

GENERAL LAWS OF RHODE ISLAND ANNOTATED, 1956TITLE 40. HUMAN SERVICESCHAPTER 11. ABUSED AND NEGLECTED CHILDREN**40-11-3. Duty to report -- Deprivation of nutrition or medical treatment. --**

(a) Any person who has reasonable cause to know or suspect that any child has been abused or neglected as defined in [§ 40-11-2](#) or has been a victim of sexual abuse by another child shall, within twenty-four (24) hours, transfer that information to the department for children and their families or its agent who shall cause the report to be investigated immediately. As a result of those reports and referrals, protective social services shall be made available to those children in an effort to safeguard and enhance the welfare of those children and to provide a means to prevent further abuse or neglect. The department shall establish and implement a single, statewide, toll-free telephone to operate twenty-four (24) hours per day, seven (7) days per week for the receipt of reports concerning child abuse and neglect, which reports shall be electronically recorded and placed in the central registry established by [§ 42-72-7](#). The electronically recorded records, properly indexed by date and other essential identifying data, shall be maintained for a minimum of three (3) years; provided, however, any person who has been reported for child abuse and/or neglect and who has been determined not to have neglected and/or abused a child, shall have his or her record expunged as to that incident three (3) years after that determination. The department shall establish rules and regulations requiring hospitals, health care centers, emergency rooms and other appropriate health facilities to report on a quarterly basis the number of cases reported by these institutions as suspected child abuse.

(b) The reporting shall include immediate notification of the department of any instance where parents of an infant have requested deprivation of nutrition that is necessary to sustain life and/or who have requested deprivation of medical or surgical intervention that is necessary to remedy or ameliorate a life threatening medical condition, if the nutrition or medical or surgical intervention is generally provided to similar nutritional, medical, or surgical conditioned infants, whether disabled or not.

(c) Nothing in this section shall be interpreted to prevent a child's parents and physician from discontinuing the use of life-support systems or nonpalliative treatment for a child who is terminally ill where, in the opinion of the child's physician exercising competent medical judgment, the child has no reasonable chance of recovery from the terminal illness despite every appropriate medical treatment to correct the condition.

History of Section.

P.L. 1976, ch. 91, § 2; P.L. 1979, ch. 248, § 9; P.L. 1983, ch. 250, § 1; P.L. 1984, ch. 247, § 1; P.L. 1985, ch. 371, § 1; P.L. 1988, ch. 655, § 1; P.L. 1990, ch. 280, § 1; P.L. 1999, ch. 83, § 101; P.L. 1999, ch. 130, § 101.

HISTORICAL NOTES

Reenactments.

The 1997 Reenactment (P.L. 1997, ch. 326, § 1) substituted "as defined in [§ 40-11-2](#)" for "as defined herein" in the first sentence of subsection (a).

Compiler's Notes.

P.L. 1999, ch. 83, § 101, and P.L. 1999, ch. 130, § 101, enacted identical amendments to this section.

REFERENCES

Cross References.

Establishment by department for children and their families of procedures for **reporting child abuse** and neglect, [§](#)

[42-72-5.](#)

NOTES TO DECISIONS

Analysis.

1. In general.
2. Reasonable suspicion.
3. Evidence in criminal prosecution.

1. In General.

A child's statement that her father had beaten her and threatened to kill her, reported by teachers with whom a social worker had had repeated contact in conjunction with her treatment of the child and whose veracity she had no reason to doubt, the child's complaints during the preceding week and a half of similar beatings, the reported bruises on her body, her unusual fear of going home, and her violently disruptive and self-abusive behavior were more than sufficient to mandate a report to the Department of Children and Their Families under this section by the social worker. [Curtis v. State Dep't for Children & Their Families, 522 A.2d 203 \(R.I. 1987\).](#)

2. Reasonable Suspicion.

Since, in the context of a discussion about serious child abuse, the student said that she was hit and bruised, and while she was asked about being hit by her parents, she was crying, those undisputed facts alone rendered the rape crisis center employee's suspicion that the student was being abused eminently reasonable. In fact, the employee could have been accused of breaking the law had she not reported her suspicions to the department of children and their families within 24 hours, given the content of the student's speech. [Wojcik ex rel. Wojcik v. Town of N. Smithfield, 874 F. Supp. 508 \(D.R.I. 1995\)](#), aff'd, [76 F.3d 1 \(1st Cir. 1996\)](#).

Under this section, good faith reports by school teachers, based on one student's journal entries and that student's sibling's reaction to a school program on child abuse, created immunity to suit. [Wojcik v. Town of N. Smithfield, 76 F.3d 1 \(1st Cir. 1996\)](#).

3. Evidence in Criminal Prosecution.

In a prosecution for sexual offenses, the trial court did not limit the defendant's right to an effective cross-examination of the victim's mother by barring inquiries as to when she first notified the Department of Children, Youth, and Families (DCYF) about her daughter's disclosure of sexual abuse and whether the mother realized she had an obligation to notify DYCF under this section. [State v. Brown, 709 A.2d 465 \(R.I. 1998\)](#).

REFERENCES

Collateral References.

[Validity, construction, and application of state statute requiring doctor or other person to report child abuse. 73 A.L.R.4th 782.](#)

Gen. Laws, 1956, § 40-11-3, RI ST § 40-11-3

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