



Child Abuse and Neglect Reporting

A GUIDE FOR

mandated reporters

Introduction

Under Massachusetts law, the Department of Children and Families (DCF) is the state agency that receives all reports of suspected abuse and/or neglect of children under the age of 18. State law requires professionals whose work brings them in contact with children to notify DCF if they suspect that a child is being abused and/or neglected. DCF depends on reports from professionals and other concerned individuals to learn about children who may need protection. The Department receives more than 75,000 reports on children each year.

The Department is responsible for protecting children from abuse and/or neglect. DCF seeks to ensure that each child has a safe, nurturing, permanent home. The Department also provides a range of services to support and strengthen families with children at risk of abuse and/or neglect.

Who is a mandated reporter?

Massachusetts law defines the following professionals as mandated reporters:

- Physicians, medical interns, hospital personnel engaged in the examination, care or treatment of persons, medical examiners;
- Emergency medical technicians, dentists, nurses, chiropractors, podiatrists, optometrists, osteopaths;
- Public or private school teachers, educational administrators, guidance or family counselors;
- Child Care licensors, such as staff from the Department of Early Education and Care;
- Early education, preschool, child care or afterschool program staff, including any person paid to care for, or work with, a child in any public or private facility, home or program funded or licensed by the Commonwealth, which provides child care or residential services. This includes child care resource and referral agencies, as well as voucher management agencies, family child care and child care food programs;
- Social workers, foster parents, probation officers, clerks magistrate of the district courts, and parole officers;
- Firefighters or police officers;
- School attendance officers, allied mental health and licensed human services professionals;
- Psychiatrists, psychologists and clinical social workers, drug and alcoholism counselors; and
- Clergy members, including ordained or licensed leaders of any church or religious body, persons performing official duties on behalf of a church or religious body, or religious body to supervise, educate, coach, train or counsel a child on a regular basis.

As a mandated reporter, what are my responsibilities?

Massachusetts law requires mandated reporters to immediately make an oral or written report to the Department of Children and Families when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect. You should report any physical or emotional injury resulting from abuse; any indication of neglect, including malnutrition; any instance in which a child is determined to be physically dependent upon an addictive drug at birth; or death as a result of abuse and/or neglect. Mandated Reporters who are staff members of medical or other public or private institutions, schools or facilities, must either notify the Department directly or notify the person in charge of the institution, school or facility, or his/her designee, who then becomes responsible for filing the report. Should the person in charge/designee advise against filing, the staff member retains the right to contact DCF directly or to notify the local police or the Office of the Child Advocate.” (Ch. 119, § 51A)

Under the law, mandated reporters are protected from liability in any civil or criminal action and from any discriminatory or retaliatory actions by an employer. The written report must be submitted to DCF within 48 hours after the oral report has been made.

Effective January 1, 2010, mandated reporters who are licensed by the Commonwealth are required to complete training to recognize and report suspected child abuse and neglect.

For more information, please visit: www.mass.gov/dcf

What if I fail to report?

Any mandated reporter who fails to make required oral and written reports can be punished by a fine of up to \$1,000.

Effective July 1, 2010, any mandated reporter who willfully fails to report child abuse and/or neglect that resulted in serious bodily injury or death can be punished by a fine of up to \$5,000 and up to 2½ years in jail, and be reported to the person's professional licensing authority.

In addition, effective July 1, 2010, all mandated reporters who knowingly and willfully file a frivolous report of child abuse and/or neglect can be punished by a fine of up to \$2,000 for the first offense, up to 6 months in jail for a second offense, and up to 2½ years in jail for a third offense.



How do I make a report of suspected child abuse and/or neglect? When must I file?

When you suspect that a child is being abused or neglected, you should immediately telephone the DCF Area Office serving the child's residence and ask for the Protective Screening Unit. You will find a directory of the DCF Area Offices at the end of this Guide. Offices are staffed between 9 am and 5 pm weekdays. To make a report at any other time, including after 5 p.m. and on weekends and holidays, please call the **Child-At-Risk Hotline at 1-800-792-5200**.

