



The Children's Advocacy Center  
of Worcester County

## ***Mandated Reporting***

Provided by the  
Office of District Attorney Joseph D. Early, Jr.

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# ABOUT THE CHILDREN'S ADVOCACY CENTER OF WORCESTER COUNTY

The Children's Advocacy Center (CAC) of Worcester County coordinates a multi-disciplinary response to child abuse cases within our county. The CAC works together with social service agencies, law enforcement, and medical professionals to ensure that children who have been the victim of abuse receive a comprehensive and coordinated response. This lessens the trauma to the child and the non-offending caregiver, and ensures that each child and family receives the appropriate services.

## MISSION STATEMENT

The Children's Advocacy Center of Worcester County, under the leadership of the Middle District Attorney's Office, is committed to providing a culturally sensitive, multidisciplinary response to child victims of abuse and their families, while advocating for all children in our community.

This Center creates a child-friendly environment, where all disciplines actively coordinate efforts on the child's behalf.

The CAC will provide necessary services without regard for financial status, following the standards of the National Children's Alliance, the policy of our host institution, the Middle District Attorney's Office, and the traditions of public service of our member agencies.

## SERVICES PROVIDED BY THE CHILDREN'S ADVOCACY CENTER OF CAC

### Multi-Disciplinary Investigations

Professionals from different disciplines collaborate on CAC cases including, but not limited to, an Assistant District Attorney, a Police Officer, and a Child Protection Professional.

### Forensic Interviews

Specially trained forensic interviewers speak to the child victims in one of the CAC's child friendly interview rooms, while other team members observe.

### Advocacy

The District Attorney's Office has specially trained advocates assigned to work on cases that come through the CAC.

### Medical Exam Referrals

If a medical exam is needed, the child will be referred to the Child Protection Program (CPP) at the University of Massachusetts Medical Center, where the child may have a child-sensitive, non-invasive medical exam.

### Mental Health Referrals

The CAC provides referrals for counseling and therapy to child victims and their non-offending caregiver. The Child Trauma Training Center (CTTC) has established a Centralized Referral System (1-855-LINK-KID) for families and the community to streamline the link between children who need evidence-based trauma treatment and mental health providers who have been trained in these treatments.

# MANDATED REPORTING LAW

## Massachusetts General Laws Chapter 119 Section 51(A)

Section 51A. (a) A mandated reporter who, in his professional capacity, has reasonable cause to believe that a child is suffering physical or emotional injury resulting from: (i) abuse inflicted upon him which causes harm or substantial risk of harm to the child's health or welfare, including sexual abuse; (ii) neglect, including malnutrition; (iii) physical dependence upon an addictive drug at birth, shall immediately communicate with the department orally and, within 48 hours, shall file a written report with the department detailing the suspected abuse or neglect; or (iv) being a sexually exploited child; or (v) being a human trafficking victim as defined by section 20M of chapter 233.

If a mandated reporter is a member of the staff of a medical or other public or private institution, school or facility, the mandated reporter may instead notify the person or designated agent in charge of such institution, school or facility who shall become responsible for notifying the department in the manner required by this section.

A mandated reporter may, in addition to filing a report under this section, contact local law enforcement authorities or the child advocate about the suspected abuse or neglect.

(b) For the purpose of reporting under this section, hospital personnel may have photographs taken of the areas of trauma visible on the child without the consent of the child's parents or guardians. These photographs or copies thereof shall be sent to the department with the report.

If hospital personnel collect physical evidence of abuse or neglect of the child, the local district attorney, local law enforcement authorities, and the department shall be immediately notified. The physical evidence shall be processed immediately so that the department may make an informed determination within the time limits in section 51B. If there is a delay in processing, the department shall seek a waiver under subsection (d) of section 51B.

(c) Notwithstanding subsection (g), whoever violates this section shall be punished by a fine of not more than \$1,000. Whoever knowingly and willfully files a frivolous report of child abuse or neglect under this section shall be punished by: (i) a fine of not more than \$2,000 for the first offense; (ii) imprisonment in a house of correction for not more than 6 months and a fine of not more than \$2,000 for the second offense; and (iii) imprisonment in a house of correction for not more than 2 1/2 years and a fine of not more than \$2,000 for the third and subsequent offenses.

Any mandated reporter who has knowledge of child abuse or neglect that resulted in serious bodily injury to or death of a child and willfully fails to report such abuse or neglect shall be punished by a fine of up to \$5,000 or imprisonment in the house of correction for not more than 2 1/2 years or by both such fine and imprisonment; and, upon a guilty finding or a continuance without a finding, the court shall notify any appropriate professional licensing authority of the mandated reporter's violation of this paragraph.

