith in the making of a report, the taking of photographs, or the removal or keeping of a child, pursuant to Title 6 of the Social Services Law, will have immunity from any liability, civil or criminal, which might otherwise result by reason of such actions. Any college employee who receives a subpoena in connection with such a case must contact their campus legal affairs designee for further information or assistance.

## **Additional Resources**

Additional information regarding reporting requirements may be found at the below web sites. You may also contact Jane Davis in the Office of the General Counsel at [jane.davis@cuny.edu](mailto:jane.davis@cuny.edu) if you have questions or concerns.

NYS Child Protective Services

<http://www.ocfs.state.ny.us/main/cps/>

OCFS Guide for Mandated Reporters

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

OCFS Form LDSS-2221-A:

<http://www.ocfs.state.ny.us/main/Forms/cps/LDSS-2221A%20Report%20of%20Suspected%20Child%20Abuse%20or%20Maltreatment.pdf>

NYC Administration for Children's Services:

[http://www.nyc.gov/html/acs/html/child\\_safety/child\\_safety.shtml](http://www.nyc.gov/html/acs/html/child_safety/child_safety.shtml)

## **Attachment**

c: Chancellor

Cabinet

Chief Academic Affairs Officers

Chief Administrative Affairs Officers

Chief Student Affairs Officers

Child Care Council

Director of Public Safety

Health Services Advisory Council

Legal Affairs Designees

Title IX Coordinators



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

Report Date	Case ID	Call ID
Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	Local Case #	Local Dist/Agency

**SUBJECTS OF REPORT**

Line #	Last Name	First Name	Aliases	Sex (M, F, Unk)	Birthday or Age Mo/Day/ Yr	Race Code	Ethnicity (Ck Only If Hispanic/Latino)	Relation Code	Role Code	Lang. Code
1.							<input type="checkbox"/>			
2.							<input type="checkbox"/>			
3.							<input type="checkbox"/>			
4.							<input type="checkbox"/>			
5.							<input type="checkbox"/>			
6.							<input type="checkbox"/>			
7.							<input type="checkbox"/>			

☐ MORE

List Addresses and Telephone Numbers (Using Line Numbers From Above)	(Area Code) Telephone No.

**BASIS OF SUSPICIONS**

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

<input type="checkbox"/> DOA/Fatality <input type="checkbox"/> Fractures <input type="checkbox"/> Internal Injuries (e.g., Subdural Hematoma) <input type="checkbox"/> Lacerations/Bruises/Welts <input type="checkbox"/> Burns/Scalding <input type="checkbox"/> Excessive Corporal Punishment <input type="checkbox"/> Inappropriate Isolation/Restraint (Institutional Abuse Only) <input type="checkbox"/> Inappropriate Custodial Conduct (Institutional Abuse Only)	<input type="checkbox"/> Child's Drug/Alcohol Use <input type="checkbox"/> Poisoning/Noxious Substances <input type="checkbox"/> Choking/Twisting/Shaking <input type="checkbox"/> Lack of Medical Care <input type="checkbox"/> Malnutrition/Failure to Thrive <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Inadequate Guardianship <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Swelling/Dislocation/Sprains <input type="checkbox"/> Educational Neglect <input type="checkbox"/> Emotional Neglect <input type="checkbox"/> Inadequate Food/Clothing/Shelter <input type="checkbox"/> Lack of Supervision <input type="checkbox"/> Abandonment <input type="checkbox"/> Parent's Drug/Alcohol Misuse
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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**CONFIDENTIAL****SOURCE(S) OF REPORT****CONFIDENTIAL**

NAME	(Area Code) TELEPHONE	NAME	(Area Code) TELEPHONE
ADDRESS		ADDRESS	
AGENCY/INSTITUTION		AGENCY/INSTITUTION	

**RELATIONSHIP**

☐ Med. Exam/Coroner    ☐ Physician    ☐ Hosp. Staff    ☐ Law Enforcement    ☐ Neighbor    ☐ Relative    ☐ Instit. Staff  
☐ Social Services    ☐ Public Health    ☐ Mental Health    ☐ School Staff    ☐ Other (Specify) \_\_\_\_\_

