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A Guide to New York's Child Protection System

New York State Assembly
Perry B. Duryea, Speaker

Select Committee on Child Abuse
Peter J. Costigan, Chairman

Douglas J. Besharov, Executive Director



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The New York State Assembly Select Committee on Child Abuse
Hon. Peter J. Costigan, Chairman
Hon. Alfred A. DelliBovi, Member
Hon. Rocco Pirro, Member
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FOREWORD

Child abuse is a hurt to all communities. Children from all social and economic classes are its victims. Abuse and maltreatment are one symptom of a society in trouble, of a society in which the individual is dehumanized and the family is disintegrating.

We all pay the price of a young child's suffering. Trapped in harsh and terrible childhoods, these children often grow up to be socially destructive—to vent on others the violence and aggression their parents visited upon them. Those who are abused as children often abuse their own children. The horror inflicted upon the children of one generation becomes the heritage of the next.

Unless we take compassionate yet firm steps to improve the plight of these children, we consign them to a life of continuing peril and deprivation. And we consign our community to a future of aggression, drug abuse, and violence. As Family Court Judge Nanette Dembitz rightly said: "the root of crime in the streets is neglect of children." From the most practical and most humanitarian point of view, it is less expensive and more humane to protect and rehabilitate these children than it is to endure the social costs of their abuse and maltreatment.

As legislators, we know too well the limitations of legislative action to remedy deepseated social problems. We in New York now have the Nation's most extensive child abuse laws. We like to think they are also some of the best. And, indeed, most commentators have said so. But we acknowledge that laws are only the beginning. They provide a legal and institutional framework for professional and community people to act. No set of laws—no matter how well intentioned and no matter how well drafted—can succeed without the understanding, cooperation, and active assistance of professionals and the public. A law lives in the manner in which it is used.

We realize that the legal procedures described in this pamphlet relate to child abuse only after the fact, not on a primary, pre-

ventive level. Prevention is the only really satisfactory solution to this tragic problem. However, knowledge about how to prevent child abuse and maltreatment is limited. We hope that the Family Life Development Center recently established by the Legislature at the Cornell College of Human Ecology and the child abuse project at New York Foundling Hospital will be sources of some practical approaches to prevention and treatment.

Dr Vincent J. Fontana, Medical Director of the New York Foundling Hospital and Chairman of the New York City Task Force on Child Abuse and Neglect, deserves special acknowledgment here since much of the progress made in New York has been due to his tireless efforts to improve the lot of children in our modern society.

This booklet is intended to assist New Yorkers, both concerned citizens and professionals, in their efforts to help protect these suffering children. We hope that through this effort and others, all persons will become more sensitive in recognizing children who are abused or maltreated and in using the law to protect them.

July 1974

Hon. Perry B. Duryea
Speaker of the New
York State Assembly

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INTRODUCTION

Assembly Speaker Perry B. Duryea appointed the Select Committee on Child Abuse in 1969 after the death of a small girl brought the existing child protective system to the attention of the public and the Legislature.

Since its creation, the Select Committee has redrafted and the Legislature has enacted New York's entire child protective law, including Article 10 of the Family Court Act and the Child Protective Services Act.

Abused and maltreated children are usually too young or too frightened to seek help on their own. Therefore, as a society, we have provided a combination of laws and procedures by which professionals and private citizens who come in contact with endangered children can, and in some instances must, take protective action. These laws and procedures enable judges, police, doctors, and social workers to take sometimes drastic action, not to harass families, but to protect children from parents who pose a threat to their health or well-being. Their purpose is to protect the child endangered within the very family that is supposed to protect him. The State intervenes only because there is no one else to do so. Laws about abuse and maltreatment exist only because the problem existed first.

However, no one, least of all the members of the Select Committee, would suggest that the problem of child abuse and child maltreatment has been solved. Abuse will remain with us for so long as its underlying causes remain unremedied. As those causes become aggravated and as we improve child abuse reporting, we must be prepared to accept rapidly escalating statistics.

In 1966, only 416 cases of child abuse were reported. By 1974, 4,050 were reported—an increase of almost 1000%.

With the enactment of the Child Protective Services Act, 5,300 cases of suspected child abuse are expected to be reported in 1974—a 25% increase over the year before. In the first five months

of 1974, 2,215 reports of child abuse involving 4,682 children, and 10,325 reports of suspected neglect involving 21,946 children were made.

On this basis, we project that more than 30,000 cases involving more than 60,000 children will be reported in calendar year 1974.

In the years to come, we pledge to continue our efforts to develop a system of child abuse prevention and treatment so that the children of our State can grow up to be healthy, productive members of society.

Hon. Peter J. Costigan
Chairman
New York State Assembly
Select Committee on Child Abuse

THE CONCEPT OF CHILD PROTECTIVE SERVICES

The abuse or maltreatment of children is a crime.¹ But except in severe or notorious cases, police involvement is rare because child abuse and maltreatment are primarily social and psychological ills. Brian Fraser, staff attorney of the National Center of Child Abuse and Neglect, has written:

In very few cases is there any sort of premeditated organized or intentional harm to the child. The abusive parent simply seems to have become conditioned to this sort of behavior. To a certain extent, and in very simple terms, it is learned behavior passed down from parents to their children, who in turn become parents, and pass it down to their own children, *ad infinitum*. If we accept the fact that what we are dealing with is a personality disorder which has been learned, then the premise that criminal prosecution is not a pragmatic approach is somewhat easier to accept.²

The slow and cumbersome, harshly punitive procedures of the criminal courts are incapable of dealing effectively with the problems of abuse and maltreatment. The feasibility and usefulness of criminal prosecution, except in unusual or severe cases, is quite limited.³ Put bluntly, it is exceedingly difficult to prove a case of alleged abuse or maltreatment in criminal court. Because most abuse takes place in the home—without witnesses—circumstantial evidence is the only proof ordinarily available. The criminal court burden of proof—beyond a reasonable doubt—and many other constitutional strictures often impose insurmountable obstacles to successful criminal prosecution.

¹ N.Y. Penal L. § 260.10 (McKinney 1973).

² Fraser, *A Pragmatic Approach To Child Abuse*, AMER. CRIM. L. REV. (Spring 1974).

³ See generally, Grumet, *The Plaintive Plaintiffs—Victims of the Battered Child Syndrome*, 4 FAM. L.Q. 296, 307 (1970).

"Indeed, much more may be lost through a criminal prosecution than is gained."⁴ Subjecting parents to the criminal court process may so embitter them that they become "hostile and resentful of the child and the legal authorities."⁵ If a parent is acquitted, he may regard the acquittal as approval of his conduct and he may continue the maltreatment. If he is convicted, his behavior will probably not be altered by a prison term or a suspended sentence. In either situation, the parent has received little or no rehabilitative treatment for his underlying problems. Nothing prevents him from again maltreating his children, often more severely, and rehabilitative work, at this point, becomes virtually impossible.

From a purely practical point of view, if the parent is convicted and incarcerated, it is usually for some short period of time. When he is released from jail there is absolutely nothing to stop him from starting anew; a new child, same conditions which precipitated the initial abuse, new abuse, and new children who are learning themselves to become abusive parents. Under this sort of approach, we have not reached nor have we begun to treat what the real problem is—how we can re-educate or re-condition these parents and stop this perpetual cycle of abuse.⁶

Criminal prosecution may also deter fearful parents from taking their children for needed medical treatment. A non-criminal approach, on the other hand, seems to make parents more amenable to accepting assistance from agencies and persons offering help and rehabilitative services. Furthermore, if the report is considered accusatory and penal in nature, many unsure and hesitant persons may not report cases of suspected abuse and maltreatment.

