

Connecticut Association of Schools – The Perils & Pitfalls of Mandated Reporting

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- Connecticut law **requires** that certain categories of individuals promptly report cases of suspected child abuse and neglect. These individuals are known as “**Mandated Reporters.**” The failure to comply with this obligation can result in criminal prosecution and the termination of employment.
- Conn. Gen. Stat. §§17a-101, *et seq.*

DCF Mandated Reporting; Who is a “Mandated Reporter”?

Among others, Mandated Reporters include:

Any school employee as defined in Section 53a-65 of the Connecticut General Statutes [“CGS”], including **any person holding or issued a coaching permit** by the State Board of Education who is a coach of intramural or interscholastic athletics and is 18 years of age or older.

- A teacher, substitute teacher, administrator, superintendent, guidance counselor, school counselor, psychologist, social worker, nurse, physician, school paraprofessional, or coach employed by a local or regional board of education or employed by or working in a private elementary, middle or high school or working; *or*
- **Any other person** who, in the performance of his or her duties, has regular contact with students and who provides services to or on behalf of students enrolled in (1) a public elementary, middle or high school, pursuant to a contract with the local or regional board of education, or (2) a private elementary, middle or high school, pursuant to a contract with the school.

Includes, but is not limited to:

- Psychologists, registered nurses, licensed practical nurses, social workers, physical therapists, mental health professionals, physician assistants
- Police officers
- Licensed behavior analysts
- Alcohol and drug counselors, licensed marital and family therapists, licensed professional counselors, sexual assault counselors and domestic violence counselors

- As is clear from the prior two slides, professionals who provide related services – including but not limited to Physical Therapists, Speech Pathologists, Occupational Therapists, Social Workers, BCBAs, and Behavior Therapists – that are not Board employees but who are working in schools under a contract with the Board are also mandated reporters.
- As such, they have an independent duty to comply with DCF mandated reporting protocols, and simply informing a school district administrator or employee does not discharge them of their own, independent obligation.

What Triggers the Obligation to Report?

Any mandated reporter who in the ordinary course of their employment or profession has reasonable cause to suspect or believe that any child under the age of 18 years:

- (1) has been **abused or neglected**, as described in CGS §46b-120,
 - (2) has had **nonaccidental physical injury**, or injury which is at **variance** with the history given of such injury, inflicted upon such child, or
 - (3) is placed at **imminent risk of serious harm**,
- must* report or cause a report to be made to DCF.**

What Constitutes “Abuse” Under CGS §46b-120?

A child may be found “abused” who:

- 1) has been inflicted with a physical injury other than by accidental means,
- 2) has an injury that is at variance with the history given of them, *or*
- 3) is in a condition that is the result of maltreatment, including, but not limited to, malnutrition, sexual molestation or exploitation, deprivation of necessities, emotional maltreatment or cruel punishment.

What Constitutes “Neglect” Under CGS §46b-120?

A child may be found “neglected” who, for reasons *other than being impoverished*,

- 1) has been abandoned,
- 2) is being denied proper care and attention, physically, educationally, emotionally or morally, or
- 3) is being permitted to live under conditions, circumstances or associations injurious to the well-being of the child.

What Constitutes “Neglect” Under CGS §46b-120?

- Section 46b-120’s reference to impoverishment appears somewhat confusing, as it almost appears as if impoverished child are somehow excluded from the protections afford their more affluent peers. Obviously, that is not the intent.
- Neglect is equally applicable to an impoverished child who is abandoned, denied proper care, or forced to live in an environment that could be injurious to the child’s well being.
- The purpose of this reference is to try and avoid situations in which a child who is in a loving and nurturing home is perceived as neglected simply because the child is poor. For example, clothing that nonetheless provides the child with adequate cover and warmth is not a sign of neglect merely because it is threadbare or ragged.

Reasonable Cause to Suspect or Believe

- A mandated reporter's suspicion or belief may be based on factors including, but not limited to **observations, allegations, facts or statements by a child, victim, or third party**.
- Such suspicion or belief does **not** require certainty or probable cause. *CGS §17a-101a (d)*.

