

RESOURCES



Tune In for Child Safety

Glossary

Mandated Reporters

The following persons and officials are required to report or cause a report to be made in accordance with this title 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:

- | | |
|---|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Surgeon | <input type="checkbox"/> Mental Health Professional |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Substance Abuse Counselor |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Alcoholism Counselor |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Social Services Worker |
| <input type="checkbox"/> Podiatrist | <input type="checkbox"/> Any Foster Care Worker |
| <input type="checkbox"/> Medical Examiner | <input type="checkbox"/> Provider of Family or Group Family Day Care |
| <input type="checkbox"/> Coroner | <input type="checkbox"/> Any day care worker |
| <input type="checkbox"/> Osteopath | <input type="checkbox"/> Any employee or volunteer in a residential care facility for children |
| <input type="checkbox"/> Optometrist | <input type="checkbox"/> Any child care worker |
| <input type="checkbox"/> Resident | <input type="checkbox"/> School official |
| <input type="checkbox"/> Intern | <input type="checkbox"/> Peace officer |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Any other Law Enforcement Official |
| <input type="checkbox"/> Registered Physician's Assistant | <input type="checkbox"/> District Attorney or Assistant District Attorney |
| <input type="checkbox"/> Emergency Medical Technician | <input type="checkbox"/> Police Officer |
| <input type="checkbox"/> Hospital personnel engaged in admission, examination, care or treatment of persons | <input type="checkbox"/> Investigator employed in the Office of the District Attorney |
| <input type="checkbox"/> Christian Science Practitioner | |



Tune In for Child Safety

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.

Immunity from liability

Any person, official, or institution participating in good faith in the providing of a service pursuant to section four hundred twenty-four of this title, 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 such person, official or institution required to report cases of child abuse or maltreatment or providing a service pursuant to section four hundred twenty-four of this title shall be presumed, provided such person, official or institution was acting in the 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.

Reasonable Cause to Suspect

Certainty or proof is not required before reporting suspected child abuse or maltreatment. The law purposely requires only “reasonable cause to suspect” that a child is abused or maltreated. A reasonable cause to suspect means that based on what you have observed or been told, combined with your training and experience, you feel the harm or imminent danger of harm to the child could be the result of an act or omission by the person legally responsible for the child. Explanations that are inconsistent with your observations and/or knowledge may be a basis for your reasonable suspicion.



Tune In for Child Safety

Information for an Oral Report

At the time of the oral report, the Child Protective Services (CPS) specialist will request the following information:

- The names and addresses of the child and his/her parents or other person responsible for his care
- Location of the child at the time of the report
- The child's age, gender and race
- The nature and extent of the child's injuries, abuse or maltreatment, including any information of prior injuries, abuse or maltreatment to the child or his/her siblings
- What is the effect on the child?
- The name of the person or persons you suspect is responsible for causing the injury, abuse or maltreatment
- Family composition
- Are there any special needs or medications?
- Is an interpreter needed?
- The source of the report
- The person making the report and where s(he) can be reached
- The actions taken by the reporting source, including the taking of photographs or x-rays, removal or keeping of the child, or notifying the medical examiner or coroner
- Are there any personal issues for LCPS (weapons, dogs, etc.)?
- Any additional information that may be helpful

A reporter is not required to know all of the above information in making a report; therefore, lack of complete information does not prohibit a person from reporting. However, an address is crucial. Persons should report all incidents of suspected child abuse and maltreatment and provide as much information as possible to the CPS Specialist.

Form LDSS-2221-A must be submitted within 48 hours to the appropriate local Child Protective Services office.



Tune In for Child Safety

Child Abuse Definition

An abused child is a child whose parents or other person legally responsible:

- Inflicted or allowed to be inflicted upon a child an injury*

OR

- Created or allowed to be created a substantial risk of injury* to that child

OR

- Committed or allowed to be committed against that child a sexual crime as defined in Section 230.25, 230.30, 230.32, 255.25 or 263 of the penal code.

* *In this context, the term injury means serious or protracted disfigurement, protracted impairment of physical, mental or emotional health, protracted loss or impairment of the function of any bodily organ or death.*

Maltreatment Definition

- Child's physical, mental, or emotional condition must have been impaired or placed in imminent danger of impairment

AND

- The subject failed to exercise a minimum degree of care:
 - In supplying adequate food, clothing or shelter
 - In supplying adequate education
 - In supplying medical or dental care though financially able to do so, or offered financial or other reasonable means to do so
 - In providing proper supervision or guardianship
 - By inflicting excessive corporal punishment
 - By misuse of drugs or alcohol

AND

- There is a causal connection between the child's condition and the subject's failure to exercise a minimum degree of care.