The police and community as a whole rely on the child protective service, in part, because they recognize that a police officer is "often blind to the danger signs that may be present in a

⁴ Fraser, *supra* n. 2.

⁵ Grumet, *supra* n. 3, at 307-08.

⁶ Fraser, *supra* n. 2.

home situation . . . ”⁷ and, because they realize that, except for protective custody and criminal prosecution, the police can do little to protect the long-term interests of the child or the community.

The advantage of using child protective workers instead of police to perform child protective investigations is said to reside in their ability:

- (1) to make psycho-social evaluations of parents to determine if abuse or maltreatment is occurring;
- (2) to help parents become aware of their problems; and
- (3) to offer treatment or assistance to help parents become adequate parents.

According to current understanding, child maltreatment can be treated more effectively through psychiatric care, social casework, and concrete services, because they go more to the causes of abuse and maltreatment. Such help is best offered without referral to law enforcement agencies, the criminal courts, or even the juvenile courts, because parents accept help more readily in a non-punitive and non-stigmatizing atmosphere.

Evidence suggests that such helping services are generally most constructive when accepted voluntarily. Court action is seen as a last resort made necessary by the parents failure to cooperate or by the need for court adjudication.⁸

New York, like most states, is committed to the use of “child protective services” to deal with child abuse and maltreatment. In order to protect these helpless children, New York’s law creates a child protective system with five fundamental components:

- (1) **Detection through third-party recognition of children in danger, including mandatory and permissive reporting of suspected child abuse and maltreatment.**

⁷ Paulsen, *The Legal Framework for Child Protection*, 66 COLUM. L. REV. 679, 681 (1966).

⁸ Midonick and Besharov, CHILDREN, PARENTS AND THE COURTS, 67-68 (1972).

- (2) Protective custody of children in "imminent" danger.
- (3) Central Register of reports of suspected child abuse and maltreatment.
- (4) Child protective services, sometimes called the "investigation," (a) to verify reports, (b) to provide immediate protection of children, and (c) to begin the process of helping parents rather than punishing them by providing rehabilitative and ameliorative services.
- (5) And as a last resort, court action, usually Family Court action, to remove a child or to impose treatment.

The New York child protective system is depicted schematically on pages 6 and 7, *infra*.

THE PURPOSE OF NEW YORK'S CHILD PROTECTIVE LAWS*

Abused and maltreated children in this State are in urgent need of an effective child protective service to prevent them from suffering further injury and impairment.

The purpose of the Child Protective Services Act of 1973 is to encourage more complete reporting of suspected child abuse and maltreatment. The law establishes a child protective service in each county of the State to investigate such reports swiftly and competently and to provide protection from further abuse or maltreatment and rehabilitative services for the children and parents involved.

The purpose of the Family Court Act's child abuse and neglect provisions is to provide a Due Process of law for determining when the State, through the Family Court, may intervene against the wishes of a parent on behalf of a child so that the child's needs are properly met.

THE CENTRAL REGISTER OF CHILD ABUSE AND MALTREATMENT**

The New York State Department of Social Services maintains a statewide Central Register of Child Abuse and Maltreatment reports made pursuant to the Child Protective Services Act. The Central Register receives oral and electronic reports of child abuse or maltreatment twenty-four hours a day, seven days a week.

The statewide, toll-free telephone number that all persons, whether mandated by law or not, may use to report cases of suspected child abuse or maltreatment is:

1 - 800 - 342 - 3720

*See N.Y. Family Court Act § 1011; N.Y. Social Services Law § 411.

**See N.Y. Social Services Law § 422.

RECOGNITION

by –doctors
nurses
social workers
teachers
police
friends
neighbors
or relatives

Is protective
custody
necessary?

Reporting to
Central Register
of Child Abuse
and Maltreatment
1-800-342-3720
(212) 431-4680
(315) 422-9701

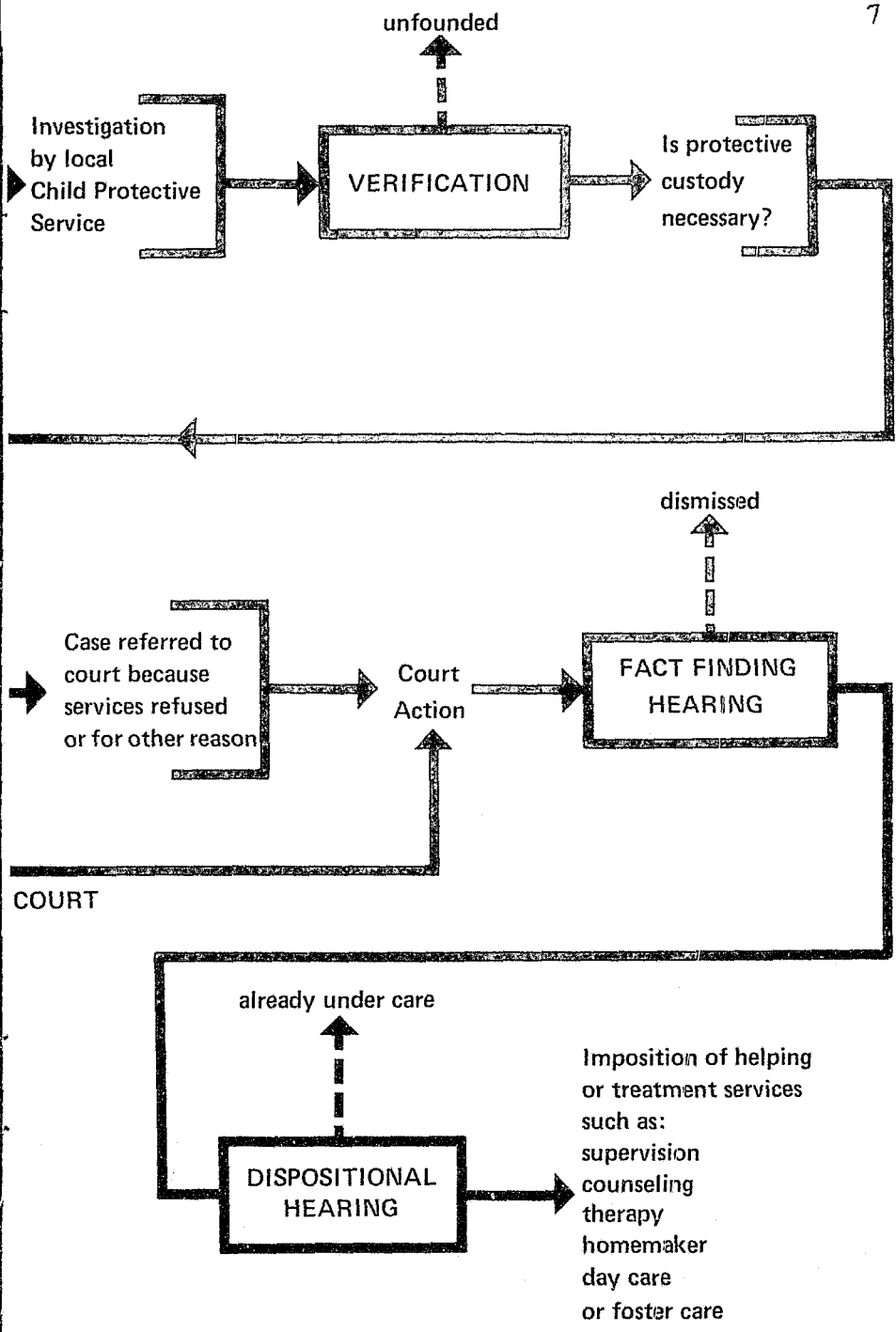
already under care

**DETERMINATION
OF NEEDS**

Offer of helping or
rehabilitative services,
such as:
counseling
therapy
homemaker
day care or
foster care

Services accepted

DIRECT REFERRAL TO



In New York City, persons should call:

(212) 431-4680

And in Onondaga County, the number to call is:

(315) 422 - 9701

The Central Register can immediately identify prior reports of child abuse or maltreatment. Authorized persons, including physicians and those authorized to place a child in protective custody, may call the Register to determine the existence of prior reports in order to evaluate the condition or circumstances of the child before them.

