



**DOH**  
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.**

**Page 1 of 7**

On November 13<sup>th</sup>, 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 1<sup>st</sup>, 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.”*<sup>1</sup>

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.

## **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

<sup>i</sup> Pertains to Onondoga and Monroe Counties Only

# 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

### **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  
**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)	Birthday or Age Mo/Day/ Yr	Race Code	Ethnicity (Ck <b>Only</b> 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	(Area Code) TELEPHONE
ADDRESS		ADDRESS	
AGENCY/INSTITUTION		AGENCY/INSTITUTION	

**RELATIONSHIP**

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

<b>For Use By Physicians Only</b>	Medical Diagnosis on Child	Signature of Physician who examined/treated child	(Area Code) Telephone No.
	Hospitalization Required: <input type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks		
Actions Taken Or <input type="checkbox"/> Medical Exam <input type="checkbox"/> X-Ray <input type="checkbox"/> Removal/Keeping <input type="checkbox"/> Not. Med Exam/Coroner			
About To Be Taken <input type="checkbox"/> Photographs <input type="checkbox"/> Hospitalization <input type="checkbox"/> Returning Home <input type="checkbox"/> Notified DA			
Signature of Person Making This Report:		Title	Date Submitted Mo. Day Yr.
<b>X</b>			

**TO ACCESS A COPY OF THE LDSS-2221A FORM:** Via Internet: <http://www.ocfs.state.ny.us/main/forms/cps/>  
Via Intranet: <http://ocfs.state.nyenet/admin/forms/SCR/> OR

**TO ORDER A SUPPLY OF FORMS ACCESS FORM (OCFS-4627) Request for Forms and Publications**, from either site above, fill it out and send to: **Office of Children and Family Services, Resource Distribution Center, 11 Fourth Ave, Rensselaer, NY 12144.**

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

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

RACE CODE	ETHNICITY CODE	RELATION CODES FAMILIAL REPORTS (Choose One)		ROLE CODE (Choose One)	LANGUAGE CODE (Choose One)	
AA: Black or African-American	<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			HI: Hindi	SP: Spanish
XX: Other		<b>IAB REPORTS ONLY</b>			HW: Hebrew	VT: Vietnamese
UNK: Unknown		AR: Administrator	IN: Instit. Non-Prof		IT: Italian	XX: Other
		CW: Child Care Worker	IP: Instit. Pers/Vol.		JP: Japanese	
		DO: Director/Operator	PI: Psychiatric Staff			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

STAPLE TO LDSS-2221A (IF NEEDED)

**REPORT OF SUSPECTED  
CHILD ABUSE OR MALTREATMENT**

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

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

**PERSON MAKING  
THIS REPORT:** \_\_\_\_\_

**Print clearly if filling out hard copy.**

<p><b>Continued:</b> 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.</p>	<p>(If known, give time/date of alleged incident)</p> <p>MO DAY YR</p> <p>Time : <input type="checkbox"/> AM <input type="checkbox"/> PM</p>
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# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
*Commissioner*

Dennis P. Whalen  
*Executive Deputy Commissioner*

March 6, 2002

Dear EMS Agency:

In an earlier letter we shared that effective February 1, 2002, emergency medical technicians (EMTs) are required to report suspected cases of child abuse or maltreatment to the New York State central child abuse registry. We had also provided a copy of the Department of Health's Policy Statement # 02-01, which describes how EMTs and ambulance services are to comply with this new reporting requirement.

