



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates:

No. 02 - 01

Date: 01/02/02

Re: Requirement to report instances of suspected child abuse or maltreatment.

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On November 13th, 2001 § 413 of the Social Services Law was amended, in relation to persons and officials who are required to report cases of suspected child abuse or maltreatment. Effective February 1st, 2002 the law will require Emergency Medical Technicians to report suspected child abuse they come across while performing their jobs. ***The Bureau of EMS will not require EMTs to attend a specialized course for child abuse.*** The current EMS course curricula include sections on child abuse. However, the Bureau does reserve the right to amend the curricula in the future. Therefore, this Policy Statement and attached fact sheet are intended to be used by New York State EMTs to help them better understand their obligations as well as the signs and symptoms of possible child abuse or maltreatment.

Reporting Procedures:

§ 415 of the Social Services Law states that, *“Reports of suspected child abuse or maltreatment made pursuant to this title shall be made immediately by telephone or by telephone facsimile machine on a form supplied by the commissioner. Oral reports shall be followed by a report in writing within forty-eight hours after such oral report. Oral reports shall be made to the statewide central register of child abuse and maltreatment unless the appropriate local plan for the provision of child protective services provides that oral reports should be made to the local child protective service.”*¹

Oral Reports of suspected child abuse or maltreatment shall be made by calling the **NYS Child Abuse and Maltreatment Register** at:

1-800-635-1522

NOTE: This phone number is for mandated reporters ONLY and should NOT be provided to the general public.

- All oral reports must be followed up with a written report within 48 hours using Form DSS-2221-A, “Report of Suspected Child Abuse or Maltreatment” (Attached).
- A copy of the completed and submitted Form DSS-2221-A should be attached to the agency copy of the Prehospital Care Report retained by the agency.

Agency Policies

10 NYCRR Part 800.21(p)(11)(ii) requires all ambulance services to have and enforce a written policy regarding the reporting of child abuse. Based on the addition to §413 of Social Services Law all services should ensure that the policy developed regarding this requirement includes the mandatory reporting requirement and the process required by Social Services Law § 415. The agency policy needs to address areas such as Prehospital Care Report documentation, notifying the Emergency Room staff, calling the above 800 telephone number, and the completion of form DSS-2221-A.

Child Abuse and Maltreatment Fact Sheet

This fact sheet is intended to be used by New York State EMTs as a learning tool and guide to help them better understand the signs and symptoms of possible child abuse or maltreatment. **The signs and indicators listed in this document are not conclusive proof of child abuse or maltreatment. There can be other, reasonable explanations for what you observe.**

Definition of Child Abuse:

An “abused child” is a child less than eighteen (18) years of age whose parent or other person legally responsible for his/her 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 or allows to be committed against the child a sexual offense as defined in the penal law.

Definition of Child Maltreatment:

A “maltreated child” is a child under eighteen (18) years of age who has had serious physical injury inflicted upon him/her by other than accidental means.

A “maltreated child” is also a child under eighteen (18) years of age whose physical, mental or emotional condition has been impaired or is in danger of becoming impaired as a result of the failure of his/her parent or other person legally responsible for his/her care to exercise a minimum degree of care:

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 unreasonable inflicting, or allowing to be inflicted, harm or 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/she loses self-control of his/her actions; or
6. By any other acts of a similarly serious nature requiring the aid of the Family Court.

Some of the physical indicators of possible child abuse:

- ◆ Bruises in different stages of healing, welts, or bite marks on face, lips, mouth, neck, wrist, thighs, ankles, or torso, or on several area of the body such as:
 - ✓ Injuries to both eyes or both cheeks (usually only one side of the face is injured in an accident)
 - ✓ Marks that are clustered, that form regular patterns, that reflect the shape of such articles as an electrical cord, belt buckle, fork tines, or human teeth.
 - ✓ Grab marks on the arms or shoulders; and/or
 - ✓ Bizarre marks, such as permanent tattoos
- ◆ Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia, arms, legs, or torso.
- ◆ Burns:
 - ✓ From cigars or cigarettes, especially on soles, palms, back, or buttocks.
 - ✓ From immersion in scalding water (socklike or glovelike on feet or on hands, doughnut-shaped on buttocks or genitalia)
 - ✓ That are patterned like an object, such as an iron or electric burner; burns from ropes on arms, legs, neck, or torso.