OR

- The parent has abandoned the child by demonstrating an intent to forego his/her parental rights.



Tune In for Child Safety

Physical Abuse/Maltreatment Indicators

Child's physical indicators

Unexplained bruises and welts

- On face, lips, mouth
- On torso, back, buttocks, thighs
- In various stages of healing
- Clustered, forming regular patterns, reflecting shape of article used to inflict (electric cord, belt buckle)
- On several different surface areas
- Regularly appear after absence, weekend or vacation

Unexplained fractures:

- To skull, nose, facial structure
- In various stages of healing
- Multiple or spiral fractures
- Swollen or tender limbs

Unexplained burns:

- Cigar, cigarette burns, especially on soles, palms, back and buttocks
- Immersion burns (sock-like, glove-like, doughnut-shaped on buttocks or genitalia)
- Patterned like electric burner, iron, etc.
- Rope burns on arms, legs, neck or torso

Unexplained lacerations (cuts) or abrasions (scrapes):

- To mouth, lips, gums, eyes
- To external genitalia
- On backs of arms, legs or torso
- Human bite marks
- Frequent injuries that are “accidental” or “unexplained”

Child's behavioral indicators

- Wary of adult contacts
- Apprehensive when other children cry
- Behavioral extremes: aggressiveness, withdrawal, changes in behavior
- Frightened of parents
- Afraid to go home
- Reports injury by parents
- Wears long-sleeved or similar clothing to hide injuries
- Seeks affection from any adult

Parent's behavioral indicators

- Seems unconcerned about child
- Takes an unusual amount of time to obtain medical care for the child
- Offers an inadequate or inappropriate explanation for the child's injury
- Gives different explanations for the same injury
- Misuses alcohol and other drugs
- Disciplines the child too harshly considering the child's age or what (s)he did wrong
- See the child as bad, evil, etc.
- Has a history of abuse as a child
- Attempts to conceal the child's injury
- Takes the child to a different doctor or hospital for each injury
- Has poor impulse control



Tune In for Child Safety

Maltreatment Indicators

Child's physical indicators

- Consistent hunger, poor hygiene, inappropriate dress
- Consistent lack of supervision, especially in dangerous activities or for long periods
- Unattended physical problems or medical or dental needs
- Abandonment

Child's behavioral indicators

- Begging or stealing food
- Extended stays in school (early arrival and late departure)
- Attendance at school infrequent
- Constant fatigue, falling asleep in class
- Alcohol and drug abuse
- States there is no caretaker

Parent's behavioral indicators

- Misuses alcohol or other drugs
- Has disorganized, upsetting home life
- Is apathetic, feels nothing will change
- Is isolated from friends, relatives, neighbors
- Has long-term chronic illness
- Cannot be found
- Has history of neglect as a child
- Exposes child to unsafe living conditions
- Evidences limited intellectual capacity



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Emotional Maltreatment Indicators

Child's physical indicators

- Speech disorders
- Lags in physical development
- Failure to thrive

Child's behavioral indicators

- Habit disorders (sucking, rocking, etc.)
- Conduct disorders (fighting in school, antisocial, destructive, etc.)
- Neurotic traits (sleep disorders, speech disorders, inhibition of play)
- Psychoneurotic reactions (hysteria, obsessions, compulsions, phobias, hypochondria)
- Behavioral extremes (compliant, passive, shy, aggressive, demanding)
- Overly adaptive behavior (inappropriately adult or inappropriately infantile)
- Developmental lags (physical, mental, emotional)
- Attempted suicide or gestures, self-mutilation

Parent's behavioral indicators

- Treats children in family unequally;
- Doesn't seem to care much about child's problems;
- Blames or belittles child;
- Is cold and rejecting;
- Inconsistent behavior toward child.



Tune In for Child Safety

Sexual Abuse Indicators

Child's physical indicators

- Difficulty in walking or sitting;
- Torn, stained or bloody underclothing;
- Pain or itching in genital area;
- Bruises or bleeding in external genitalia, vaginal or anal areas;
- Sexually transmitted disease (especially in pre-adolescent age group, includes venereal oral infections);
- Pregnancy, especially in early adolescent years.