Oral reports are immediately relayed by the Central Register to the appropriate local child protective service. If the Register records indicate a previous report concerning a subject of the report or other pertinent information, the appropriate local child protective service is immediately notified.

The Register also monitors the provision of child protective services.

DEFINITION OF CHILD ABUSE*

An "abused child" is a child less than sixteen 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 serious physical injury, or
- (3) commits, or allows to be committed, against the child an act of sexual abuse as defined in the penal law.

*See N.Y. Family Court Act § 1012(e).

DEFINITION OF CHILD MALTREATMENT*

A "maltreated child" is a child under eighteen years of age who has had serious physical injury inflicted upon him by other than accidental means.

A "maltreated child" is a child under eighteen years of age 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 using a drug or drugs; or
- (5) by using 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.

A "maltreated child" is also a child under eighteen years of age who has been abandoned by his parents or other person legally responsible for his care.

*See N.Y. Family Court Act § 1012(f).

ONLY REASONABLE SUSPICION IS REQUIRED

Suspected child abuse and suspected child maltreatment should be reported. The law does not require certainty before reporting child abuse or maltreatment. The law purposefully requires only "reasonable cause to suspect" that the child is abused or maltreated.¹ As Dr. Vincent DeFrancis of the American Humane Association points out:

The effect of this language is that the reporter's diagnosis need not be absolute. He does not have to prove conclusively, even to himself, that the child is a victim of inflicted injury. If the circumstances are such as to cause him to feel doubt about the history given; if he has cause to doubt the truthfulness of the person who tells him about the alleged accidental cause of the injury; or if X-ray or other examinations reveal symptoms and facts inconsistent with the circumstances described, then he has sufficient "reasonable cause to suspect" that the injuries may have been inflicted rather than accidental. This would be enough to satisfy the requirements of the law.²

Requiring reports of suspected child abuse and maltreatment is intended to insure the fullest possible reporting. After a report is made, the child protective agency is responsible for making the actual determination of the child's condition and for beginning the process of diagnosis, protection, and treatment.

It must be emphasized that the present system is based on investigation and intervention. The sooner a case is reported, the better the chances of protecting the child and rehabilitating the family. Therefore, the law requires the reporting of cases of suspected child abuse or maltreatment.

¹ N.Y. Social Services Law § 413.

² DeFrancis & Lucht, *Child Abuse Legislation in the 1970's*, 8 (rev'd ed. 1974).

Recognizing child abuse is not as easy as it may seem. Because abuse usually occurs in the privacy of the home without witnesses, recognition is often based on deductions; often there is no hard, first-hand evidence. This is why the law requires or allows the reporting of "suspected" abuse.

In grappling with the problem of recognition, professionals depend upon a series of clues, which, based on their experience, they look for in diagnosing abuse. These clues are not conclusive proof. They are nothing more than circumstantial evidence tending to indicate or prove that a child was injured by his parents.

The following list of clues is commonly accepted by physicians, and may be used by others, in determining whether there is a reasonable suspicion that a child is abused.

These clues can exist in situations where parents do not abuse their children. They do not explain why one parent abuses a child and another parent in a similar situation does not. The clues mean more when they are found as part of a pattern than when isolated. The way they fit together may be more important than their number. The technical medical terms used are unavoidable and not meant to discourage the layman. They should be interpreted, though, with professional assistance. Again, it must be emphasized that these indices are only suggestive of abuse or maltreatment. The presence of any one or more symptoms may have an entirely proper or unrelated explanation. It is for the professional to weigh those signs in light of his training and experience to form an expert judgment.

PHYSICIAN'S INDEX OF SUSPICION*

History

1. Parents often relate story that is at variance with clinical findings.
2. Multiple visits to various hospitals.
3. Familial discord or financial stress, alcoholism, psychosis, perversion, drug addiction, etc.
4. Reluctance of parents to give information.
5. Admittance to hospital during evening hours.
6. Child brought to hospital for complaint other than the one associated with abuse and/or neglect; *e.g.* cold, headache, stomach ache, etc.
7. Delay in seeking medical help.
8. Parent's inappropriate reaction to severity of injury.
9. Social histories vary according to intake worker.
10. Blame for the abuse is usually placed upon a third party.

Physical Examination

1. Signs of general neglect, poor skin hygiene, malnutrition, failure to thrive, withdrawn, irritability, repressed personality.
2. Bruises, abrasions, burns, soft tissue swelling, hematomas, old healed lesions.
3. Evidence of dislocation, bone injury and/or fractures.
4. Coma, convulsions.
5. Symptoms of drug withdrawal.
6. Death

Radiologic Manifestations

1. Subperiosteal hemorrhages.
2. Epiphyseal separations.
3. Periosteal shearing.
4. Metaphyseal fragmentation.
5. Previously healed periosteal calcifications.

*New York City Dept. of Health, WHAT PHYSICIANS MUST DO ABOUT CHILD ABUSE AND NEGLECT, p. 3 (1972).

ANY PERSON ALLOWED TO REPORT*

In addition to those persons and officials required to report suspected child abuse or maltreatment, any person may make such a report if he has a reasonable cause to suspect that a child is abused or maltreated.

THOSE PROFESSIONALS REQUIRED TO REPORT**

The following persons and officials are required to report or cause a report to be made 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:

Physicians
 Surgeons
 Medical Examiners
 Coroners
 Dentists
 Osteopaths
 Optometrists
 Chiropractors
 Podiatrists
 Residents
 Interns
 Registered Nurses
 Hospital Personnel Engaged in the
 Admission, Examination,
 Care or Treatment of Persons
 Christian Science Practitioners
 School Officials
 Social Services Workers
 Day Care Center Workers
 Any Other Child Care Workers
 Foster Care Workers
 Mental Health Professionals
 Peace Officers or Law Enforcement Officials

*See N.Y. Social Services Law § 414.

**See N.Y. Social Services Law § 413.

Whenever such persons are required to report in their capacity as members of the staff of a medical or other public or private institution, school, facility, or agency, they should immediately notify the person in charge who then also becomes responsible to report or cause a report to be made. However, the law requires only one report from the institution, school or agency.

MANDATORY REPORTING OF DEATHS TO MEDICAL EXAMINER OR CORONER*

Any person or official required to report cases of suspected child abuse or maltreatment, including a worker in the local child protective service who has reasonable cause to suspect that a child died as a result of child abuse or maltreatment, must report that fact to the appropriate medical examiner or coroner.