- ◆ Any fractures:
 - ✓ Multiple or spiral, of the long bones, to skull, nose, or facial structure.
 - ✓ Other injuries, such as dislocation.

- ◆ Head Injuries:
 - ✓ Absence of hair or hemorrhage beneath the scalp from hairpulling.
 - ✓ Subdural hematomas
 - ✓ Retinal hemorrhage or detachment, from shaking
 - ✓ Eye injuries
 - ✓ Jaw and nasal fractures
 - ✓ Tooth or frenulum injury

- ◆ Symptoms that suggest fabricated or induced illness, sometimes known as Munchausen Syndrome by Proxy (MSP); for example, a parent might be repeatedly feeding a child quantities of laxatives sufficient to cause diarrhea, dehydration, or hospitalization, without revealing the child has been medicated.

Some of the emotional and behavioral signs of possible child abuse:

- ✓ Apprehension when other children cry
- ✓ Aggressiveness
- ✓ Withdrawal
- ✓ Fear of going home
- ✓ Fear of parents and other adults
- ✓ Extreme mood swings
- ✓ Inappropriate mood
- ✓ Habit disorder, such as nail-biting
- ✓ Low self-esteem
- ✓ Neuroses, such as hypochondria, obsessions
- ✓ Refusal to remove outer garments
- ✓ Attempted suicide

Some of the physical signs of possible child neglect:

- ✓ Newborn with positive toxicology for drugs
- ✓ Lags in physical development
- ✓ Constant hunger
- ✓ Speech disorder
- ✓ Poor hygiene
- ✓ Inappropriate dress for the season
- ✓ Lack of medical care
- ✓ Inadequate supervision

Some of the emotional and behavioral indicators of possible child neglect:

- ✓ Chronic fatigue
- ✓ Habit disorder, such as thumb-sucking by a ten-year-old, rocking, biting
- ✓ Reports no caregiver at home
- ✓ Frequent absences from school or lateness
- ✓ Hypochondria
- ✓ Shifts from complaint to aggressive behavior
- ✓ Age-inappropriate behavior
- ✓ Begging for food
- ✓ Lags in emotional or mental development
- ✓ Use of alcohol or drugs

REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

New York State Office of Children and Family Services

Report Date / /	Case ID	Call ID
Time AM/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	Ethnic Code	Relation Code	Role	Lang.
1.									
2.									
3.									
4.									
5.									
6.									
7.									

MORE

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

BASIS OF SUSPICIONS

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

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

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) ___/___/___ Time ___(AM/PM)

The Mandated Reporter Requests Finding of Investigation YES NO

CONFIDENTIAL

SOURCES OF REPORT

CONFIDENTIAL

NAME	TELEPHONE	NAME	TELEPHONE
ADDRESS		ADDRESS	
AGENCY/INSTITUTION		AGENCY/INSTITUTION	

RELATIONSHIP (✓ = REPORTER, X = SOURCE)

<input type="checkbox"/> Med. Exam/Coroner	<input type="checkbox"/> Physician	<input type="checkbox"/> Hosp. Staff	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Relative	<input type="checkbox"/> Instit. Staff
<input type="checkbox"/> Social Services	<input type="checkbox"/> Public Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> School Staff	<input type="checkbox"/> Other Specify) _____		

For Use By Physicians Only	Medical Diagnosis on Child	Signature of Physician who examined/treated child	Telephone No.		
	Hospitalization Required: <input type="checkbox"/> None	<input checked="" type="checkbox"/> X	<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.	