Child's behavioral indicators

- Unwilling to change for gym or participate in physical education class;
- Withdrawal, fantasy or infantile behavior;
- Bizarre, sophisticated or unusual sexual behavior or knowledge;
- Poor peer relationships;
- Aggressive or disruptive behavior, delinquency, running away, or school truancy;
- Reports sexual assault by caretaker;
- Exaggerated fear of closeness or physical contact.

Parent's behavioral indicators

- Very protective or jealous of child;
- Encourages child to engage in prostitution or sexual acts in the presence of caretaker;
- Misuses alcohol or other drugs;
- Is geographically isolated and/or lacking in social and emotional contacts outside the family;
- Has low self-esteem.

Tune In for Child Safety

Making the Call

Oral reports must be followed within 48 hours by a written report to the local CPS. A copy of the current Mandated Reporter Form (LDSS Form 2221-A) can be obtained by contacting your local CPS office, or by accessing the OCFS mandated reporters Web page at www.ocfs.state.ny.us and clicking on the "Child Protective Services" or "How Do I Report Abuse?" buttons.

Reporting Center Numbers

Statewide Central Register for Child Abuse and Maltreatment

Mandated Reporter Telephone Number: 1-800-635-1522

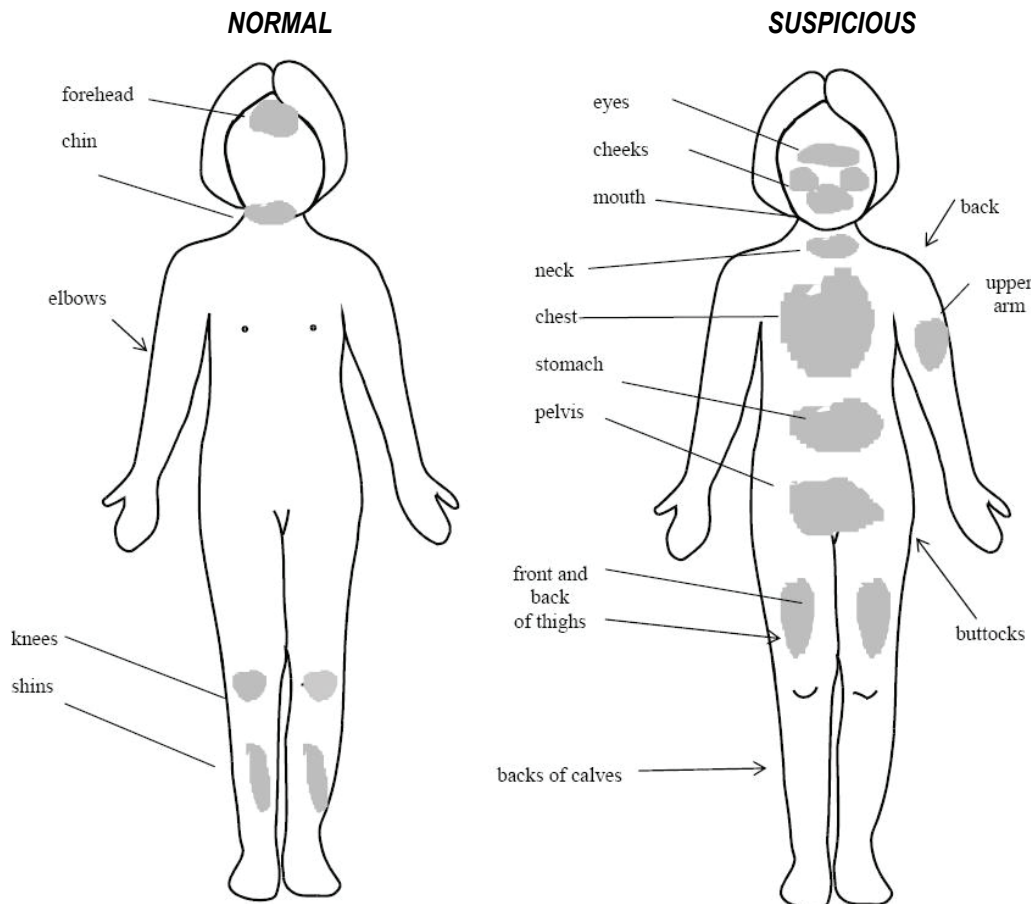
*Use this number when reporting suspicions **within** your professional capacity*

Non-Mandated Reporter Telephone Number: 1-800-342-3720

*Use this number when reporting suspicions **outside** your professional capacity*

or 311 (New York City only)

Normal and Suspicious Bruising Areas





NYS Child Protective Services System

LDSS-2221A (Rev. 9/2007) FRONT

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

List all children in household, adults responsible and alleged subjects.