The medical examiner or coroner must accept the report for investigation and must report his finding to the police, the appropriate district attorney, the local child protective service and, if the institution making the report is a hospital, the hospital.

IMMUNITY FROM LIABILITY**

Any person, official, or institution participating in good faith in the making of a report, the taking of photographs, or placing a child in protective custody pursuant to the law has immunity from any liability, civil or criminal, that might otherwise result from such actions. For the purpose of any proceeding, civil or criminal, the good faith of any person required to report cases of child abuse or maltreatment is presumed.

*See N.Y. Social Services Law § 418.

**See N.Y. Social Services Law § 419.

PENALTIES FOR FAILURE TO REPORT*

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.

Any person, official, or institution required by the law to report a case of suspected child abuse or maltreatment who knowingly and willfully fails to do so may be civilly liable for the damages proximately caused by such failure.

REPORTING PROCEDURE**

Reports of suspected child abuse or maltreatment made pursuant to the law must be made immediately—at any time of day and on any day of the week—by telephone to the Central Register and in writing within forty-eight hours after the oral report to the local child protective service. The telephone numbers are:

Statewide Toll-free Central Register: 1 - 800 - 342 - 3720

New York City: (212) 431-4680

Onondaga County: (315) 422 - 9701

NOTE: Written reports from persons or officials required by law to report are admissible in evidence in any judicial proceedings relating to child abuse or maltreatment.*** A facsimile of the reporting form is found on p. 37, *infra*.

*See N.Y. Social Services Law §420.

**See N.Y. Social Services Law §415.

***See N.Y. Family Court Act § 1046(a)(v).

TAKING PHOTOGRAPHS AND X-RAYS*

Any person or official required to report cases of suspected child abuse and maltreatment may take or cause to be taken at public expense photographs of the areas of trauma visible on a child who is subject to a report and, if medically indicated, may cause to be performed a radiological examination on the child. Any photographs or x-rays taken **must** be sent to the child protective service at the time the written report is sent, or as soon thereafter as possible.

Whenever such person is required to report under the law in his capacity as a member of the staff of a medical or other public or private institution, school, facility, or agency, he must immediately **notify** the person in charge or his designated agent, who then **must** take or cause to be taken at public expense color photographs of visible trauma and **must**, if medically indicated, cause to be performed a radiological examination on the child.

PROTECTIVE CUSTODY**

When certain conditions are present, a peace officer, a law enforcement official, or an agent of a duly incorporated Society for the Prevention of Cruelty to Children, or a designated employee of a city or county department of social services may take a child into protective custody, and any such person or any physician treating a child may keep the child in his custody.

A child can be placed in protective custody without a court order and without the consent of the parent or other person legally responsible for the child's care regardless of whether the parent is absent:

- (1) Only if the child is in such circumstance or condition that his continuing at home or in the care and custody

*See N.Y. Social Services Law § 416.

**See N.Y. Family Court Act § § 1022, 1024, 1026; N.Y. Social Services Law § 417.

of the parent or person legally responsible for the child's care presents an **imminent danger to the child's life or health; and**

- (2) Only if there is not enough time to apply for a temporary custody order from the Family Court.

If an authorized person removes or keeps custody of a child:

- (1) He must 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; and
- (2) He must make every reasonable effort to inform the parent or other person legally responsible for the child's care of the facility to which he has brought the child, and
- (3) He must inform the Family Court and make a report pursuant to the Child Protective Services Act, as soon as possible.

Where the physician keeping a child in his custody does so in his capacity as a member of the staff of a hospital or similar institution, he must notify the person in charge of the institution, or his designated agent, who then becomes responsible for further care of the child.

Any physician keeping a child in his custody pursuant to the law has the right to keep such child in his custody until the custody of the child has been transferred to the appropriate police authorities or to the social services official of the city or county in which the physician maintains his place of business. If the social services official receives custody of a child, he must promptly inform the parent or other person responsible for such child's care and the Family Court of his action.

SPECIAL AUTHORITY FOR "24 HOUR HOLD" BY HOSPITALS*

Notwithstanding the imminent danger requirement for protective custody, the person in charge of any hospital or similar institution may, where he believes the facts so warrant, retain custody of an abused or maltreated child, until the next regular week day session of the Family Court in which a child protection proceeding pursuant to Article Ten of the Family Court Act may be commenced, whether or not additional medical treatment is required during the period and whether or not a request is made by a parent or guardian for the return of the child during that period. In all cases where the person in charge of a hospital or similar institution has retained custody of a child pursuant to the law, he must immediately notify the appropriate local child protective service which shall commence a child protective proceeding in the Family Court at the next regular week day session of the appropriate Family Court or recommend to the Court at that time that the child be returned to his parents or guardian.

NOTE: Any person or institution acting in good faith in the removal or keeping of a child pursuant to the law shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed as a result of such removal or keeping.**

THE LOCAL CHILD PROTECTIVE SERVICE***

As required by the Child Protective Services Act of 1973, every local Department of Social Services has established a child protective service. The Act requires that the child protective service have "a sufficient staff of sufficient qualifications" to fulfill the purposes of the Act and that it be "organized in such a way as to maximize the continuity of responsibility, care and service of individual workers toward individual children and families."

*See N.Y. Social Services Law § 417(2).

**See N.Y. Social Services Law § 419.

***See N.Y. Social Services Law § 423.

The child protective service is the sole public agency responsible for receiving and investigating all reports of child abuse or maltreatment for the purpose of providing protective services:

- (1) to prevent further abuses or maltreatment to children and
- (2) to provide or arrange for and monitor the provision of those services necessary to safeguard and ensure the child's well-being and development and to preserve and stabilize family life, wherever appropriate.

However, the child protective service, based upon the local plan of services described below, may purchase and utilize the services of any appropriate public or voluntary agency. For example, it may arrange with a Society for the Prevention of Cruelty to Children to investigate certain or all reports. When services are purchased by the local department, they are reimbursed by the State to the locality just as if the services were provided directly by the local department.

DUTIES OF THE CHILD PROTECTIVE SERVICE*

Each local child protective service receives reports of suspected child abuse or maltreatment on a twenty-four hour, seven-day-a-week basis. Upon receipt of such reports, it should commence or cause the appropriate Society for the Prevention of Cruelty to Children to commence, within twenty-four hours, an appropriate investigation which should include an evaluation of the environment of each child named in the report and any other children in the same home and a determination of the risk to them if they continue to remain in the existing home environment. The child protective service makes a determination of the nature, extent, and cause of any condition enumerated in such report, the name, age, and condition of other children in the home. It should determine, within ninety days, whether the report is "indicated" or "unfounded".

*See N.Y. Social Services Law § 424.

After seeing to the safety of the child or children, the child protective service must forthwith notify the parents, in writing, of the existence of the report and their rights pursuant to the law in regard to amending or expunging the report.¹ However, ordinarily it need not and does not identify the source of the report or person cooperating with its investigation.

The child protective service may take a child into protective custody to protect him from further abuse or maltreatment when appropriate and in accordance with the provisions of the Family Court Act.²

Based on its investigation and evaluation, the agency should offer to the family such services for its acceptance or refusal, as appear appropriate for either the child or the family or both. Before offering such services to a family, the caseworker must explain that the agency has no legal authority to compel the family to receive said services, but he may inform the family of obligations and authority of the child protective service to petition the Family Court for a determination that a child is in need of care and protection.

