2014 SESSION

LEGISLATION NOT PREPARED BY DLS INTRODUCED

	14104157D
1	HOUSE BILL NO. 1240
2	Offered January 17, 2014
3	A BILL to amend and reenact § 63.2-1509 of the Code of Virginia, relating to mandatory reporting of
4 5	child abuse or neglect by guardians ad litem.
5	Patron—Hope
6	
7	Referred to Committee on Health, Welfare and Institutions
8 9	Be it enacted by the General Assembly of Virginia:
10	1. That § 63.2-1509 of the Code of Virginia is amended and reenacted as follows:
11	§ 63.2-1509. Requirement that certain injuries to children be reported by physicians, nurses,
12	teachers, etc.; penalty for failure to report.
13	A. The following persons who, in their professional or official capacity, have reason to suspect that a
14 15	child is an abused or neglected child, shall report the matter immediately to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred or
16	to the Department's toll-free child abuse and neglect hotline:
17	1. Any person licensed to practice medicine or any of the healing arts;
18	2. Any hospital resident or intern, and any person employed in the nursing profession;
19	3. Any person employed as a social worker;
20 21	4. Any probation officer;5. Any teacher or other person employed in a public or private school, kindergarten or nursery
²¹ 22	school;
$\overline{23}$	6. Any person providing full-time or part-time child care for pay on a regularly planned basis;
24	7. Any mental health professional;
25	8. Any law-enforcement officer or animal control officer;
26 27	9. Any mediator eligible to receive court referrals pursuant to § 8.01-576.8; 10. Any professional staff person, not previously enumerated, employed by a private or state-operated
28	hospital, institution or facility to which children have been committed or where children have been
29	placed for care and treatment;
30	11. Any person 18 years of age or older associated with or employed by any public or private
31 32	organization responsible for the care, custody or control of children;
32 33	12. Any person who is designated a court-appointed special advocate pursuant to Article 5 (§ 9.1-151 et seq.) of Chapter 1 of Title 9.1;
34	13. Any person 18 years of age or older who has received training approved by the Department of
35	Social Services for the purposes of recognizing and reporting child abuse and neglect;
36	14. Any person employed by a local department as defined in § 63.2-100 who determines eligibility
37 38	for public assistance; 15. Any emergency medical services provider certified by the Board of Health pursuant to
39	§ 32.1-111.5, unless such provider immediately reports the matter directly to the attending physician at
40	the hospital to which the child is transported, who shall make such report forthwith;
41	16. Any athletic coach, director or other person 18 years of age or older employed by or
42 43	volunteering with a private sports organization or team; 17. Administrators or employees 18 years of age or older of public or private day camps, youth
4 4	centers and youth recreation programs; and
45	18. Any person employed by a public or private institution of higher education other than an attorney
46	who is employed by a public or private institution of higher education as it relates to information gained
47 48	in the course of providing legal representation to a client; and 19. Any guardian ad litem appointed by a court to represent a child, except when prohibited by the
4 9	attorney-client privilege.
50	This subsection shall not apply to any regular minister, priest, rabbi, imam, or duly accredited
51	practitioner of any religious organization or denomination usually referred to as a church as it relates to
52 53	(i) information required by the doctrine of the religious organization or denomination to be kept in a confidential manner or (ii) information that would be subject to $\$$ 8.01.400 or 10.2.271.3 if offered as
53 54	confidential manner or (ii) information that would be subject to § 8.01-400 or 19.2-271.3 if offered as evidence in court.
55	If neither the locality in which the child resides nor where the abuse or neglect is believed to have
56	occurred is known, then such report shall be made to the local department of the county or city where
57	the abuse or neglect was discovered or to the Department's toll-free child abuse and neglect hotline.
58	If an employee of the local department is suspected of abusing or neglecting a child, the report shall

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be made to the court of the county or city where the abuse or neglect was discovered. Upon receipt of
such a report by the court, the judge shall assign the report to a local department that is not the
employer of the suspected employee for investigation or family assessment. The judge may consult with
the Department in selecting a local department to respond to the report or the complaint.

63 If the information is received by a teacher, staff member, resident, intern or nurse in the course of 64 professional services in a hospital, school or similar institution, such person may, in place of said report, 65 immediately notify the person in charge of the institution or department, or his designee, who shall 66 make such report forthwith. If the initial report of suspected abuse or neglect is made to the person in charge of the institution or department, or his designee, pursuant to this subsection, such person shall 67 68 notify the teacher, staff member, resident, intern or nurse who made the initial report when the report of 69 suspected child abuse or neglect is made to the local department or to the Department's toll-free child 70 abuse and neglect hotline, and of the name of the individual receiving the report, and shall forward any 71 communication resulting from the report, including any information about any actions taken regarding 72 the report, to the person who made the initial report.

73 The initial report may be an oral report but such report shall be reduced to writing by the child 74 abuse coordinator of the local department on a form prescribed by the Board. Any person required to 75 make the report pursuant to this subsection shall disclose all information that is the basis for his 76 suspicion of abuse or neglect of the child and, upon request, shall make available to the child-protective 77 services coordinator and the local department, which is the agency of jurisdiction, any information, 78 records, or reports that document the basis for the report. All persons required by this subsection to 79 report suspected abuse or neglect who maintain a record of a child who is the subject of such a report 80 shall cooperate with the investigating agency and shall make related information, records and reports available to the investigating agency unless such disclosure violates the federal Family Educational Rights and Privacy Act (20 U.S.C. § 1232g). Provision of such information, records, and reports by a 81 82 health care provider shall not be prohibited by § 8.01-399. Criminal investigative reports received from 83 law-enforcement agencies shall not be further disseminated by the investigating agency nor shall they be 84 85 subject to public disclosure.

86 B. For purposes of subsection A, "reason to suspect that a child is abused or neglected" shall include 87 (i) a finding made by a health care provider within six weeks of the birth of a child that the results of 88 toxicology studies of the child indicate the presence of a controlled substance not prescribed for the 89 mother by a physician; (ii) a finding made by a health care provider within six weeks of the birth of a 90 child that the child was born dependent on a controlled substance which was not prescribed by a 91 physician for the mother and has demonstrated withdrawal symptoms; (iii) a diagnosis made by a health 92 care provider at any time following a child's birth that the child has an illness, disease or condition 93 which, to a reasonable degree of medical certainty, is attributable to in utero exposure to a controlled substance which was not prescribed by a physician for the mother or the child; or (iv) a diagnosis made 94 95 by a health care provider at any time following a child's birth that the child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol. When "reason to suspect" is based upon this 96 97 subsection, such fact shall be included in the report along with the facts relied upon by the person 98 making the report.

C. Any person who makes a report or provides records or information pursuant to subsection A or
who testifies in any judicial proceeding arising from such report, records, or information shall be
immune from any civil or criminal liability or administrative penalty or sanction on account of such
report, records, information, or testimony, unless such person acted in bad faith or with malicious
purpose.

D. Any person required to file a report pursuant to this section who fails to do so as soon as
possible, but not longer than 24 hours after having reason to suspect a reportable offense of child abuse
or neglect, shall be fined not more than \$500 for the first failure and for any subsequent failures not less
than \$1,000. In cases evidencing acts of rape, sodomy, or object sexual penetration as defined in Article
7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2, a person who knowingly and intentionally fails to make
the report required pursuant to this section shall be guilty of a Class 1 misdemeanor.

E. No person shall be required to make a report pursuant to this section if the person has actual knowledge that the same matter has already been reported to the local department or the Department's toll-free child abuse and neglect hotline.