Reasonable Cause to Suspect or Believe – Key Points

- You do **NOT** need to confirm that it took place. You just need a *reasonable suspicion*.
- Do **NOT** conduct your own investigation before making report.
- It is your **INDIVIDUAL** obligation to make the report, thus you **CANNOT** delegate it.

Reasonable Cause to Suspect or Believe – Key Points

EXAMPLE:

Security guard at high school reports to Assistant Principal that a student claimed that she was having sexual relations with a teacher.

Assistant Principal tells him she will handle it, and he does not make a report.

Rather than call DCF, Assistant Principal reports what she was told to the Principal. Principal says she will handle it.

Reasonable Cause to Suspect or Believe – Key Points

Principal does not contact DCF but decides that given the explosive nature of the allegation, she will conduct her own investigation, including surveillance of the teacher and student and enlists a custodian as her chief investigator, explaining the situation. Weeks pass. Nothing dispositive is determined.

Student finally tells her outside therapist about the relationship. The therapist promptly alerts DCF.

Principal and Assistant Principal are arrested and their employment terminated. Security guard and custodian suspended.

When to Make the Report

A mandated reporter shall **immediately**, upon having reasonable cause to suspect or believe that a child has been abused, neglected, placed in imminent risk of serious harm, has had non-accidental physical injuries or injuries which are at variance with the history of such injuries (or was the victim of a sexual assault by a school employee) and **in no case later than 12 hours after having such a suspicion or belief**, make an oral report by telephone or in person to the DCF* or the local law enforcement agency.

***DCF CARELINE (1-800-842-2288)**

- **EXAMPLE:**

- During an extracurricular group meeting late on a Thursday afternoon, a teacher overhears a student telling another student that he had been sexually assaulted at a sleepover the prior weekend.
- Uncertain as to whether this is credible and uncertain whether she has to report something that – even if it did occur – was off school grounds, she speaks with guidance counselor on Friday morning. Guidance counselor says she will think about it over the weekend.
- The weekend comes with no report having been made.
- Both the teacher and the guidance counselor have violated Connecticut law.

Electronic Reporting Option

- Instead of telephoning (with a written follow up), you may use electronic reporting process for “non-emergent” suspicions of abuse or neglect.
- “Non-emergent” suspicion: suspicion of abuse or neglect and the alleged victim is **not**: 1) in immediate harm, 2) with need for urgent or emergent medical or mental health care, 3) with a realistic fear of further abuse or neglect within the next 24 hours, or 4) as at risk of being inaccessible within the next 24 hours.

A **“YES”** response to any of the below would suggest a need to call the DCF Careline (instead of using the electronic report option):

- Is the child victim presenting with fear of returning to the alleged perpetrator’s care (and the child is scheduled to have contact with the alleged perpetrator within the next 24 hours)?
- Does the victim present with any injury that is suspected to be caused by **a recent incident** of abuse or neglect?
- Is there an incident of alleged child abuse or neglect that requires an immediate response required by Mobile Crisis, Police, or Emergency Medical Personnel?
- Is there concern that the victim, who is of a developmental age that requires supervision, is going to be without a responsive caregiver?

How Does the Electronic Reporting Process Work?

- A Mandated Reporter will complete the “Electronic Report of Non-Emergent Child Abuse or Neglect” PDF. As much detail as is known regarding the incident and circumstances should be provided.
- The DCF Careline will review the information provided, and as is done with oral reports, will determine acceptance status and response time.
- Electronic Reports will be received Monday through Friday between 7:00 a.m. – 7:00 p.m. Once such a decision is made regarding your referral, you will receive an email with the acceptance status.

How Does the Electronic Reporting Process Work?

- If you submit an electronic report and prior to DCF response, circumstances change and is now emergent, you must contact the DCF Careline immediately.
- You meet your legal responsibilities by: 1) **making a report or ensuring that a report has been filed within 12 hours of becoming aware** of a suspicion of abuse or neglect, 2) providing as much information as reasonably possible, and 3) ensuring that only non-emergent matters are submitted electronically.
- **PLEASE NOTE: You typically do not have to submit a written “DCF-136” form if you made an online report.**

- **Advantage of Filing Electronic Report in Non-Emergent Situation**
- Mandated reporter will receive a written confirmation that the report has been submitted.