When the child protective service determines that the best interests of the child require Family Court or Criminal Court action because an appropriate offer of service was refused for any other appropriate reason, the service may initiate the appropriate Family Court proceeding or make a referral to the appropriate District Attorney, or both. It should assist the Family Court or Criminal Court during all stages of the court proceeding.

The child protective service should provide or arrange for and monitor rehabilitative services for children and their families on a voluntary basis or under a final or intermediate order of the Family Court.

In addition, not later than seven days after receipt of the initial report, the child protective service sends a preliminary written report of the initial investigation, including evaluation and actions taken or contemplated, to the state Central Register. Follow-up reports are made at regular intervals thereafter so that the state Central Register is kept fully informed and up-to-date concerning the handling of reports.

¹ See Protection of Parental Rights, p. 28, *infra*.

² See Protective Custody, p. 16, *supra*.

STANDARD CHILD PROTECTIVE AGENCY PROCEDURES

The child protective process involves two interrelated and simultaneous tasks:

- (1) **Verification of the report**—Do the allegations seem to be true? Is the child and family in need of protective services?
- (2) **Development of plan to meet the needs of the child and family**—Is there a need for immediate action? Should the child be placed in protective custody? What kinds of ameliorative or treatment services are necessary? Are they available? Must the child be removed from his home permanently or for a long period of time? Is court action necessary?

Ordinarily the child protective process begins with a telephone report to the Central Register of Child Abuse and Maltreatment.¹ The Register worker tries to obtain information concerning the alleged or suspected maltreatment in as clear, concise, and concrete form as possible before making a preliminary evaluation. No further action is taken on reports that clearly do not fall within the definition of child abuse or maltreatment (although a referral to a more appropriate agency may be made) or on reports that do not have enough information to be investigated, such as those without a name or address.

After the Central Register relays the case to the local child protective service, the service must decide whether the case requires emergency action, usually basing its judgment on the severity of the complaint. The decision is difficult and uncertain, and founded only "on the information on hand and on the interpretation of these facts based on experience with similar situations. One can never be sure of arriving at the correct answer."²

¹ See The Central Register of Child Abuse and Maltreatment, p. 5, *supra*.

² DeFrancis, *The Fundamentals of Child Protection: A Statement of Basic Concepts and Principles* 19 (1950).

Cases are assigned to protective caseworkers who are responsible for the field investigation and the provision of services when necessary or appropriate. The protective worker must decide if the report of suspected abuse or maltreatment seems true and requires further action and if so, what action. Reports may be (1) inaccurate or unfounded, (2) the "maltreatment" may be minimal, (3) some other agency may be meeting the family's needs, or (4) conditions may no longer warrant intervention. In some cases no action is taken because the father or paramour against whom the charges have been made disappears or because the agency cannot locate the family after it moves.

The need to make the hard decisions of the child protective process—to verify third-person reports and to offer and impose treatment services—sets child protective casework apart from most other types of social casework. This quasi-law enforcement responsibility marks both aspects of the two-stage protective process.

Verifying, to a certitude, reports of child abuse and maltreatment is almost always difficult. It is often impossible. No matter how thorough the investigation, sometimes there is simply no clear evidence, no proof, of what happened. Most acts of abuse and maltreatment take place in the privacy of the home. Unless a family member is willing and able to tell what happened, there are no witnesses to step forward. Most maltreated children are too young or too frightened to seek help on their own and will be ambivalent about criticizing their parents. Even a medical report describing concrete physical injuries suggestive of child abuse is not sufficient for the caseworker, let alone a judge, to base his final decision on who is responsible for the child's condition.

In most cases, "verification" of a report means that based upon certain signs or indicators, including the physical condition of the home and the worker's evaluation of the psycho-social forces operating within the family, the protective worker has formed a professional opinion that the report seems to be true or does not seem to be true. His decision, if seen realistically, must be tentative and can be fraught with uncertainty.

Child protective agencies follow a fairly standard procedure in handling reports. Usually the first steps in investigating a report of

child battering are to check for previous reports and then to visit the home. Although there is a tendency to follow the same procedure in less emergent child neglect cases, better practice would seem to be to study the social history of the family and to consult with other agencies before rushing to the home, inasmuch as the underlying pathology may be more difficult to discern and the child is presumably in no immediate danger.

The purpose of the first home visit is to see to the protection of the child and any siblings, and then to examine the home for signs of abuse or maltreatment. The worker looks for what have been called "the immediately observable symptoms" of abuse or maltreatment.³ In extreme cases, he may find a child bruised or injured, or he may actually see a parent beat or mistreat a child. Sometimes he will find a child left unattended at home, or he will find the parents home but not in control of their actions because of alcohol or drug intoxication. Most often, however, when the worker finds evidence of maltreatment, he finds signs of neglect—severe dirt and disorder—or other evidence of the parents' inability to cope with the responsibilities of parenthood. In making this judgment, subjective standards or cultural differences may cause a problem.

During the first and any subsequent home visits, the worker tries to evaluate the parents. Through interviews, he tries to find out what they think caused the report, what their response to the report is, and what their attitudes toward the child and toward child rearing are. Injuries that the parents cannot adequately account for are considered significant. Because the worker's primary purpose in talking to the parents is to help them and to protect their children, any statements made by the parents can be used in subsequent court proceedings unfettered by the constitutional protections against self-incrimination and unreasonable search and seizure⁴ and unfettered by the social worker-client privilege.⁵ If the parents are aware of the possible subsequent use of their statements, they may

³ *Id.* at 26.

⁴ *See, e.g., In re Diana A.*, 65 Misc. 2d 1034, 319 NYS 2d 619 (Fam. Ct. N.Y. Co. 1971); *cf. Wyman v. James*, 400 U.S. 309 (1971).

⁵ N.Y. Family Court Act § 1046(a)(vii) (McKinney 1973).

hesitate to cooperate with the protective worker.

Besides visiting the family, protective workers may call or visit relatives, friends, employers, neighbors, schools, doctors or hospitals, police, other appropriate agencies, and the person making the report to gather more information about the condition of the family and the accuracy of the report. Psychiatric evaluations of the parents are infrequently made. When they are, they may give only limited guidance because often they are based on hurried five or ten minute interviews.

If the worker decides that the child's or family's situation requires services, he must decide whether to work with them himself, refer them to another social agency, or initiate a court action. He must also decide if immediate protective custody is necessary.

Statewide, it appears that less than twenty-five percent of all reports result in any kind of court action.

The protective worker needs easy access to a range of counseling and concrete services designed to modify many of the specific psychological and environmental conditions which lead parents to abuse or maltreat their children. The services frequently found necessary include:

- (1) Casework and supervision of families;
- (2) Psychiatric counseling;
- (3) Group therapy;
- (4) Lay therapists and surrogate mothers;
- (5) Visiting nurse service;
- (6) Parents Anonymous;
- (7) Short term placement;
- (8) Long term placement;
- (9) Homemaker services;
- (10) Day care;
- (11) Babysitting;
- (12) Family planning;
- (13) Job counseling, training, and referral; and
- (14) Adequate housing.

Many of these services are a concrete effort to help relieve the

pressures and frustrations of parenthood. Day care agencies and friends or relatives often can provide real help by sharing basic child care responsibilities. If the mother finds more satisfaction in a job outside the home, providing child care so she can go to work may help her feel more useful or improve her self image.

