Mandated Reporter Training for Community Providers

State of Connecticut – Department of Children and Families

*No Children have been harmed for this production. All photographs used are of studio models.*
"Working together with families and communities for children who are healthy, safe, smart and strong."

**Seven Cross Cutting Themes:**

- Implementing strength-based family policy, practice and programs;
- Applying the neuroscience of early childhood and adolescent development;
- Expanding trauma-informed practice and culture;
- Addressing racial inequities in all areas of our practice;
- Building new community and agency partnerships;
- Improving leadership, management, supervision and accountability; and
- Becoming a learning organization.
Purpose of Mandated Reporter Training

- Provide information
- To keep you up to date with your roles, responsibilities and changes in the law and possible preventive measures you can take to protect yourselves as well as the children and families you serve
- To hear concerns, answer questions, and develop ways to work together to better protect children
Who Must Report

Connecticut General Statutes (State law) identify professionals who, because their work involves regular contact with children, are mandated by law to report suspected child abuse and neglect.
Who Must Report

- Any person paid to care for a child in any public or private facility, child day care center, group day care home or family day care home which is licensed by the State.
- The Child Advocate and any employee of the Office of the Child Advocate
- Chiropractors
- Dental Hygienists
- Dentists
- Department of Children and Families Employees
- Department of Public Health / Office of Early Childhood employees responsible for the licensing of child day care centers, group day care homes, family day care homes or youth camps.
- Domestic Violence Counselor
- Family Relations Counselor, Family Relations Counselor Trainee, or Family Services Supervisor employed by the Judicial Department
- Licensed/Certified Alcohol and Drug Counselors
- Licensed Behavior Analysts*
- Licensed/Certified Emergency Medical Services Providers
- Licensed Foster Parents
- Licensed Marital and Family Therapists
- Licensed or Unlicensed Resident Interns
- Licensed or Unlicensed Resident Physicians
- Licensed Physicians
- Licensed Practical Nurses
- Licensed Professional Counselors
- Licensed Surgeons
- Medical Examiners
- Members of the Clergy
- Mental Health Professionals
- Optometrists
- Parole Officers (Juvenile or Adult)
- Pharmacists
- Physical Therapists
- Physician Assistants
- Podiatrists
- Police Officers
- Probation Officers (Juvenile or Adult)
- Professionals identified in Public Act 14-186
- Psychologists
- Registered Nurses
- School Employees (defined in section 53a-65 of CGS)
- Sexual Assault Counselors
- Social Workers

* New as of July 1, 2018
Who Must Report: Public Act No. 14-186

- (11) any person who **holds** or is **issued a coaching permit by the State Board of Education**, is a coach of intramural or interscholastic athletics and is eighteen years of age or older,

- (12) any individual who is employed as a coach or director of youth athletics and is **eighteen years of age or older**, 

- (13) any individual who is employed as a coach or director of a private youth sports organization, league or team and is eighteen years of age or older,

- (14) any **paid** administrator, faculty, staff, athletic director, athletic coach or athletic trainer employed by a public or private institution of **higher education** who is eighteen years of age or older, excluding student employees,

- (35) any paid youth camp director or assistant director.
Mandated Reporters are required to report or cause a report to be made when, in the ordinary course of their employment or profession, they have reasonable cause to suspect or believe that a child under the age of 18 has been abused, neglected or is placed in imminent risk of serious harm (CGS 17a-101a).

A Mandated Reporter must report any suspicion to DCF or law enforcement regardless of the identity of the alleged perpetrator.
Reasonable Cause to Suspect

- Observed
- Allegations
- Facts or statements by a child, victim, or third party

**CERTAINTY OR PROBABLE CAUSE IS NOT REQUIRED**
Definitions: Abuse

Connecticut General Statutes, Section 46b-120, defines an abused child as a child or youth less than 18 years of age who:

- Has had physical injuries inflicted upon him or her other than by accidental means, or
- Has injuries which are at variance with the history given of them, or
- Is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation or exploitation, deprivation of necessities, emotional maltreatment, or cruel punishment.
Possible Indicators of Sexual Abuse