- **Disadvantage of Filing Electronic Report in Non-Emergent Situation**
- Must make sure that the nature of the abuse that is being reported is, in fact, non-emergent.
- Making a telephonic report in all situations eliminates the guesswork and the possibility that in the process of doing the right thing, you are, in fact, doing the wrong thing.

The Next Step -- Written Report

- **Mandated reporters shall submit a written report to DCF within forty-eight (48) hours of making the oral report.**
- The report shall be filed on **Form DCF-136**.
- The reporter shall also provide a copy of the written report to the building principal and Superintendent of Schools except, of course, when the administrator is the alleged perpetrator of the abuse or neglect.
- If the alleged perpetrator is a school employee, the Superintendent **must** notify the child's parents/guardians that a report was made.

- Names and addresses of the child or victim and his or her parents or other person responsible for the child's or victim's care;
- The age and gender of the child or victim;
- The nature and extent of the child's or victim's injury or injuries, maltreatment or neglect;
- The approximate date and time the injury or injuries, maltreatment or neglect occurred;
- Information concerning any previous injuries to, maltreatment of or neglect to the child or his or her siblings;

Content of Written Report

- The circumstances in which the injuries, maltreatment or neglect came to be known to the reporter;
- The name of the person or persons suspected to be responsible for causing such injury or injuries, maltreatment or neglect;
- The reasons such persons are suspected of causing such injury or injuries, maltreatment or neglect;
- 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; and
- Whatever action, if any, was taken to treat, provide shelter or otherwise assist the child.

- **Hmmmm, let's think about some of this required information:**
- Information concerning **any previous** injuries to, maltreatment of or neglect to the child or his or her siblings; and
- 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;

- These are obligatory entries, and if the mandated reporter has substantive information pertaining to them, it could constitute what we call in evidentiary hearings: **“ADMISSIONS AGAINST INTEREST.”**
- Mandated reporters are required to submit accurate, true and complete reports, and so these entries provide a helpful perspective. Specifically, when considering whether something rises to the level of abuse or neglect, it may prove instructive to consider it not only in and of itself, but also think of how it will look in retrospect when or if the school employee is reporting a subsequent event.

- Reporting someone suspected of abuse or neglect generally does not engender appreciation or warm feelings from the individual who has been reported, particularly when they are parents.
- You can request anonymity when making the report. DCF will honor it **except** where otherwise required by law (for example, where there is a need to communicate to DCF employees, law enforcement, prosecutors, courts, and district administration).

- DCF records concerning reports of child abuse, the information contained in the reports, and any other information relative to child abuse, **wherever located**, are generally confidential.
- DCF reports stored centrally and separately from usual school files.

- A person reporting abuse or neglect shall provide any person authorized to conduct an investigation of abuse or neglect with all information related to the investigation that is in the possession or control of the person reporting the abuse or neglect, except as expressly prohibited by state or federal law.
- DCF may request and is entitled to *any* records maintained or kept on file about a teacher or other staff member.
- **The duty to cooperate trumps any privacy protections.**

The School's Own Investigation

- A school shall permit and give priority to any investigation conducted by DCF or the appropriate law enforcement agency.
- School should conduct its investigation upon receipt of notice from DCF or law enforcement that the school's investigation will not interfere with the investigation of DCF or law enforcement.
- Try to coordinate/minimize interviews of a child among DCF, the police, and the school or school district.

- Before interviewing a child in connection with the investigation of an allegation of abuse or neglect by a school employee, the school should try to obtain, if possible, the consent of parents or guardians to interview the child. **(Obviously not when the parent is the alleged perpetrator).**
- The investigation must include an opportunity for the suspected perpetrator to be heard with regard to the alleged abuse or neglect.