Individual and family counseling services are used to help relieve marital tensions and strife. Referrals for general counseling and psychiatric care are made to help resolve personal, psychological problems, and sometimes even to treat a difficult problem child. Counseling and psychiatric referrals are made to family service and social service agencies as well as to local mental health clinics or hospitals having clinics. Recently, parents anonymous groups have appeared which hold much promise.

If the parent is an alcoholic or drug addict, he may be referred to a hospital for detoxification, a methadone program, a drug free program, alcoholics anonymous, or a rehabilitation center.

Supervision by the child protective agency itself, with periodic home visits, sometimes is enough to help protect the children. When parents feel someone is watching them and judging their behavior, they may improve their care of the children. The parents' relationship with a social worker may also help them strengthen their roles as parents. Such supervision is sometimes supplemented by homemaker or day care services.

In serious cases, the child might appear in such "imminent danger" that the caseworker decides the child will have to be removed from the home. The worker first tries to avoid court action by persuading the parents to voluntarily place the child with a foster family, with relatives or even friends, or in a children's shelter. Parents who are highly ambivalent about their children often find such an arrangement a relief, though they may not want to admit it. (Sometimes a parent or paramour responsible for the abuse agrees to voluntarily leave the home.)

When parents refuse to voluntarily accept the caseworker's decision, either for services or placement, the worker turns to the Family Court for help. The worker relies on the Family Court's authority to impose services on the unwilling family and to remove a child from his home. Of course, the parents' awareness that failure

to accept the proffered services or failure to agree to foster placement may result in court action often makes the notion of their voluntary cooperation with the child protective agency illusory.

Sometimes parental cooperation is not enough to keep a family out of court. The parents' care of the child may not improve or may even worsen during the period of contact with the child protective agency.

Because of the nature of the child protective process, the single most important factor is the attitude and ability of the individual protective worker. Drawing on his years of experience, Dr. Vincent DeFrancis, Director of the American Humane Association's Children's Division, has described the amorphous collection of attitudes and abilities a protective worker must have.⁶ In Dr. DeFrancis' words, the protective worker must acquire "a high order of diagnostic ability . . ." He must be able to "diagnose the neglect and danger to the children (and) . . . the nature of the basic problem principally responsible for the neglect." He "needs to know how to handle early resistance and hostility." The protective worker must also be able to help the family understand "the community's concern for the welfare of children and the responsibility which the community has placed on the protective agency to translate this concern into positive action." And he has "to know the laws in his state relating to neglect and their interpretation. He must know something about the rules of evidence and court proceedings. He must learn the basic dynamics of investigation to produce evidence for court proceedings."

Most important of all, Dr. DeFrancis emphasizes, the worker must have "the right attitude." "The worker must fully accept and support the authority and responsibility of his agency . . . to offer services on behalf of neglected children . . . to remain active until there is sufficient change to reduce or remove the neglect . . . to file and support a petition of neglect in the Juvenile Court, when change is not possible and when there is real hazard to the children." Dr. DeFrancis describes this attitude as a skill because with-

⁶ DeFrancis, SPECIAL SKILLS IN CHILD PROTECTIVE SERVICES 1-5 (Children's Division, the American Humane Association, 1958).

out it the protective worker "cannot do an effective job."

The combination of skills a child protective worker needs to be effective is staggering. He must be both policeman and social worker, investigator and friend. Child protective services suffer because protective workers often cannot resolve these basic role contradictions.⁷

THE LOCAL PLAN FOR CHILD PROTECTIVE SERVICES*

In the care and protection provided abused children, no community can escape criticism. The problems are statewide in scope. At the present time, too many children suffer further injury and mistreatment after coming to the attention of the authorities. It is imperative that every community have an effective child protective system. But to do so, we need to mobilize citizen and community support.¹

Therefore, the Child Protective Service Act requires that no later than January thirtieth of every year, after consultation with local law enforcement agencies, the Family Court and appropriate public or voluntary agencies, including Societies for the Prevention of Cruelty to Children, and after a public hearing, each local department of social services must prepare and submit to the State Commissioner of Social Services a local plan for the provision of child protective services. It describes the local department's implementation of the Child Protective Service Act including the organization, staffing, mode of operations, and financing of the child protective service as well as the provisions made for purchase of service and inter-agency relations.

The local plan may take effect immediately. Within thirty days the Commissioner must certify whether or not the local plan fulfills the purpose of and meets the requirements set forth in the law. If

⁷ See New York State Assembly Select Committee on Child Abuse, REPORT (April, 1972).

* See N.Y. Social Services Law § 423(3).

¹ See New York State Assembly Select Committee on Child Abuse, REPORT (April 1972).

he certifies that the local plan does not do so, he must state the reasons why, and he may withhold State reimbursement for all or part of the local department's activities. These decisions of the Commissioner can be appealed to the Supreme Court pursuant to article seventy-eight of the civil practice law and rules.

PROTECTION OF PARENTAL RIGHTS*

While designed to protect helpless and endangered children, New York's law seeks to protect the legitimate rights of parents suspected of abusing or maltreating their children.

Reports made pursuant to the Child Protective Services Act—as well as any other information obtained, reports written or photographs taken concerning such reports in the possession of the State Department of Social Services or local departments—are confidential. They can be made available only to certain specified persons.

No information may be released unless the identity of the person or official seeking it is confirmed by the Department and the released information must state whether the report is “unfounded,” “indicated,” or “under investigation,” whichever the case may be.

If a child is placed in protective custody, the parents must be notified and told where the child has been placed. The parent's are guaranteed a prompt court hearing (usually within 24 hours but no longer than 3 business days).

After seeing to the safety of the children involved, the child protective service must forthwith notify the parents in writing of the existence of the report and their rights pursuant to the law in regard to amendment or expungment.

Before offering services to the family, the protective services worker must explain that his agency has no legal authority to compel the family to receive said services, but he may inform the family of the obligation and authority of the child protective service to petition the Family Court for a determination that a child is in need of care and protection.

*See N.Y. Family Court Act §§ 1022, 1024, 1026; N.Y. Social Services Law §§ 422, 424.

Unless an investigation of a report determines that there is some credible evidence of the alleged abuse or maltreatment, all information identifying the subjects of the report must be expunged from the central register forthwith.

After a child who is the subject of a report reaches the age of eighteen years, access to a child's record is permitted only if a sibling or off-spring of such child is a suspected victim of child abuse or maltreatment.

In all other cases, the record of the report to the Central Register shall be sealed no later than ten years after the subject child's eighteenth birthday. Once sealed, the record shall not otherwise be available unless the Commissioner, upon notice to the subjects of the report, gives his personal approval for an appropriate reason. In any case and at any time, the Commissioner may amend, seal or expunge any record upon good cause shown and notice to the subjects of the report.

At any time, a subject of a report may receive, upon request, a copy of all information contained in the Central Register. However, the Commissioner is authorized to prohibit the release of data that would identify the person who made the report or who cooperated in a subsequent investigation, which he reasonably finds will be detrimental to the safety or interests of such person.

At any time subsequent to the completion of the investigation but in no event later than ninety days after receipt of the report, a subject of a report may request the Commissioner to amend, seal or expunge the record of the report. If the Commissioner refuses or does not act within a reasonable time, but in no event later than thirty days after such request, the subject has the right to a fair hearing to determine whether the record of the report in the Central Register should be amended or expunged on the grounds that it is inaccurate or it is being maintained in a manner inconsistent with the law.