Physical

- Chronic gastrointestinal complaints
- Unexplained bruises, lacerations, redness, swelling, or bleeding in the genital, vaginal, or anal areas.
- Complaints of genital or rectal pain
- Sexually transmitted disease
  - Child Under 13 with Venereal Disease
    a physician or facility must report to Careline upon the consultation, examination or treatment for venereal disease of any child not more than twelve (12) years old
- Pregnancy
Possible Indicators of Sexual Abuse

Emotional/Behavioral

- Fire setting
- Cruelty to animals
- Sexually aggressive, manipulative of children
- Truancy
- Engages in self-destructive behaviors
  - Substance abuse
  - Suicide attempts
  - Cutting
  - Prostitution
  - Inability to eat or overeating
- Bedwetting or soiling
- Wears an excessive amount of clothing
- Promiscuity or avoidance of sexuality
The **general** age of consent in Connecticut is 16. This applies in most normal relationships. However, if any of the following apply, then the age of consent becomes 18:

- Where one person is a guardian, or responsible for the general supervision, of the other. See C.G.S. § 53a-71(a)(4).

- Where one person is an **athletic coach** or an intensive, ongoing instructor (e.g. piano teacher) outside of a school setting, and the other is being coached or instructed. See C.G.S. § 53a-71(9)(B).

- Where one person's professional, legal, occupational or volunteer status gives him/her a role of supervision, power, or authority, over the other's participation in a program or activity, and the older person is at least 20-years-old. See C.G.S. § 53a-71(a)(4).
Age of Consent for Sexual Activity

Age of consent is *irrelevant* in the following; as even consensual adult sexual activity is *criminalized* in these relationships:

- Where one person is a school employee (of the board of education, by extension excluding post-secondary schools) and the other a student. See C.G.S. § 53a-71(a)(8)

- Where one person is an athletic coach or an intensive, ongoing instructor (e.g. piano teacher) in a secondary (high school) setting and the other a student. See C.G.S. § 53a-71(9)(A)
HUMAN TRAFFICKING

Commercial Sexual Exploitation of Children (CSEC). Sexual abuse of a child (under the age of 18) by another person in return for payment in money or in kind, paid to the child or to one or more third parties. CSEC includes child pornography, trafficking in children for sexual purposes, child sex tourism and child marriage when payment is exchanged.

Domestic Minor Sex Trafficking (DMST). Sexual abuse of a child (under the age of 18) by another person in return for payment in money or in kind, paid to one or more third parties.

Visit DCF website for additional resources, information, and access to training:
www.ct.gov/dcf
Neglect

- Has been abandoned; or

- Is being denied proper care and attention, physically, educationally, emotionally, or morally; or

- Is being permitted to live under conditions, circumstances, or associations injurious to his well-being.
Educational Neglect occurs when a child 5 years of age and older and under 18 years of age has excessive absences from school through the intent or neglect of the parent or caregiver.

**NOTE**: Excessive absenteeism or school avoidance may be symptoms of other physical, emotional, or medical needs.
A child **age 5 or 6** is not required to attend school. Educational neglect only occurs if the child is enrolled at 5 or 6 and does not attend school or receive home instruction.

For children **older than 12**, excessive absences through the child’s intent, despite the parents’ or caregivers efforts, is **truancy**. Truancy is handled through the school district.

A parent or person having control of a child **17 years of age** may consent to the child’s withdrawal from school by personally appearing and signing a withdrawal form.
Medical Neglect

- The refusal or failure on the part of the person responsible for the child's care to seek, obtain, and/or maintain those services for necessary medical, dental, or mental health care.

- Withholding medically indicated treatment from disabled infants with life-threatening conditions.

Note: Failure to provide the child with immunizations or routine well child care in and of itself does not constitute medical neglect.
Child Left Alone in Motor Vehicle or Place of Public Accommodation

CGS Section 53-21a

Sec. 53-21a. Leaving child unsupervised in place of public accommodation or motor vehicle.