As a mandated reporter you are also required by law to mail or fax a written report to the Department within 48 hours after making the oral report. The form for filing this report can be obtained from your local DCF Area Office or from the DCF website: www.mass.gov/dcf

Your report should include:

- Your name, address and telephone number;
- All identifying information you have about the child and parent or other caretaker, if known;
- The nature and extent of the suspected abuse and/or neglect, including any evidence or knowledge of prior injury, abuse, maltreatment, or neglect;
- The identity of the person you believe is responsible for the abuse or neglect;
- The circumstances under which you first became aware of the child's injuries, abuse, maltreatment or neglect;
- What action, if any, has been taken thus far to treat, shelter, or otherwise assist the child;
- Any other information you believe might be helpful in establishing the cause of the injury and/or person responsible;
- Any information that could be helpful to DCF staff in making safe contact with an adult victim in situations of domestic violence (e.g., work schedules, place of employment, daily routines); and
- Any other information you believe would be helpful in ensuring the child's safety and/or supporting the family to address the abuse and/or neglect concerns.

Hospital personnel should take photographs of any trauma that is visible on the child and mail or deliver the photographs to DCF with the written report. If you work in a hospital and collect physical evidence of abuse and/or neglect of a child, you must immediately notify the local District Attorney, local law enforcement authorities and the Department. We recommend that you inform the family that you have referred them to DCF for help, but do not do so if you think it would increase the risk to the child.

How does DCF define abuse and neglect?

Under the Department of Children and Families regulations (110 CMR, section 2.00):

Abuse means: The non-accidental commission of any act by a caretaker upon a child under age 18 which causes, or creates a substantial risk of, physical or emotional injury; or an act by a caretaker involving a child that constitutes a sexual offense under the laws of the Commonwealth; or any sexual contact between a caretaker and a child under the care of that individual. This definition is not dependent upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting).

Neglect means: Failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home or in-home setting).

Physical Injury means: Death; or fracture of a bone, a subdural hematoma, burns, impairment of any organ, and any other such nontrivial injury; or soft tissue swelling or skin bruising, depending upon such factors as the child's age, circumstances under which the injury occurred and the number and location of bruises; or addiction to a drug or drugs at birth; or failure to thrive.

Emotional Injury means: An impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.

Who is a caretaker?

A "Caretaker" can be a child's parent, step-parent, guardian, or any household member entrusted with the responsibility for a child's health or welfare. In addition, any other person entrusted with the responsibility for a child's health or welfare, both in and out of the child's home, regardless of age, is considered a caretaker. Examples may include: relatives from outside the home, teachers or staff in a school setting, workers at an early education, child care or afterschool program, a babysitter, foster parents, staff at a group care facility, or persons charged with caring for children in any other comparable setting.

When should a report involving domestic violence be filed?

Domestic violence is defined as a pattern of coercive controlling behaviors that one person exercises over another in an intimate relationship. Not every situation involving domestic violence merits intervention by child protective services. Mandated reporters are encouraged to carefully review each family's situation and to identify any specific impact on the child(ren) when considering whether or not to file a report with DCF. In some cases a report may actually create additional risks for the caretaker and the children. If possible, discuss the filing of a report with the caretaker first and address the potential need for safety planning. A report is mandatory if the following circumstances are current concerns:

- The alleged perpetrator threatened to kill the caretaker, children or self and the caretaker fears for their safety;
- The alleged perpetrator physically injured the child in an incident where the caretaker was the target;
- The alleged perpetrator coerced the child to participate in or witness the abuse of a caretaker;
- The alleged perpetrator used or threatened to use a weapon, and the caretaker believes that the perpetrator intended or has the ability to cause harm.

For more information on this topic please refer to the DCF Brochure, *Promising Approaches: Working with Families, Child Welfare and Domestic Violence*. This brochure is available on the DCF website and from your local DCF Area Office.

What happens when DCF receives a report of child abuse and/or neglect?

When DCF receives a report of abuse and/or neglect, called a "51A report," from either a mandated reporter or another concerned citizen DCF is required to evaluate the allegations and determine the safety of the children.

During DCF's response process to a report of a child abuse and neglect, all mandated reporters are required to answer the Department's questions and provide information to the Department to assist the Department in determining whether a child is being abused or neglected, the child's safety and an evaluation of the child's household.

If you have any questions about whether or not to report a situation, please do not hesitate to contact your local DCF Area Office.