<b>For Use By Physicians Only</b>	Medical Diagnosis on Child	Signature of Physician who examined/treated child <b>X</b>	(Area Code) Telephone No.
	Hospitalization Required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks		
Actions Taken Or <input type="checkbox"/> Medical Exam <input type="checkbox"/> X-Ray <input type="checkbox"/> Removal/Keeping <input type="checkbox"/> Not. Med Exam/Coroner About To Be Taken <input type="checkbox"/> Photographs <input type="checkbox"/> Hospitalization <input type="checkbox"/> Returning Home <input type="checkbox"/> 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: <http://www.ocfs.state.ny.us/main/forms/cps/>  
Via Intranet: <http://ocfs.state.nyenet/admin/forms/SCR/> OR

**TO ORDER A SUPPLY OF FORMS ACCESS FORM (OCFS-4627) Request for Forms and Publications**, from either site above, fill it out and send to: **Office of Children and Family Services, Resource Distribution Center, 11 Fourth Ave, Rensselaer, NY 12144.**  
If you have difficulty accessing this form from either site, you can call **The Forms Hot Line at 518-473-0971.** Leave a detailed message including your name, address, city, state, the form number you need, the quantity and a phone number in case we need to contact you.

### NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

RACE CODE	ETHNICITY CODE	RELATION CODES FAMILIAL REPORTS (Choose One)	ROLE CODE (Choose One)	LANGUAGE CODE (Choose One)
AA: Black or African-American AL: Alaskan Native AS: Asian NA: Native American PI: Native Hawaiian/Pacific Islander WH: White XX: Other UNK: Unknown	(Check <i>Only If</i> <i>Hispanic/ Latino</i> )	AU: Aunt/Uncle CH: Child GP: Grandparent FM: Other Family Member FP: Foster Parent DC: Daycare Provider  <b>IAB REPORTS ONLY</b> AR: Administrator CW: Child Care Worker DO: Director/Operator	XX: Other PA: Parent PS: Parent Substitute UH: Unrelated Home Member UK: Unknown  AB: Abused Child MA: Maltreated Child AS: Alleged Subject (Perpetrator) NO: No Role UK: Unknown	CH: Chinese CR: Creole EN: English FR: French GR: German HI: Hindi HW: Hebrew IT: Italian JP: Japanese KR: Korean MU: Multiple PL: Polish RS: Russian SI: Sign SP: Spanish VT: Vietnamese XX: Other

#### **Abstract of Sections from Article 6, Title 6, Social Services Law**

##### **Section 412. Definitions**

##### **1. Definition of Child Abuse,** (see also N.Y.S. Family Court Act Section 1012(e))

An "abused child" is a child less than eighteen years of age whose parent or other person legally responsible for his care:

- 1) Inflicts or allows to be inflicted upon the child serious physical injury, or
- 2) Creates or allows to be created a substantial risk of physical injury, or
- 3) Commits sexual abuse against the child or allows sexual abuse to be committed.

##### **2. Definition of Child Maltreatment,** (see also N.Y.S. Family Court Act, Section 1012(f))

A "maltreated child" is a child under eighteen years of age whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care:

- 1) in supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or
- 2) in providing the child with proper supervision or guardianship; or
- 3) by unreasonably inflicting, or allowing to be inflicted, harm or a substantial risk thereof, including the infliction of excessive corporal punishment; or
- 4) by misusing a drug or drugs; or
- 5) by misusing alcoholic beverages to the extent that he loses self-control of his actions; or
- 6) by any other acts of a similarly serious nature requiring the aid of the Family Court; or
- 7) By abandoning the child.

**Section 415. Reporting Procedure.** Reports of suspected child abuse or maltreatment shall be made immediately by telephone and in writing within 48 hours after such oral report.

**Submit the written paper copy of the LDSS-2221A form originally signed to: the County Department of Social Services (DSS) where the abused/maltreated child resides. To locate your local DSS, visit this site** <http://www.ocfs.state.ny.us/main/localdss.asp>.

**Residential Institutional Abuse Reports:** Submit a paper copy of form, LDSS 2221A, originally signed. It must be submitted directly to the Office of Children and Family Services (OCFS) Regional Office, associated with the county in which the abused/maltreated child is in care.

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

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

##### **Section 420. Penalties for Failure to Report.**

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

STAPLE TO LDSS-2221A (IF NEEDED)

**REPORT OF SUSPECTED  
CHILD ABUSE OR MALTREATMENT**

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

Report Date	Case ID	Call ID
Time <input type="checkbox"/> AM : <input type="checkbox"/> PM	Local Case #	Local Dist/Agency

**PERSON MAKING  
THIS REPORT:****Continued: State reasons for suspicion, including the nature and extent****(If known, give time/date of**

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

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

MO  
DAY  
YRTime : ☐ AM ☐ PM