At this time we would like to clarify a few issues that have come to our attention concerning the reporting of suspected child abuse cases by EMTs. Listed below is a summary of these issues:

1. EMTs are not required to take a course on how to comply with the reporting requirements. However, Regional EMS Councils, EMS services, EMS Course Sponsors and other interested parties may offer an overview of the legislation and guidelines on how best to achieve the desired results within their community or EMS agency. Such a course may be designed to meet the continuing medical education requirements of the Pilot Project.
2. For the time being, EMTs are required to be the reporter of record for suspected cases even if the child is transported and admitted to a hospital. EMTs can not and should not transfer the responsibility for reporting a suspected case to hospital personnel or any other health provider.
3. If there are multiple EMTs responding to a call from the same EMS agency, it is only necessary for the EMT of record (in-charge of patient care) from that agency to submit the required form. This may be confusing when there are multiple agencies responding, treating, and transporting the same patient. The EMT of record from each agency must file a separate report.
4. Reporting Procedures: An oral report must be made immediately to the NYS Child Abuse and Maltreatment Register at 1-800-635-1522. This must be followed by a written report, using Form DSS-2221-A, within 48 hours to the **local child protective services for where the child resides**. The only time Form DSS-2221-A is to be sent directly to the NYS Central Register is when the child resides in a Residential Institution.
5. EMS agencies are reminded that they must update their policies and procedures with regards to their personnel reporting child abuse and/or neglect. These policies and procedures need to reflect the guidelines in BEMS policy statement #02-01 as well as the required local reporting procedures for their area.
6. It is understood that EMTs will need to complete the DSS-2221-A form after an emergency situation. EMTs are not expected to have the form filled out in its entirety. EMTs should fill out as much information as possible, with the limited information they have and submit the form to their local child protective service who will obtain the rest of the information on the form.

7. The Bureau of EMS encourages EMS agencies to continue to have open dialogue with their local Child Protective Service to better understand issues at the local level

For assistance on how best EMTs and/or ambulance services can meet the new reporting requirements, please contact the Bureau of EMS at 518-402-0996 Ext. 1, 4 (Education Unit). . EMTs should refrain from contacting the NYS Central Register. The Requirement to Report Instances of Suspected Child Abuse or Maltreatment Policy Statement is accessible at [www.health.state.ny.us](http://www.health.state.ny.us) (click on providers for EMS webpage). If you have questions about the mandatory reporter program, please visit the New York State Office of Children and Family Services at <http://www.ocfs.state.ny.us> or contact them at 518-474-4670.

Thank you for your cooperation with this important reporting initiative.

Sincerely,



Edward G. Wronski, Director  
Bureau of Emergency Medical Services

cc: Regional EMS Councils  
Regional Emergency Medical Advisory Committees  
EMS Course Sponsors

## **New Requirement for Employers of Persons Mandated to Report Potential Child Abuse in New York State**

Legislation that became effective on October 31, 2005 requires certain employers to provide information to their employees on recognizing unlawful methamphetamine laboratories. If you are an employer of persons mandated to report potential child abuse in New York State and your employees visit the residences of children, you must provide your employees with information on recognizing the signs of a clandestine methamphetamine laboratory.

These unlawful laboratories and the people who operate them can pose a serious threat. Dangerous chemicals are used and discarded when the drug is produced, and the people making the drug may be violent. Children and others who live on the premises are at risk from exposure to the toxic chemicals that are used or formed during the manufacturing process. Clandestine laboratories may also endanger others who visit them, including your employees.

A brochure, "How to Recognize the Signs of a Clandestine Methamphetamine Laboratory," has been developed to assist employers with providing information to their employees.

- We recommend that each employee who visits locations where children reside be given a copy of this brochure.
- If an employee suspects a methamphetamine laboratory, (s)he should leave the premises and contact local law enforcement

This document was developed by a collaboration of New York State Agencies to assist the mandated reporter referenced above, along with police, firefighters, ambulance personnel, and any other interested party. It identifies and provides pictures of telltale signs and includes directions as to how to proceed and report the suspicion.

The brochure may be downloaded and printed from the New York State Office of Alcoholism and Substance Abuse Services (OASAS) website at:

[www.oasas.ny.gov/meth/trifold.cfm](http://www.oasas.ny.gov/meth/trifold.cfm)

Additional information about methamphetamine and clandestine laboratories is also available at this website.