(d) A report filed under this section shall contain: (i) the names and addresses of the child and the child's parents or other person responsible for the child's care, if known; (ii) the child's age; (iii) the child's sex; (iv) the nature

and extent of the child's injuries, abuse, maltreatment or neglect, including any evidence of prior injuries, abuse, maltreatment or neglect; (v) the circumstances under which the person required to report first became aware of the child's injuries, abuse, maltreatment or neglect; (vi) whatever action, if any, was taken to treat, shelter or otherwise assist the child; (vii) the name of the person or persons making the report; (viii) any other information that the person reporting believes might be helpful in establishing the cause of the injuries; (ix) the identity of the person or persons responsible for the neglect or injuries; and (x) other information required by the department.

(e) A mandated reporter who has reasonable cause to believe that a child has died as a result of any of the conditions listed in subsection (a) shall report the death to the district attorney for the county in which the death occurred and the office of the chief medical examiner as required by clause (16) of section 3 of chapter 38. Any person who fails to file a report under this subsection shall be punished by a fine of not more than \$1,000.

(f) Any person may file a report under this section if that person has reasonable cause to believe that a child is suffering from or has died as a result of abuse or neglect.

(g) No mandated reporter shall be liable in any civil or criminal action for filing a report under this section or for contacting local law enforcement authorities or the child advocate, if the report or contact was made in good faith, was not frivolous, and the reporter did not cause the abuse or neglect. No other person filing a report under this section shall be liable in any civil or criminal action by reason of the report if it was made in good faith and if that person did not perpetrate or inflict the reported abuse or cause the reported neglect. Any person filing a report under this section may be liable in a civil or criminal action if the department or a district attorney determines that the person filing the report may have perpetrated or inflicted the abuse or caused the neglect.

(h) No employer shall discharge, discriminate or retaliate against a mandated reporter who, in good faith, files a report under this section, testifies or is about to testify in any proceeding involving child abuse or neglect. Any employer who discharges, discriminates or retaliates against that mandated reporter shall be liable to the mandated reporter for treble damages, costs and attorney's fees.

(i) Within 30 days of receiving a report from a mandated reporter, the department shall notify the mandated reporter, in writing, of its determination of the nature, extent and cause or causes of the injuries to the child and the services that the department intendsto provide to the child or the child's family.

(j) Any privilege relating to confidential communications, established by sections 135 to 135B, inclusive, of chapter 112 or by sections 20A and 20B of chapter 233, shall not prohibit the filing of a report under this section or a care and protection petition under section 24, except that a priest, rabbi, clergy member, ordained or licensed minister, leader of a church or religious body or accredited Christian Science practitioner need not report information solely gained in a confession or similarly confidential communication in other religious faiths. Nothing in the general laws shall modify or limit the duty of a priest, rabbi, clergy member, ordained or licensed minister, leader of a church or religious body or accredited Christian Science practitioner to report suspected child abuse or neglect under this section when the priest, rabbi, clergy member, ordained or licensed minister, leader of a church or religious body or accredited Christian Science practitioner is acting in some other capacity that would otherwise make him a mandated reporter.

(k) A mandated reporter who is professionally licensed by the commonwealth shall complete training to recognize and report suspected child abuse or neglect.

# INTRODUCTION TO MANDATED REPORTING

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, more than 75,000 reports are received on behalf of 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;
- Early education, preschool, child care or after school 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;
- Child care licensors, such as staff from the Department of Early Education and Care;
- Social workers, foster parents, probation officers, clerks magistrate of the district courts, and parole officers;
- Firefighters and police officers;
- School attendance officers, allied mental health and licensed human services professionals;
- Psychiatrists, psychologists and clinical social workers, drug and alcoholism counselors;
- 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 persons employed by a religious body to supervise, educate, coach, train or counsel a child on a regular basis; and
- The Child Advocate.

## As a mandated reporter, what are my responsibilities?

Massachusetts law requires mandated reporters to immediately make an oral report to DCF 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. A written report is to be submitted within 48 hours.

In addition to filing with the Department a mandated reporter may notify local law enforcement or the Office of the Child Advocate of any suspected 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; any suspicion of child sexual exploitation or human trafficking; or death as a result of abuse and/or neglect. In addition, you must report a death as a result of abuse and/or neglect to the local District Attorney and to the Office of the Chief Medical Examiner. 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 and 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.