NOTE: Any person who willfully permits and any person who encourages the release of any data and information contained in the Central Register to persons or agencies not permitted access to it by the law may be guilty of a class A misdemeanor.

RIGHT TO COUNSEL IN COURT PROCEEDINGS

In any proceeding in the Family Court or the Criminal Court, a parent or other person alleged to have abused or neglected a child has the right to counsel. If they cannot afford a lawyer, one is provided for them.¹

¹ See *In re Beaton*, 30 N.Y.2d 352 (1972).

Persons wishing further information or a copy of the Child Protective Services Act may contact the:

New York State Assembly
 Select Committee on Child Abuse
 270 Broadway
 New York, New York 10007
 (212) 488-4845

OR

Central Register of Child Abuse
 and Maltreatment
 New York State Department of
 Social Services
 1450 Western Avenue
 Albany, New York
 1-800-342-3720

In addition, all persons should feel free to contact their local child protective agency:

ALBANY COUNTY
 28 Howard Street
 Albany, New York 12207
 449-2000 9AM-4PM (agency)
 869-5331 24 hrs. (infirmary)

CATTARAUGUS COUNTY (Co. Unit)
 265 North Union Street
 Olean, New York 14760
 372-0030 days (agency)
 938-3421 nights (She:iff)

ALLEGANY COUNTY
 County Home
 Angelica, New York 14709
 466-7691 days
 593-1864 24 hrs. (ans. serv.)

CAYUGA COUNTY
 County Office Bldg. -- 160 Genesee St.
 Auburn, New York 13021
 253-1338 24 hrs. (agency & ans. serv.)

BROOME COUNTY
 119 Chenango Street
 Binghamton, New York 13901
 772-2647 Office and ans. serv.

CHAUTAUQUA COUNTY
 Mayville
 New York 14757
 753-7161 days (agency)
 366-6400 nights (infirmary)

CHEMUNG COUNTY

203-209 William Street
 Elmira, New York 14901
 737-2954 days
 737-2022 nights (infirmiry)

CHENANGO COUNTY

County Office Building
 Norwich, New York 13815
 334-2281 days (agency)
 334-2000 nights (Sheriff)

CLINTON COUNTY

10 Healey Avenue (Mail - P.O.
 Box 990)
 Plattsburgh, New York 12901
 563-4560 days (agency)
 563-3030 nights (infirmiry)

COLUMBIA COUNTY

610 State Street
 Hudson, New York 12534
 828-9411 days (agency)
 828-3344 nights (Sheriff)

CORTLAND COUNTY

133 Homer Avenue
 Cortland, New York 13045
 753-9681 days (agency)
 753-3311 nights (Sheriff)

DELAWARE COUNTY

126 Main Street
 Delhi, New York 13753
 746-2325 days (agency)
 746-2336 nights (Sheriff)

DUTCHESS COUNTY

County Office Building
 22 Market Street
 Poughkeepsie, New York 12601
 471-5000 days (agency)
 452-0400 nights (Sheriff)

ERIE COUNTY

95 Franklin Street
 Buffalo, New York 14202
 846-8766 days (agency)
 854-6586 nights (Children and Family Serv.)

ESSEX COUNTY

Court House
 Elizabethtown, New York 12932
 873-6353 days (agency)
 873-6321 nights (Sheriff)

FRANKLIN COUNTY

Court House
 Malone, New York 12953
 483-4770 (agency) ext. 59
 483-6401 nights (Sheriff)

FULTON COUNTY

County Building
 Johnstown, New York 12095
 762-4671 days (agency) ext. 16
 725-8631 nights (Co. infirmiry)

GENESEE COUNTY

3837 West Main Road
 Batavia, New York 14020
 343-8786 days (agency)
 344-0584 nights (infirmiry)

GREENE COUNTY

465 Main Street
 Catskill, New York 12414
 943-3200 days (agency)
 943-3301 nights

HAMILTON COUNTY

Court House
 Lake Pleasant, New York 12108
 548-3462 days (agency)
 548-6111 nights (Co. jail)

HERKIMER COUNTY

County Office Building
 Herkimer, New York 13350
 866-3420 days (agency) ext. 35
 866-3560 nights (Sheriff)

JEFFERSON COUNTY

173 Arsenal Street
 Watertown, New York 13601
 785-3008 days (agency)
 788-1441 nights (Sheriff)

LEWIS COUNTY

County Home
 Lowville, New York 13367
 376-3536 days (agency)
 376-3511 nights (Sheriff)

LIVINGSTON COUNTY

County Home
 Geneseo, New York 14454
 243-3100 days (agency)
 243-1212 nights (Sheriff)

MADISON COUNTY

Wampsville, New York 13163
 366-2211 days (agency)
 366-2228 supervisor
 363-5200 nights (Sheriff)

MONROE COUNTY

111 Westfall Road
 Rochester, New York 14620
 442-4000 days (agency) ext. 2663
 442-0670 nights (Children's Shelter)

MONTGOMERY COUNTY

County Office Building
 Fonda, New York 12068
 829-7411 days (agency)
 853-3491 days
 843-3503 nights (Co. infirmary)

NASSAU COUNTY

Administration Bldg.
 County Seat Dr.
 Mineola, New York 11501
 535-2236 days (intake)
 542-3133 nights (Meadowbrook
 Hospital Switchboard)

NIAGARA COUNTY

100 Davison Road -- P.O. Box 506
 Lockport, New York 14094
 285-6681 days (agency) ext. 248
 434-4132 nights (infirmary)

ONEIDA COUNTY

County Office Building
 800 Park Avenue
 Utica, New York 13501
 798-5966 days (agency)
 736-0141 nights (Sheriff)

ONONDAGA COUNTY

County Office Building
 600 S. State Street
 Syracuse, New York 13202
 422-9701 CPS 24-Hr. Hot Line

ONTARIO COUNTY

120 North Main Street
 Ontario County DSS
 Canandaigua, New York 14424
 394-1440 days (agency)
 394-4560 nights (Sheriff)

ORANGE COUNTY

Quarry Road
 Goshen, New York 10924
 294-8372 days (agency)
 294-6166 nights (Sheriff)

ORLEANS COUNTY

County Home
Albion, New York 14411
589-5676 days (agency)
589-5670 nights (infirmiry)

OSWEGO COUNTY

County Office Building
Mexico, New York 13114
963-7271 days (agency) ext. 65
343-6969 nights (Sheriff)

OTSEGO COUNTY

County Office Building
197 Main Street
Cooperstown, New York 13326
547-9901 days (agency) ext. 35
547-2570 nights (infirmiry)

PUTNAM COUNTY

2 Mahopac Place
Mahopac, New York 10541
628-7403 days (agency)
225-3662 nights (Sheriff)

RENSSELAER COUNTY

133 Bloomingrove Drive
Troy, New York 12180
283-2000 24 hr. switchboard

ROCKLAND COUNTY

61 South Main Street
New City, New York 10956
354-0200 24 hr. switchboard

ST. LAWRENCE COUNTY

County Home
Canton, New York 13617
386-4970 days (agency)
386-8571 nights (Sheriff)

SARATOGA COUNTY

County Complex, Building A
Ballston Spa, New York 12020
885-5381 days (agency) ext. 225
885-4315 nights (infirmiry)

SCHENECTADY COUNTY

487 Nott Street
Schenectady, New York 12308
372-3321 24 hrs.

SCHOHARIE COUNTY

Professional Building
Schoharie, New York 12157
295-7219 days
295-8114 nights (Sheriff)