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

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

RELATIONSHIP

Med. Exam/Coroner Physician Hosp. Staff Law Enforcement Neighbor Relative Instit. Staff

Social Services Public Health Mental Health School Staff Other (Specify) _____

| | | | |
|---|--|---|---------------------------|
| For Use By Physicians Only | Medical Diagnosis on Child | Signature of Physician who examined/treated child | (Area Code) Telephone No. |
| | 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 About To Be Taken

| | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Medical Exam | <input type="checkbox"/> X-Ray | <input type="checkbox"/> Removal/Keeping | <input type="checkbox"/> Not. Med Exam/Coroner |
| <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.

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LDSS-2221A (Rev. 9/2007) REVERSE

TO ACCESS THE LDSS-2221-A FORMS: Via Internet: <http://www.ocfs.state.ny.us/main/forms/cps/>
Via Intranet: <http://ocfs.state.ny.net/admin/forms/SCR/> or

TO ORDER A SUPPLY OF FORMS: access (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, what form number you need, how many 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 <i>(Choose One)</i> | | ROLE CODE <i>(Choose One)</i> | LANGUAGE CODE <i>(Choose One)</i> | |
|--------------------------------------|---|---|---------------------------|--------------------------------------|--------------------------------------|----------------|
| AA: Black or African-American | <i>(Check Only If Hispanic/ Latino)</i> | AU: Aunt/Uncle | XX: Other | AB: Abused Child | CH: Chinese | KR: Korean |
| AL: Alaskan Native | | CH: Child | PA: Parent | MA: Maltreated Child | CR: Creole | MU: Multiple |
| AS: Asian | | GP: Grandparent | PS: Parent Substitute | AS: Alleged Subject (Perpetrator) | EN: English | PL: Polish |
| NA: Native American | | FM: Other Family Member | UH: Unrelated Home Member | NO: No Role | FR: French | RS: Russian |
| PI: Native Hawaiian/Pacific Islander | | FP: Foster Parent | UK: Unknown | UK: Unknown | GR: German | SI: Sign |
| WH: White | | DC: Daycare Provider | IAB REPORTS ONLY | | HI: Hindi | SP: Spanish |
| XX: Other | | | AR: Administrator | IN: Instit. Non-Prof | HW: Hebrew | VT: Vietnamese |
| UNK: Unknown | | | CW: Child Care Worker | IP: Instit. Pers/Vol. | IT: Italian | XX: Other |
| | | | DO: Director/Operator | PI: Psychiatric Staff | JP: Japanese | |

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-2221-A form originally signed to: the County Department of Social Services where the abused/maltreated child resides.

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.



Tune In for Child Safety

To access the LDSS-2221-A form online:

-  **Internet:** <http://www.ocfs.state.ny.us/main/forms/cps/>
-  **Intranet:** <http://ocfs.state.nyenet/admin/forms/SCR/> or

To order forms:

-  **Access OCFS-4627: Request for Forms and Publications**, from either site, fill it out and send hard copy to:

**The Office of Children and Family Services
Resource Distribution Center
11 4th Avenue
Rensselaer, NY 12144.**

If you have difficulty accessing a form from either site, you can call **The Forms Hot Line at 518-473-0971** and leave a detailed message, including your name, address, city, state, what form number you need, how many and a phone number in case we need to contact you.



Tune In for Child Safety

Mandated Reporter Resources

New York State Office of Children
and Family Services
www.ocfs.state.ny.us/main

New York City Administration
for Children's Services
www.nyc.gov/html/acs/html/home/home.shtml

The Safety First Office
www.nyc.gov/html/acs/html/child_safety/ombudsman.shtml

The New York City Department of Health and
Mental Hygiene – Bureau of Day Care
2 Lafayette Street, 22nd. Floor, CN 68
New York, NY 10007
(212)676-2444 or (212) 676-2424
nyc.gov/health

Mandated Reporter Hotline
(Statewide Central Register):
1-800-635-1522 or 311 (New York City only)
Public Hotline: 1-800-342-3720

Mandated Reporter Resource Center Website
www.bsc-cdhs.org/mr/

ACS Field Offices – Mail Completed DSS 2221-A Forms

Bronx

Attn: Deputy Director for Admin
NYC Administration for Children's Services
2501 Grand Concourse, 5th Floor
Bronx, NY 10453
718-933-1212

Brooklyn

Attn: Deputy Director for Admin
NYC Administration for Children's Services
2554 Linden Boulevard
Brooklyn, NY 11208
718-623-4975