(a) Any parent, guardian or person having custody or control, or providing supervision, of any child under the age of twelve years who knowingly leaves such child unsupervised in a place of public accommodation or a motor vehicle for a period of time that presents a substantial risk to the child's health or safety, shall be guilty of a class A misdemeanor.
Whom Does DCF Investigate?

The Department will investigate cases where the abuse or neglect has been inflicted by or caused by

a **person responsible or entrusted** for a child’s health, welfare, or care;

or by a **person given access** to a child

by a person responsible.
“Person Responsible”

- Parent
- Guardian
- Foster parent
- Staff personnel of child center based, family or group day care settings
- Staff employees of residential child care settings and that individual responsible for a child’s health, welfare, or care and is allegedly responsible for causing or allowing the infliction of physical injury or injuries or imminent risk.
“Person Entrusted”

Anyone given access to child or youth by a person who is responsible for the health, welfare, or care of a child or youth for the purpose of providing education, child care, counseling, spiritual guidance, coaching, training, instruction, tutoring, or mentoring of such child or youth.
Reporting Procedures

When –
As soon as practical, but no later than 12 hours after the mandated reporter becomes aware of or suspects abuse/neglect or imminent risk of serious harm or that a mandated reporter must notify DCF

To Whom –
DCF Careline: 1-800-842-2288; or calling the local law enforcement agency

- A written report (DCF 136) is required by law to be written and submitted within 48 hours of oral report.
- **ORAL REPORT TO CARELINE IS REQUIRED**
- DCF-136 will not be accepted without oral report being made
Preliminary Investigation

- A mandated reporter should not conduct his/her own investigation prior to making a report.

- If abuse or neglect is suspected, a referral should be made to the DCF Careline. 1-800-842-2288
All oral and written reports shall contain the following information if known:

1. The names and addresses of the child and his parents or other person responsible for his care;
2. The age of the child;
3. The gender of the child;
4. The nature and extent of the child's injury or injuries, maltreatment or neglect;
5. The approximate date and time the injury or injuries, maltreatment or neglect occurred;
6. Information concerning any previous injury or injuries to, or maltreatment or neglect of, the child or his siblings;
7. The circumstances in which the injury or injuries, maltreatment or neglect came to be known to the reporter;
All oral and written reports shall contain the following information if known:

8. The name of the person or persons suspected to be responsible for causing such injury or injuries, maltreatment or neglect;

9. The reasons such person or persons are suspected of causing such injury or injuries, maltreatment or neglect;

10. Any information concerning any prior cases in which such person or persons have been suspected of causing an injury, maltreatment or neglect of a child;

11. Whatever action, if any, was taken to treat, provide shelter or otherwise assist the child (PA 11-93 §15). Items 9 and 10 are new.
# Report of Suspected Child Abuse or Neglect: Form DCF - 136

<table>
<thead>
<tr>
<th>Field</th>
<th>Instructions</th>
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<tbody>
<tr>
<td>Child’s Name</td>
<td>Please print or type</td>
</tr>
<tr>
<td>M/F</td>
<td>Age Or DOB</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>Hispanic</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>White (not of Hispanic origin)</td>
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<tr>
<td>Black/African American (not of Hispanic Origin)</td>
<td>Unknown</td>
</tr>
<tr>
<td>Hispanic</td>
<td>Other</td>
</tr>
<tr>
<td>Child’s Address</td>
<td></td>
</tr>
<tr>
<td>Name Of Parents Or Other Person Responsible For Child’s Care</td>
<td>Address</td>
</tr>
<tr>
<td>Name Of Careline Worker To Whom Oral Report Was Made</td>
<td>Date Of Oral Report</td>
</tr>
<tr>
<td>Name Of Suspected Perpetrator, If Known</td>
<td>Address And Phone Number, If Known</td>
</tr>
<tr>
<td>Nature And Extent Of Injury(ies), Maltreatment Or Neglect</td>
<td>Relationship To Child</td>
</tr>
<tr>
<td>Describe The Circumstances Under Which The Injury(ies), Maltreatment Or Neglect Came To Be Known</td>
<td></td>
</tr>
<tr>
<td>Describe the Reasons Such Persons(s) Are Suspected of Causing Such Injuries, Maltreatment of Neglect</td>
<td></td>
</tr>
<tr>
<td>Information Concerning Any Previous Injury(ies), Maltreatment Or Neglect Of The Child Or His/Her Siblings</td>
<td></td>
</tr>
<tr>
<td>Information Concerning Any Prior Cases(s) In Which The Person(s) Have Been Suspected Of Causing An Injury(ies), Maltreatment Or Neglect Of A Child</td>
<td></td>
</tr>
<tr>
<td>List Names And Ages Of Siblings, If Known</td>
<td></td>
</tr>
<tr>
<td>What Action, If Any, Has Been Taken To Treat, Provide Shelter Or Otherwise Assist The Child?</td>
<td></td>
</tr>
</tbody>
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**REPORTER SECTION**