- DCF will notify the school of its findings regarding its investigation of staff members. Generally, DCF has 45 days to complete its investigation.
- Regardless of the outcome of any investigation by DCF or a law enforcement agency, **the school may take disciplinary action** against any school employee up to and including termination of employment based upon the school's investigation.

- Schools are obligated to suspend an employee with pay should DCF issue a recommendation that the employee be placed on DCF's child abuse and neglect registry, pending resolution by the school of the matter.
- Finding of abuse/neglect **and** placement on DCF's child abuse and neglect registry may preclude future employment in the schools.

Social-Emotional Learning and Mental Health Requirements

- Develop a detailed plan to reengage all students, staff and families. Particularly identify strategies to identify and engage populations and specific students that have been disengaged.
- Train staff to identify issues related to abuse and neglect in the context of the pandemic and comply with all mandated reporting requirements.

PLEASE NOTE: Where there are concerns regarding a student under the care of DCF or the family is actively working with DCF, school staff should contact the assigned DCF worker. DCF staff are teleworking but can be reached at their state email address/cell phone.

- A trauma-informed approach that is sensitive to the family's needs should be taken prior to considering a student to be truant or a family to be suspected of educational neglect. Steps for schools to improve attendance prior to filing a DCF referral:
 - 1. Meeting(s) held with parents and the student to understand family's needs and reasons behind missing school, including making and documenting multiple efforts to contact the family if the family is not immediately responsive.
 - 2. PPT meeting held or scheduled (if applicable).
 - 3. Appropriate interventions determined, implemented, and monitored to support improved attendance.
 - 4. Services and/or referrals are made with community agencies providing student and family services

More From Addendum 14 and Abuse and Neglect Reports

- Given the trauma of this pandemic and effect on students, referrals for educational neglect arriving from systemic absences should only be considered after all supports and resources have been exhausted.
- While robust efforts are encouraged to facilitate student attendance, ultimately, the lack of response to school contacts raises concerns about the overall safety and well-being of families during these challenging times.
- Although each family circumstance is different, lack of contact with a particular child during the COVID-19 crisis does not necessarily indicate child maltreatment. Alternatively, it is important to be able to recognize when a child may be in need of protection.

DCF's Operational Definition Of Educational Neglect (During "Remote Times")

- Student's nonparticipation in remote/hybrid learning does not inherently constitute educational neglect or warrant a DCF referral.
- If there is evidence that the parent has access to the necessary resources to participate, is responsible for the child's educational participation, and multiple and diverse attempts have been made to engage the parent without success, a referral to DCF may be warranted.

- It is recommended that school staff make every effort to first outreach via phone calls and letters and access other individuals that may be able to assist, such as the student's emergency contact. After all, parents may need to prioritize a variety of needs to ensure safety, well-being and the overall functioning of the family unit during these stressful times.
- Virtual engagement with a student should include a general assessment of their overall well-being. If a concern is raised that suggests that a child has been abused or neglected, or a child is presenting with a justified fear of safety in the home, a referral to DCF may be warranted.

Assessing Child Abuse/Neglect in a Remote Environment-From SDE

(9/25/20)

- **BUILD RAPPORT:** Disclosure is much more likely when there is a trusting relationship. Incorporate activities that foster connection. Check in regularly on student's social, emotional, and physical well being. Without creating bias, what does school know about the student based on previous interactions, effort and ability in school?
- **ASSESS:** What is the student's behavior, environment, affect, and general presentation representing? Does the student have special needs or increased vulnerability? Remote learning creates a unique opportunity to also develop a relationship with the caregiver for communication and assessment beyond academics
- **CLARIFY:** Is there an explanation for the presenting concern from the student and caregiver? Are they congruent? How does the student indicate that the concern makes them feel? Is there resources that should follow up with the student, like a school based social worker? Do other professionals share your assessment?

Assessing Supervision Remotely: From SDE (9/25/20)

- Connecticut law does not specify at what age a child may be left home alone. Many experts believe that children should be at least 12 years of age before they should stay home alone for an extended period of time and should be over the age of 15 before caring for a younger sibling.
- Children should be able to identify a way to contact an appropriate caregiver
- A child's developmental level, access and proximity to resources, duration of time alone, and level of comfort should be considered.