Manhattan

Attn: Deputy Director for Admin
NYC Administration for Children's Services
150 William Street, 3rd Floor
New York, NY 10038
212-676-7055

Queens

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

Staten Island

Attn: Child Protective Manager for Admin
350 St. Marks Place
Staten Island, NY 10301
718-720-2833



Tune In for Child Safety

Additional Resources

Child Abuse Information and Prevention

New York Society for the Prevention of
Cruelty to Children (NYSPCC)
www.nyspcc.org

Prevent Child Abuse New York
www.preventchildabuse.ny.org

New York State Resources

New York State Government
www.state.ny.us

New York State Office of Mental Health
www.omh.state.ny.us

New York State Council on
Children and Families
www.ccf.state.ny.us

New York State Office of Temporary
and Disability Assistance
www.otda.state.ny.us

NYC Child Advocacy Centers

Bronx

Montefiore Child Protection Center
3314 Steuben Avenue
Bronx, NY 10467
Tel: 718 920 6429 ♦ Fax: 718 405 6149
www.montekids.org/programs/cpc
Email: kamarant@montefiore.org
Contact: Karel Amaranth, Exec. Director

St. Barnabas Hospital Child Protection Program
Union Community Health Center
260 East 188th Street, 5th Floor
Bronx, NY 10458
Tel: 718-220-2020, ext 8915 ♦ Fax: 718-960-3773
www.stbarnabashospital.org/Services/cac.htm
Email: lynn_hamberg@stbarnabas-ny.org
Contact: Lynn Hamberg, Pgm. Coordinator

Brooklyn

Jane Barker Brooklyn Child Advocacy Center
320 Schermerhorn Street
Brooklyn, NY 11217
Tel: 718 330 5405 ♦ Fax: 718 330 5648
[www.safehorizon.org/
page.php?nav=rl_cac&page=cac_about](http://www.safehorizon.org/page.php?nav=rl_cac&page=cac_about)
Email: jleatherman@safehorizon.org
Contact: John Leatherman, Sr. Director

New York

Children's Advocacy Center of Manhattan
333 East 70th Street
New York, NY 10021
Tel: 212 517 3012 ♦ Fax: 212 517 6738
www.childhelpusa.org/manhattan
Email: cacny@att.net
Contact: Christine Crowther, Admin. Director

Morgan Stanley Children's Hospital of NY
622 West 168th Street
New York, NY 10032
Tel: 212 305 2393 ♦ Fax: 212 305 8819
Email: jb58@columbia.edu
Contact: Dr. Jocelyn Brown, Medical Dir.



Tune In for Child Safety

Frances L. Loeb Child Protection
and Development Center
Bellevue Hospital
462 First Avenue, Room GC65
New York, NY 10016
Tel: 212 562 6073 ♦ Fax: 212 562 6049
www.childrenofbellevue.org/html/programs.htm
Email: mchughm01@med.nyu.edu
Contact: Dr. Margaret McHugh, Medical Dir.

Mt. Sinai Child and Family Support Program
1 Gustave Levy Place, Box 1198
New York, NY 10029
Tel: 212 241 5866 ♦ Fax: 212 241 8738
Email: danielle.laraque@mssm.edu
Contact: Dr. Danielle Laraque, Medical Dir.

New York Presbyterian Weill Cornell
Medical Child Protection Center
520 East 68th Street, Box 205
New York, NY 10021
Tel: 212 746 1308 ♦ Fax: 212 746 4832
Email: phydenmd@aol.com
Contact: Dr. Philip Hyden, Pgm. Director

Queens

Queens Child Advocacy Center
112-25 Queens Boulevard
Forest Hills, NY 11375
Tel: 718 575 1342 ♦ Fax: 718 575 1645
[www.safehorizon.org/
page.php?nav=rl_cac&page=cac_about](http://www.safehorizon.org/page.php?nav=rl_cac&page=cac_about)
Email: mshapiro@safehorizon.org
Contact: Myra Shapiro, Sr. Director

Richmond

Staten Island Child Advocacy Center
280 Richmond Terrace
Staten Island, NY 10301
Tel: 718 556 0845 ♦ Fax: 718 556 0846
[www.safehorizon.org/
page.php?nav=rl_cac&page=cac_about](http://www.safehorizon.org/page.php?nav=rl_cac&page=cac_about)
Email: gdiacomanolis@safehorizon.org
Contact: Gena Diacomanolis, Sr. Director