<table>
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<th>Field</th>
<th>Instructions</th>
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<tr>
<td>Reporter’s Name And Agency</td>
<td>American Indian or Alaskan Native</td>
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<td>Asian/Pacific Islander</td>
<td>Black/African American (not of Hispanic Origin)</td>
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<tr>
<td>Hispanic</td>
<td>White (not of Hispanic origin)</td>
</tr>
<tr>
<td>Prefer Not to Answer</td>
<td>Other</td>
</tr>
<tr>
<td>Address :</td>
<td>Phone Number</td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>Reporter’s Signature</td>
<td>Position</td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>
Careline Contact Information

Child Abuse and Neglect Careline
505 Hudson Street
Hartford, CT 06106
Phone: 1-800-842-2288
(FAX): 860-560-7073
When DCF Notifies the Police

When DCF receives a report alleging sexual abuse or serious physical abuse, including, but not limited to, a report that a child has:

- Died;
- Been sexually assaulted;
- Suffered brain damage, loss, or serious impairment of a bodily function or organ;
- Been sexually exploited; or
- Suffered serious non-accidental physical injury

**DCF will notify the appropriate police department within 12 hours of the receipt of such report.**
Confidentiality & Anonymity
Anonymity

The name of the reporter of child abuse/neglect shall be kept confidential upon his/her request. However, it shall be disclosed to:

- A DCF Employee
- A Law Enforcement Officer
- An Appropriate State’s Attorney
- An Appropriate Assistant Attorney General
- A Judge and all necessary parties in a Juvenile Court proceeding or criminal prosecution involving child abuse and neglect
- A State Child Care Licensing Agency, Executive Director of any institution, school or facility, or Superintendent of Schools.

Mandated Reporters are required to give their name when they make a report to DCF, however, reporters may request anonymity to protect their privacy.

DCF would not disclose their name or identity unless mandated to do so by the law. (CGS 17a-28 and 17a-101)
Legal Protections for Reporting & Consequences for Failing to Report
Immunity –
Any person, institution, or agency which in good faith makes a report pursuant to sections 17a-101a to 17a-101d, inclusive, and 17a-103, or provides professional medical intervention or assistance in any proceeding involving child abuse and neglect, shall be immune from any liability, civil or criminal.

False Reporting –
Any person who knowingly makes a false report of child abuse or neglect shall be fined not more than $2000 or imprisoned not more than one year or both.
Failing to Report and/or Delayed Reporting

Any person required by the law to report a case of suspected child abuse/neglect who fails to make such report or fails to do so within the required time period shall be guilty of a class A misdemeanor.

*If the violation is a) a subsequent violation, b) willful or intentional or due to gross negligence, or c) such person had actual knowledge of the abuse or neglect, such person shall be guilty of a class E felony.

*Public Act 15-205 – Effective 10/1/2015

A person found guilty of failure to report shall also be required to participate in an educational and training program.