Assessing Educational Neglect Remotely: From SDE (9/25/20)

- What barriers are identified that are impacting access/participation?
- Is parent/caregiver directly responsible for those barriers and unwilling to resolve them?
- What level of dependency does the student have on a caregiver? Is this truancy rather than neglect?
- What efforts have been made by the school to identify the concerns and engage in solution focused dialogue?

Examples of Abuse and Neglect

Slides 44 through 70 are derived from the “Operational Definitions Of Child Abuse And Neglect,” which is used by DCF in making its determinations.

<https://portal.ct.gov/DCF/Mandated-Reporter-Training/Model-Policy-For-Reporting-Child-Abuse-and-Neglect>.

Examples of Physical Abuse

- bruises, scratches, lacerations
- burns, scalds, reddening or blistering of the tissue through application of heat by fire, cigarettes, electricity, scalding water, friction, etc.
- injuries to bone, muscle, cartilage, fractures, dislocations, sprains, strains, displacements, hematomas, etc.
- head injuries
- internal injuries
- misuse of medical treatments or therapies
- malnutrition related to acts of commission or omission by an established caregiver
- deprivation of necessities (resulting in physical harm)
- cruel punishment
- Death(!)

Historical Indicators of Physical Abuse

- Delay in seeking appropriate care after injury:
- Inconsistent descriptions of accident by child and/or the parent or guardian
- Child's developmental level inconsistent with history
- History of prior "accidents"
- Absence of parental concern
- Child is disabled or otherwise perceived as "different" by parent
- Unexplained school absenteeism
- History of precipitating crises

Physical Indicators of Physical Abuse

- Soft tissue injuries;
- Clusters of skin lesions; shape of lesions inconsistent with accidental bruise;
- Bruises/welts in various stages of healing;
- Burn pattern consistent with an implement;
- Regular patterns consistent with an implement (e.g., symmetrical and/or sharply demarcated edges);
- Fractures/dislocations inconsistent with history;
- Laceration of mouth, lips, gums or eyes;
- Bald patches on scalp;
- Abdominal swelling or vomiting;
- Adult-size human bite mark(s);
- Fading cutaneous lesions noted after return from weekend(s) or absence(s);
- Rope marks.

Behavioral Indicators of Physical Abuse

- Wary of physical contact with adults;
- Affection inappropriate for age, extremes in behavior, aggressiveness or withdrawal;
- Expresses fear of parents;
- Reports injury by parent;
- Reluctance to go home;
- Feels responsible (“Deserved to be punished”);
- Poor self-esteem;
- Clothing covers arms and legs - even in hot weather.

Examples of Sexual Abuse or Exploitation

- Rape/sexual contact (whether penetration or contact)
- Indecent exposure for the purpose of sexual gratification of the offender, or to shame, humiliate, shock or exert control over the victim
- Incest
- Fondling, including kissing, for the purpose of sexual gratification of the offender, or to humiliate, shock or exert control
- Sexual exploitation, including child pornography
- Online enticement of a child for sexual acts, child prostitution, child-sex tourism, unsolicited obscene material sent to a child, or misleading domain name likely to attract a child to an inappropriate website
- Coercing or forcing a child to participate in, or be negligently exposed to, pornography and/or sexual behavior
- Disease or condition that arises from sexual transmission
- Other verbal, written or physical behavior not overtly sexual but likely designed to “groom” a child for future sexual abuse

Historical Indicators of Sexual Abuse

- Vague somatic complaint;
- Excessive school absences;
- Inadequate supervision at home;
- History of urinary tract infection or vaginitis;
- Complaint of pain; genital, anal or lower back/abdominal;
- Complaint of genital itching;
- Any disclosure of sexual activity, even if contradictory.

