

NEW YORK STATE  
DEPARTMENT OF SOCIAL SERVICES  
40 NORTH PEARL STREET  
ALBANY, NEW YORK 12243

AUGUST 12, 1988

CESAR A. PERALES  
COMMISSIONER

MR. CHARLES LAKE  
RT. 32A BOX 165  
PALENVILLE, N.Y.

RE: REPORT OF SUSPECTED CHILD  
ABUSE OR MALTREATMENT  
NYS REGISTER # 852711

DEAR MR. LAKE

RECENTLY YOU WERE NOTIFIED OF THE EXISTENCE OF A REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT UNDER THE ABOVE REGISTRY NUMBER. THE ORIGINAL NOTIFICATION EXPLAINED THAT THE MATTER WAS UNDER INVESTIGATION.

WE CAN NOW INFORM YOU THAT AS A RESULT OF THE ASSESSMENT MADE BY THE LOCAL CHILD PROTECTIVE SERVICE, NO CREDIBLE EVIDENCE WAS FOUND TO BELIEVE THAT THE CHILD(REN) HAS BEEN ABUSED OR MALTREATED. THE REPORT HAS, THEREFORE, BEEN CONSIDERED "UNFOUNDED".

IN ACCORDANCE WITH THE LAW, ALL INFORMATION THAT IN ANY WAY WOULD IDENTIFY PERSONS NAMED IN THIS REPORT HAS BEEN EXPUNGED (ERASED) FROM THE NEW YORK STATE CHILD ABUSE AND MALTREATMENT REGISTER. THE LOCAL CHILD PROTECTIVE SERVICE HAS ALSO BEEN NOTIFIED TO EXPUNGE ALL SUCH IDENTIFYING INFORMATION FROM THE LOCAL CHILD ABUSE AND MALTREATMENT REGISTER.

THESE ACTIONS ARE DONE ROUTINELY AND DO NOT REQUIRE ANY ACTION BY YOU. HOWEVER IF YOU HAVE ANY QUESTIONS CONCERNING THIS LETTER, PLEASE CONTACT THE NEW YORK STATE CHILD ABUSE AND MALTREATMENT REGISTER.

SINCERELY,



SANFORD R. BERMAN, ACTING DIRECTOR  
STATE OPERATIONS  
DIVISION OF SERVICES

(SCR 1 - REV. 3/78)  
GREENE COUNTY  
UNIT 881  
WORKER 003

NEW YORK STATE  
DEPARTMENT OF SOCIAL SERVICES  
40 NORTH PEARL STREET  
ALBANY, NEW YORK 12243

AUGUST 12, 1988

CESAR A. PERALES  
COMMISSIONER

MS. JOANNE TORRISI  
RT 32A BOX 165  
PALENVILLE, N.Y.

RE: REPORT OF SUSPECTED CHILD  
ABUSE OR MALTREATMENT  
NYS REGISTER # 852711

DEAR MS. TORRISI

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GREENE COUNTY  
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Dear

*Mr. & Mrs. Lake,*

RE: NYS REGISTER # 874004

This is to inform you that you are the subject or other person named in a report of suspected child abuse or maltreatment received by the New York State Child Abuse and Maltreatment Register (State Central Register) on August 26, 1988. This report has been transmitted to your local child protective service for commencement of an investigation and evaluation of the report as required by the New York State Child Protective Services Act.

The Law allows your local Child Protective Service 90 days from the time of the receipt of the report to complete a full investigation of the allegations contained within the report as well as an evaluation of the care being provided to your child(ren). You will be notified in writing of the findings of the investigation. Where appropriate, services will be offered to assist you and your family.

If the report is determined to be "unfounded" meaning that there is no credible evidence (i.e., evidence worthy of belief), all information which would identify the subject(s) or other persons named in the report will be expunged (destroyed) from the State and local register. If the report is determined to be "indicated" [(there is some credible evidence of abuse or maltreatment to the child(ren))], it will remain in the State Central Register.

This report is confidential and can only be released to certain authorized persons accorded rights to access by State Law. As the subject or other person named in the report, you have a right to request a copy of all information contained in the State Central Register. However, the Commissioner of the New York State Department of Social Services may withhold information identifying the person making the report or cooperating in the subsequent investigation where the Commissioner reasonably determines that the release of this information would be detrimental to that person's safety or interests.

After the investigation is completed and if the report is determined to be "indicated", if you are the subject of the report you have the right to request the Commissioner of the New York State Department of Social Services to amend (change) or expunge (destroy) the record if you believe that it is inaccurate. The subject of the report is the person(s) responsible for causing or allowing to be inflicted, injury, abuse or maltreatment to the children.

If you wish to receive a copy of the information contained in the State Central Register, please write to:

New York State Department of Social Services  
Child Abuse and Maltreatment Register  
40 North Pearl St.  
Albany, New York 12243

This written request should include your full name, the full name(s) of the ~~child(ren) named in the report~~, your address and the New York State Register number given in the upper right hand corner of this letter.

*Shelley L. James*

CASEWORKER

518-943-3200

TELEPHONE NUMBER

*Carol W. Wallace*

COMMISSIONER

*William J. ...*

SUPERVISOR OF CHILD  
PROTECTIVE SERVICES

SENIOR CASEWORKER