Some of the signs of possible child sexual abuse:

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

Some emotional and behavioral signs of possible child sexual abuse:

Many of the following indicators may also reflect problems unrelated to sexual abuse. Moreover, no one child will show all of these signs.

Particularly in children who are less than eight years of age look for:

- | | |
|--|---|
| ✓ Eating disorders | ✓ Crying spells |
| ✓ Fear of sleeping alone | ✓ Hyperactivity |
| ✓ Enuresis (bed wetting at night or daytime accidents) | ✓ Change in school behavior (fear of school, drop in grades, trouble concentrating) |
| ✓ Separation anxiety | ✓ Regular tantrums |
| ✓ Thumb or object sucking | ✓ Excessive fear (including of men or women) |
| ✓ Encopresis (soiling) | ✓ Nightmares or night terrors |
| ✓ Language regression | ✓ Sadness or depression |
| ✓ Sexual talk | ✓ Suicidal thoughts |
| ✓ Excessive masturbation | ✓ Extreme nervousness |
| ✓ Sexual acting out, posturing | ✓ Hypochondria |

In children over eight through adolescence:

- | | |
|--|--|
| ✓ Fear of being alone | ✓ Overly compliant behavior |
| ✓ Peer problems | ✓ Suicidal thoughts or gestures |
| ✓ Frequent fights with family members | ✓ Self-mutilation |
| ✓ Poor self-esteem | ✓ Hyperalertness |
| ✓ Excessive nervousness | ✓ Sexual acting out |
| ✓ Emotional numbness (out-of-body experiences, or feelings of unreality) | ✓ Avoidant, phobic behavior, including sexual topics |
| ✓ Substance Abuse | ✓ Unwillingness to change into gym clothes |
| ✓ Excessive guilt or shame | ✓ Violent fantasies |
| ✓ Mood swings | ✓ Memory problems |
| ✓ Sexual concerns or preoccupations | ✓ Fear of future abuse |
| ✓ Withdrawn, isolated behavior | ✓ Intrusive, recurrent thoughts, or flashbacks |

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

ETHNICITY CODES	RELATION CODES FAMILIAL REPORTS	ROLE CODES	LANGUAGE
AA: African-American AS: Asian CW: Caucasian HL: Hispanic UK: Unknown XX: Other	AU: Aunt/Uncle CH: Child GP: Grandparent FM: Other Fam. Member FP: Foster Parent IAB REPORTS ONLY AR: Administrator CW: Child Care Wkr DC: DayCare Fac/Prov DO: Director/Operator	XX: Other PA: Parent PS: Parent Substitute UH: Unrelated Home Mem. UK: Unknown IN: Instit. Non-Prof IP: Instit. Pers/Vol. PI: Psychiatric Staff	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 Sections from Article 6, Title 6, Social Services Law

Section 412. Definitions

1. **Definition of Child Abuse** (see 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 or allows to be committed against the child a sexual offense as defined in the penal law.

2. **Definition of Child Maltreatment** (see 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 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 unreasonable 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.

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...written reports shall be made to the appropriate local child protective services on this form (Report of Suspected Child Abuse and Maltreatment, DSS-2221-A). Submit the written DSS-2221-A form for Residential Institutional abuse reports directly to the State Central Register 40 N. Pearl St. Albany, N.Y. 12243.

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 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.

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

Immunity From Liability

Immunity from liability for reporting cases of suspected child abuse or maltreatment is provided to those individuals required to report such cases under § 419 of the Social Services Law so long as the individual was acting in, “good faith”.

Failure To Report

§ 420 Of the Social Services Law states:

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.

Attachments:

Child Abuse/Maltreatment Fact Sheet
Form DSS-2221-A

Issued and Authorized by:
Edward G. Wronski, Director
Bureau of Emergency Medical Services

ⁱ Pertains to Onondoga and Monroe Counties Only