Physical Indicators of Sexual Abuse

- Discomfort in walking, sitting;
- Evidence of trauma or lesions in and around mouth;
- Vaginal discharge/vaginitis;
- Vaginal or rectal bleeding;
- Bruises, swelling or lacerations around genitalia, inner thighs;
- Dysuria;
- Vulvitis;
- Any other signs or symptoms of sexually transmitted disease;
- Pregnancy.

Behavioral Indicators of Sexual Abuse

- Low self-esteem;
- Change in eating pattern;
- Unusual new fears;
- Regressive behaviors;
- Personality changes (hostile/aggressive or extreme compliance);
- Depression;
- Decline in school achievement;
- Social withdrawal; poor peer relationship;
- Indicates sophisticated or unusual sexual knowledge for age;
- Seductive behavior, promiscuity or prostitution;
- Substance abuse;
- Suicide ideation or attempt;
- Runaway.

An act, statement, or threat that

- has had or is likely to have an adverse impact on the child; and/or
- interferes with a child's positive emotional development.

Evidence of emotional maltreatment or abuse includes, but is not limited to:

- rejecting or degrading a child;
- isolating and/or victimizing a child by means of cruel, unusual, or excessive methods of discipline; and/or
- exposing the child to brutal or intimidating acts or statements.

Historical Indicators of Emotional Maltreatment or Abuse

- Depression;
 - Low self-esteem;
 - Fear;
 - Emotional instability;
 - Suicidal ideations or attempts;
 - Academic regression;
 - Somatic complaints with no medical basis;
 - Inappropriate behavior for age or development.
- Withdrawal;
 - Anxiety;
 - Aggression/ passivity;
 - Sleep disturbances;
 - Extreme dependence;
 - Trust issues;

- Parent ignores, isolates, belittles, rejects, or scapegoats child
- Parent's expectations inappropriate to child's development
- Prior episode(s) of physical abuse
- Parent perceives child as "different"

Physical Indicators of Emotional Abuse

- **Frequently, there are no overt physical indicators of emotional abuse, although the following situations could suggest it:**
- Failure to thrive
- Speech disorder
- Lag in physical development
- Self-mutilation, such as “cutting.”

Behavioral Indicators of Emotional Abuse

- Poor self-esteem
- Regressive behavior (sucking, rocking, enuresis)
- Sleep disorders
- Adult behaviors (parenting sibling)
- Antisocial behavior
- Emotional or cognitive developmental delay
- Extremes in behavior - overly aggressive/compliant
- Depression
- Suicide ideation/attempt

A child may be found “physically neglected” who:

- has been abandoned; is denied proper care and attention physically, educationally, emotionally or morally;
- Is permitted to live under conditions, circumstances or associations injurious to his well-being; and/or
- has been abused.

Evidence of physical neglect includes, but is not limited to:

- inadequate food; malnutrition;
- inadequate clothing, inadequate housing or shelter; and/or
- erratic, deviant, or impaired behavior by a person 1) responsible for a child's health, welfare or care, 2) given access to the child, or 3) entrusted with a child's care which adversely impacts the child.

***PLEASE NOTE:* Inadequate food, clothing, or shelter or transience finding must be related to caregiver acts or omission and not simply a function of poverty alone.**

Historical Indicators of Physical Neglect

- High rate of school absenteeism
- Frequent visits to school nurse with nonspecific complaints
- Inadequate supervision, especially for long periods and for dangerous activities
- Child frequently unattended; locked out of house
- Parental inattention to recommended medical care
- No food intake for 24 hours
- Home substandard (no windows, doors, heat), dirty, infested, obvious hazards
- Family member addicted to drugs/alcohol

Physical Indicators of Physical Neglect

- Hunger, dehydration
- Poor personal hygiene, unkempt, dirty
- Dental cavities/poor oral hygiene
- Inappropriate clothing for weather/size of child, clothing dirty; wears same clothes day after day
- Constant fatigue or listlessness
- **Unattended physical or health care needs**
- Infestations
- Multiple skin lesions/sores from infection

Behavioral Indicators of Physical Neglect

- Frequently comes to school early, leaves late
- Frequently sleeping in class
- Begging for or stealing food
- Adult behavior/maturity (parenting siblings)
- Delinquent behaviors

Unreasonable delay, refusal or failure on the part of the person responsible for the child's health, welfare or care (or entrusted with the child's care) to seek, obtain, and/or maintain those services for necessary medical, dental or mental health care when such person knows, or should reasonably be expected to know, that such actions may have an adverse impact on the child.