Any profession defined by law as a mandated reporter, is required to assist in a 51B investigation or initial assessment, even if they are not the filer of the 51A report. Mandated reporters who are licensed by the Commonwealth are required to complete training to recognize and report suspected child abuse and/or neglect.

## 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. 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.

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 and/or neglected, you should immediately telephone the DCF Area Office and ask for the Screening Unit. You will find a directory of the DCF Area Offices at the end of this Guide and on the DCF web site. Offices are staffed between 9 am and 5 pm weekdays. To make a report at any other time, including after 5 pm and on weekends and holidays, please call the **Child-At-Risk Hotline at 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 a local DCF Area Office or from the DCF website: [www.mass.gov/dcf](http://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 and/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 DCF. 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 51A 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 more likely necessary if the following higher risk 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 a 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, all mandated reporters are required to answer the Department's questions and provide information to assist in determining whether a child is being abused and/or neglected and in assessing the child's safety in the household.

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

1. 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 who may be able to provide information about the child's condition. DCF may also contact the family if appropriate.
2. If the report is "Screened-In", it is assigned either for a Child Protective Services (CPS) Investigation or Assessment Response:
  - 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 current safety and the potential risk to the reported child, the validity of an allegation, identification of person(s) responsible and whether DCF intervention is necessary.

- 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.
3. 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: Children Requiring Assistance (CRA) cases referred by the Juvenile Court, cases referred by the Probate and Family 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, and/or an Investigation or Assessment?**

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

## **Will I be informed about the DCF determination?**

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 or caretaker. In that letter you will be informed of the Department's response, the determination and whether DCF is opening a case for continued DCF involvement.

## **Does DCF tell the family who made the 51A report?**

DCF regulations do not allow the Department to disclose the name of a reporter unless ordered by a court or required by statute such as when the Department is required to provide the 51A report to the District Attorney or other law enforcement (CMR 12.00 etseq).

## **Referrals to the District Attorney**

If the Department determines that a child has been sexually abused or sexually exploited, has been a victim of human trafficking, 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.

# WARNING SIGNS FOR CHILD ABUSE AND NEGLECT

There are often certain recognizable physical and behavioral indicators of child abuse or neglect. The following signs, by themselves, may not be conclusive evidence of a problem, but serve as indicators of the possibility that a problem exists.

## Signs of Physical Abuse

- Bruising, welts or burns that cannot be sufficiently explained; particularly bruises on the face, lips, and mouth of infants or on several surface planes at the same time;
- Withdrawn, fearful or extreme behavior;
- Clusters of bruises, welts or burns, indicating repeated contact with a hand or instrument;
- Burns that are insufficiently explained; for example, cigarette burns; and
- Injuries on children where children don't usually get injured (e.g., the torso, back neck buttocks, or thighs).

## Signs of Sexual Abuse

- Difficulty walking or sitting;
- Pain or itching in the genital area;
- Torn, stained or bloody underclothing;
- Frequent complaints of stomachaches or headaches;
- Venereal disease;
- Bruises or bleeding in external genitalia;
- Feeling threatened by physical contact;
- Inappropriate sex play or premature understanding of sex; and
- Frequent urinary or yeast infections.

## Signs of Emotional Injury

- Speech disorders;
- Inability to play as most children do;
- Sleeping problems;
- Anti-social behavior or behavioral extremes; and
- Delays in emotional and intellectual growth.

## Signs of Neglect

- Lack of medical or dental care;
- Chronically dirty or unbathed;
- Lack of adequate school attendance;
- Lack of supervision; for example young children left unattended or with other children too young to protect or care for them;
- Lack of proper nutrition;
- Lack of adequate shelter;
- Self-destructive feelings or behavior; and
- Alcohol or drug abuse.

***Each case of child abuse or neglect is individual. The child who has been hurt is always the victim. If you believe a child may be the victim of abuse or neglect, contact the Child-at-Risk Hotline at 1-800-792-5200.***



### **Important Contact Information:**

Office of District Attorney Joseph D. Early, Jr.  
Children's Advocacy Center of Worcester County  
508-792-0214  
225 Main Street Room G-301  
Worcester, MA 01608

### **Resources**

#### Department of Children and Families

North Central Area Office	978-353-3600
South Central Area Office	508-929-1000
Worcester East Area Office	508-793-8000
Worcester West Area Office	508-929-2000

Child Protection Program at the UMass Memorial Medical Center  
774-442-6629

Child Trauma Training Center Centralized Referral System  
1-855-LINK-KID