SCHUYLER COUNTY

County Office Bldg.
Watkins Glen, New York 14891
535-2789 days (agency)
535-2171 nights (Sheriff)

SENECA COUNTY

R.D. #3--Box 179
County Road 118
Waterloo, New York 13165
568-9854 days
539-9241 nights (Sheriff)

STEUBEN COUNTY

County Home -- Box 631
Bath, New York 14810
776-2151 days (agency)
776-2383 nights (detention center)

SUFFOLK COUNTY

Box 2000
10 Oval Drive
Hauppauge, New York 11787
348-4000 days (agency)
265-2801 nights

SULLIVAN COUNTY

Box 231
 Liberty, New York 12754
 292-4900 days
 794-7100 nights (Sheriff)

TIOGA COUNTY

County Home, R.D. #1
 Owego, New York 13827
 687-5000 days (agency)
 687-1010 nights (Sheriff)

TOMPKINS COUNTY

108 Green Street, East
 Ithaca, New York 14850
 273-9050 (agency)
 272-2444 (Sheriff)

ULSTER COUNTY

Ulster Co. Office Bldg.
 244 Rair Street
 Kingston, New York 12401
 331-9300 days (agency) ext. 205
 338-0787 nights

WARREN COUNTY

Warren County Municipal Center
 Lake George, New York 12845
 792-9951 24 hr. switchboard

WASHINGTON COUNTY

15 Church Street
 Granville, New York 12832
 793-8837 days (agency) ext. 32
 854-7487 (Sheriff)

WAYNE COUNTY

16 William Street
 Lyons, New York 14489
 946-9733 days (agency)
 946-4817 nights (Co. Nursing Home)

WESTCHESTER COUNTY

Room 432 County Office Building
 148 Martine Avenue
 White Plains, New York 10601
 682-2403 intake
 948-3518 nights (ans. serv.)

WYOMING COUNTY

466 North Main Street
 Warsaw, New York 14569
 796-3111 days (agency)
 796-2129 nights (Sheriff)

YATES COUNTY

County Office Building
 Court Street
 Penn Yan, New York 14527
 536-4451 days (agency)
 536-4438 nights (Sheriff)

NYC

Central Registry for Child Abuse
 and Neglect
 241 Church Street
 New York, New York 10013
 431-4680 24 hrs.

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D.J.B.

FORM D55-2221 (7/73)

PLEASE PRINT

REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT
(Pursuant to Article 6, Title 6, Social Services Law)

STATE OF NEW YORK DEPARTMENT OF SOCIAL SERVICES				LEAVE BLANK									
CATEGORY OF SUSPICION <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Maltreatment <input type="checkbox"/> Sexual Abuse				SPECIAL TYPE <input type="checkbox"/> Drug <input type="checkbox"/> Foster Care		ORAL REPORT RECEIVED Date: Mo. Day Yr. Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.							
CHILD'S NAME Last First M.I.				ALIASES		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female							
FATHER OR MALE SUBSTITUTE'S NAME Last First M.I.				ALIASES		AGE RACE							
MOTHER OR FEMALE SUBSTITUTE'S NAME Last First M.I.				ALIASES		AGE RACE							
CHILD'S ADDRESS AND OTHER ADDRESSES, IF DIFFERENT													
OTHER CHILDREN IN FAMILY		NAME (Last, First, M.I.)			AGE		NAME (Last, First, M.I.)			AGE			
		NAME			AGE		NAME			AGE			
		NAME			AGE		NAME			AGE			
		NAME			AGE		NAME			AGE			
ALLEGED PERPETRATOR'S NAME, IF KNOWN (Last, First, M.I.)								SEX <input type="checkbox"/> M <input type="checkbox"/> F		RACE		AGE	
ALLEGED PERPETRATOR'S ADDRESS, IF DIFFERENT								RELATIONSHIP TO CHILD					

State reason for suspicion, including extent of injuries, abuse, or maltreatment - Use other side if necessary OVER

Nature or evidence of abuse or maltreatment - Both Current and Previous											
<input type="checkbox"/> C	<input type="checkbox"/> P	<input type="checkbox"/> Multiple fractures	<input type="checkbox"/> C	<input type="checkbox"/> P	<input type="checkbox"/> Acute alcoholism	<input type="checkbox"/> C	<input type="checkbox"/> P	<input type="checkbox"/> Internal injuries	<input type="checkbox"/> C	<input type="checkbox"/> P	<input type="checkbox"/> Abandonment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Single fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Forced drug usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Clothing/shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Twisting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Serious lacerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lack of medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lack of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inadequate guardianship
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> General hematoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bruises, welts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Failure to thrive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Drug use by parents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Subdural hematoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Malnutrition	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Burns, scalding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DOA	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Exposure, freezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inadequate supervision	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ingest. of tox. substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Excess, corporal punishment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of Current or Prior Abuse/Maltreatment to Siblings <input type="checkbox"/> Yes, explain on other side <input type="checkbox"/> No											

FOR USE BY PHYSICIANS ONLY	MEDICAL DIAGNOSIS ON CHILD				SIGNATURE OF PHYSICIAN WHO EXAMINED/TREATED CHILD			
					X			
HOSPITALIZATION REQUIRED <input type="checkbox"/> None <input type="checkbox"/> Under one week <input type="checkbox"/> One-Two weeks <input type="checkbox"/> Over two weeks								
NAME OF PERSON MAKING THIS REPORT						TELEPHONE NO.		
CHECK ONE <input type="checkbox"/> Physician <input type="checkbox"/> Hospital Staff <input type="checkbox"/> School Staff <input type="checkbox"/> Peace Officer <input type="checkbox"/> Relative <input type="checkbox"/> Neighbor <input type="checkbox"/> Social Services <input type="checkbox"/> Mental Health <input type="checkbox"/> Med. Exam/Coroner <input type="checkbox"/> Other								
AGENCY/INSTITUTION YOU ARE CONNECTED WITH, IF ANY								
SOURCE OF THIS REPORT, IF DIFFERENT FROM ABOVE								
ACTIONS TAKEN OR ABOUT TO BE TAKEN <input type="checkbox"/> Medical exam <input type="checkbox"/> Removal/Keeping <input type="checkbox"/> Hospitalization <input type="checkbox"/> Photographs <input type="checkbox"/> Investigation <input type="checkbox"/> Returned home <input type="checkbox"/> X-Ray <input type="checkbox"/> Notification med. exam./coroner								
SIGNATURE (AND TITLE) OF PERSON MAKING THIS REPORT						DATE SUBMITTED Mo. Day Yr.		
X								

Reason for suspicion, continued

Evidence of abuse/maltreatment to siblings, continued

Abstract Sections from Article 6, Title 6, Social Services Law

Section 415. Reporting procedure. Reports of suspected child abuse or maltreatment made pursuant to this title shall be made immediately by telephone and in writing within 48 hours after such oral report Written reports shall be made to the appropriate local child protective service in a manner prescribed and on forms supplied by the commissioner.

Section 419. Immunity from liability. Any person, official, or institution participating in good faith in the making of a report, the taking of photographs, or the removal or keeping of a child pursuant to this title 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 person required to report cases of child abuse or maltreatment shall be presumed.

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.

New York State Assembly
Select Committee on Child Abuse
270 Broadway
New York, New York 10007



END