Evidence of medical neglect includes, but is not limited to:

- frequently missed appointments or other necessary medical and/or mental health treatments;
- withholding or failing to obtain or maintain medically necessary treatment from a child with life-threatening, acute or chronic medical or mental health conditions; and/or
- withholding medically indicated treatment from disabled infants with life threatening conditions.

PLEASE NOTE: Failure to provide the child with immunizations or routine well-child care by itself does not constitute medical neglect.

Occurs when, by action or inaction, the parent or person having control of a child 5 years of age and older and under 18 years of age who is not a high school graduate:

- fails to register the child in school,
- fails to allow the child to attend school or receive home instruction
- fails to take appropriate steps to ensure regular attendance at school if the child is registered.

Does not apply to opting out (or withdrawing) under CGS §10-184 for children age 5 or 6 years, or 17 years of age and older.

Emotional Neglect

Denial of proper care and attention, or failure to respond to a child's affective needs by a person who is responsible for the child's health, welfare or care, is given access to the child, or is entrusted with the child's care, which denial has an adverse impact on the child or seriously interferes with a child's positive emotional development.

Evidence of “emotional neglect” includes, but is not limited to:

- inappropriate expectations of the child given the child's developmental level;
- failure to provide the child with appropriate support, attention and affection;
- permitting the child to live under conditions, circumstances or associations, injurious to his well-being including, but not limited to, the following;
 - substance abuse by caregiver;
 - exposure to family violence; and
 - psychiatric problem of the caregiver

Indicators of emotional neglect may include, but are not limited to, the following:

- Depression, withdrawal, low self-esteem, anxiety, fear, aggression/ passivity, emotional instability;
- sleep disturbances, somatic complaints with no medical basis;
- inappropriate behavior for age or development;
- suicidal ideations or attempts;
- extreme dependence, academic regression, trust issues.

Moral Neglect

Exposing, allowing, or encouraging the child to engage in illegal or reprehensible activities by the person responsible for the child's care or person given access or person entrusted with the child's care.

Evidence of “Moral Neglect” includes but not limited to:

- stealing;
- using drugs and/or alcohol; and/or
- involving a child in the commission of a crime, directly or by caregiver indifference.

So Why Should I Make a Report?

- It is the law.
- If you do not make a **timely** report, you are committing a **crime**.
- Class A misdemeanor, except a Class E felony if (1) such violation is a subsequent violation, (2) such violation was wilful or intentional or due to gross negligence, or (3) such person had actual knowledge that a child was abused or neglected (or a victim of a sexual assault by school personnel).
- It may not matter that the underlying alleged abuse or neglect did not occur or cannot be substantiated. **PROCESS IS IMPORTANT!**
- If you do not make a report, you also may be disciplined, up to and including termination.

- If you make a report in good faith, you will be immune from any civil or criminal liability. The school will stand behind you.
- **Liability only occurs if you knowingly make a false report (fined not more than \$2,000 or imprisoned not more than one year or both).**
- Employees are protected against retaliation by their employer for good-faith reports to, and cooperation with, DCF regarding abuse and neglect reports and investigations.

More Reasons to Report

- The DCF Careline is your friend. Well, maybe more of an acquaintance, but bear in mind that you simply need to call, and it is up to DCF to determine whether what you have called about is or is not a matter worth investigation.
- Given that, better to call and have your report go nowhere than not to call and have your career go south.

- The failure of a mandatory reporter to report suspected abuse or neglect **is a crime.**
- The obligation to report is equally applicable to all staff and merely reporting it to one's superior – such as a teacher to a building administrator – **is not legally sufficient.**

**When in
doubt, report!**

QUESTIONS?



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