Here are the steps in the Child Protective Services (CPS) process:

The report is screened. The purpose of the screening process is to gather sufficient information to determine whether the allegation meets the Department's criteria for suspected abuse and/or neglect, whether there is immediate danger to the safety of a child, whether DCF involvement is warranted and how best to target the Department's initial response. The Department begins its screening process immediately upon receipt of a report. During the screening process DCF obtains information from the person filing the report and also contacts professionals involved with the family such as doctors or teachers that may be able to provide information about the child's condition. DCF may also contact the family if appropriate.

If the report is "Screened-In", it is assigned either for a Child Protective Services (CPS) Investigation or Assessment Response:

1. CPS Investigation Response: Generally, cases of sexual or serious physical abuse, or severe neglect will be assigned to the CPS Investigation Response. The severity of the situation will dictate whether it requires an emergency or non-emergency investigation. The primary purpose of the Investigation Response is to determine the safety of the reported child, the validity of an allegation and person(s) responsible, whether continued DCF intervention is necessary and to assess risk to the child.

2. CPS Assessment Response (Initial Assessment): Generally, moderate or lower risk allegations, are assigned to the CPS Assessment Response. The primary purpose of the Assessment Response is to determine if DCF involvement is necessary and to engage and support families. This response involves a review of the reported allegations, assessing safety and risk of the child, identifying family strengths and determining what, if any, supports and services are needed.

A determination is made as to whether there is a basis to the allegation, whether the child can safely remain at home and whether the family would benefit from continued DCF involvement. If DCF involvement continues, a Comprehensive Assessment and Service Plan are developed with the family.

Some families come to the attention of the Department outside the 51A process: **Child in Need of Services (CHINS)** cases referred by the Juvenile Court, cases referred by the Probate Court, babies surrendered under the **Safe Haven Act**, and **voluntary** requests for services by a parent/family. These cases are generally referred directly for a Comprehensive Assessment.

What are the timeframes for completing a Screening, Investigation and/or Assessment?

- **Screening:** Begins immediately for all reports. For an emergency response it is completed within 2 hours. For a non-emergency response, investigation or assessment, screening may take up to 3 business days as appropriate.
- **Emergency Investigation:** Must begin within 2 hours and be completed within five (5) business days of the report.
- **Non-Emergency Investigation:** Must begin within 2 business days and be completed within fifteen (15) business days of the report.
- **Assessment (Initial):** Must begin within 2 business days and be completed within fifteen (15) business days of the report.
- **Comprehensive Assessment:** Up to 45 business days.

Will I be Informed about the DCF decision?

If you are the mandated reporter who filed the report, you will receive a copy of the decision letter that is sent to the parents. In that letter you will be informed of the Department's response, the decision and whether DCF is opening the case for continued DCF involvement.

Referrals to the District Attorney

It is important to note that if the Department determines a child has been sexually abused or sexually exploited, has suffered serious physical abuse and/or injury, or has died as a result of abuse and/or neglect, DCF must notify local law enforcement as well as the District Attorney, who have the authority to file criminal charges.

For more information about reporting child abuse and/or neglect

- For general information or to find a DCF Area Office www.mass.gov/dcf
- Child-At-Risk-Hotline: **1-800-792-5200**
- DCF Ombudsman: **617-748-2444** (9-5pm, weekdays) for inquiries about agency programs, policies or service delivery.

DCF AREA OFFICE DIRECTORY

WEST

• Pittsfield	413-236-1800
• Greenfield	413-775-5000
• Holyoke	413-493-2600
• Van Wart Center E. Springfield	413-205-0500
• Springfield	413-452-3200

CENTRAL

• Leominster	978-466-1500
• Whitinsville	508-234-1000
• Worcester, East & West	508-929-2000

NORTHEAST

• Lowell	978-275-6800
• Lawrence	978-557-2500
• Haverhill	978-469-8800
• Cape Ann, Salem	978-825-3800
• Lynn	781-477-1600

METRO

• Malden	781-388-7100
• Framingham	508-424-0100
• Cambridge, Somerville	617-520-8700
• Arlington	781-641-8500
• Coastal/S. Weymouth	781-682-0800

SOUTHEAST

• Taunton/Attleboro	508-821-7000
• Brockton	508-894-3700
• Fall River	508-235-9800
• New Bedford	508-910-1000
• Cape Cod & Islands	508-760-0200
• Plymouth	508-732-6200

BOSTON

• Hyde Park	617-360-2500
• Dimock Street, Roxbury	617-989-2800
• Park Street, Dorchester	617-822-4700
• Chelsea	617-660-3400