**DCF IS REQUIRED TO NOTIFY THE CHIEF STATE’S ATTORNEY IF IT SUSPECTS THAT A PERSON HAS FAILED TO REPORT OR DID NOT REPORT WITHIN THE REQUIRED TIME-FRAMES.**
Prevention or Interference in Reporting

Any person who intentionally and unreasonably interferes with or prevents the making of a report, *or attempts or conspires to do so*, shall be guilty of a class D felony.

*Public Act 15-205 – Effective 10/1/2015*
Employee Protection

No employer shall

(1) discharge, or in any manner discriminate or retaliate against, any employee who in good faith makes a report pursuant to sections 17a-101a to 17a-101d, inclusive, and 17a-103, testifies or is about to testify in any proceeding involving child abuse or neglect, or

(2) hinder or prevent, or attempt to hinder or prevent, any employee from making a report pursuant to sections 17a-101a to 17a-101d, inclusive, and 17a-103, or testifying in any proceeding involving child abuse or neglect.

The Attorney General may bring an action in Superior Court against an employer who violates this subsection. The court may assess a civil penalty of not more than two thousand five hundred dollars and may order such other equitable relief as the court deems appropriate.
DRS: Two Track Response System

**Family Assessment**
- Lower Risk Cases
- 72-hour Response Time
- Mandated Collateral Contacts
- Protective Factors Assessed
- Service Plans & Family Team Meetings
- Access to Community
- Partner Agency
- 45-Day Completion

**Investigation**
- Higher Risk Cases
- SD/24/72-hour Response Times
- Mandated Collateral Contacts
- Protective Factors Assessed
- Abuse / Neglect Finding
- Central Registry
- 45-Day Completion

**Can Switch Between Tracks**
- Based on Safety & Risk Assessment

**MAIN FOCUS**
- Services Recommended
- Services Not Needed
- Transfer for Continued Services determined by Partnership through use of Risk Assessment

**MAIN FOCUS**
- Substantiation or Unsubstantiation
- Transfer for Ongoing Services mandated by DCF through use of a Risk Assessment

**CARELINE**
- DCF Referral *Rule Outs Applied*
Why Two Tracks?

- Be more flexible in the response to child abuse and neglect reports
- Better understand the family issues that lie beneath maltreatment reports
- Engage parents more effectively to use services that address their specific needs
- Increase sharing responsibility and accountability for families and communities
Disparate Outcomes Result From Overt & Unconscious Decisions

Lower the rate of disproportionality -

- In CPS cases, people of color are over-represented relative to the general population.

- The DRS approach is to begin addressing these inequities and disparities as early as possible by using the assessment track to focus on service delivery to ameliorate such issues.

- These disparities and inequities by race and culture are seen at every decision point within the DCF system.

- The first decision making point comes from assessing “reasonable suspicion”-simply ask, “Is my suspicion (or lack of) based on the race of this family?”
Safe Haven Act

An act that creates a safe alternative to leaving infants in unsafe places

A parent may voluntarily surrender physical custody of an infant age thirty (30) days or younger to the nursing staff of a hospital emergency room. Parent is not required to provide his or her name or medical history.
Protecting Infants, Toddlers & Preschoolers

- For our agency this is our invisible population. Early Assessment and Intervention is essential.
- Call 211
- 3-5 year olds deserve quality child care
- Unsafe sleep related deaths are the leading cause of preventable deaths of infants in Connecticut.
- Educating families about safe sleep environments is key.
- DCF has embarked on campaign to educate staff, providers, and the families we serve about safe sleep.
- DCF and NICHD resources (links provided below)

http://www.nichd.nih.gov/sts/about/Pages/default.aspx
DCF recognizes that strengthening Connecticut families requires partnership with the immediate family, the extended family, and community providers.

*Thank you for being part of this team.*
Still Have Questions?

Please visit our website to view additional information regarding mandated reporting or to find out who to speak with from our staff.

If you have any concerns of abuse or neglect, please call our Careline at 800-842-2288

BE A HERO, BE A FOSTER PARENT

If you are interested in being a foster parent or would like information on how to become one, please call

1-888-KID-HERO