

**PA13-228**

SB0833

Children	15, 17-20, 22-24, 66-68, 133, 135-141, 190, 192, 310, 311-312, 317-320, 340, 343-349, 351-360	46
House	10741-10742, 10761- 10763	5
Senate	1283-1285, 1680-1695, 2068-2070	22
		<b>73</b>

**H - 1150**

**CONNECTICUT  
GENERAL ASSEMBLY  
HOUSE**

**PROCEEDINGS  
2013**

**VOL.56  
PART 1  
1 - 356**

**INDEX**

And if he had served on those benches before, then we wouldn't have had him serving here as a Senator for the amount of years that he has, so that's certainly something to take into consideration.

One of the other factors that was also brought to light during that public hearing was what was characterized as an aggressive position that he may have taken on a piece of legislation, then again that some would say was characterized as an attack on the Catholic Church.

I believe Attorney McDonald had provided a very adequate response regarding his position in that. It was, something was brought up to his attention by a constituent.

Now I know all of us, with the number of years that we've been serving here, and certainly those that have served here longer, have been faced with a variety of different types of bills and different types of voting records on those bills, and we do, to the best of our abilities as State Representatives and as Senators, try to promote the success passage of any bill that any constituent of ours brings to our attention that we may believe in.

And there may be bills that we truly do raise

that again, we may not necessarily believe in, but we have a duty to do so because it's one of our constituents.

So again, I was satisfied with the responses by Attorney McDonald in that regard during the public hearing. But even more so, what I have to look at, when you appoint someone to the bench and certainly the Supreme Court, his analytical abilities and also his belief as many of the other successful judges that testified before us said, the cases belong to the people not the judges.

We here at the Capitol, we make laws. Judges do not make laws from the bench. Those are the people's cases and they must decide, based on the information that's provided to them.

I think we've been very fortunate to have Attorney McDonald in all of his public services, both locally in Stamford, as well as his service up here in Hartford and I believe it will be that diverse background that he brings as well as obviously his analytical ability to listen to both sides.

I have personally been able to speak with Attorney McDonald and I have found him to be professional and capable of being nominated to the

partisan part of his experience in life and set it aside in this new role?

Now, I don't think it's going to be easy for Andrew McDonald to do that, because it wouldn't be easy for anyone to do that. But I believe he can do that.

If you look up in the dictionary judicial restraint, there is a definition that's provided that says a philosophy of judicial decision making whereby judges avoid indulging their personal beliefs about the public good and instead try merely to interpret the law as legislated and according to precedent.

In my history with Andrew McDonald, I believe that he will do just that, and therefore, I will be casting my vote in favor of this Resolution.

Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, Representative Cafero.

For the second time, Representative Fox.

REP. G. FOX (146th):

Thank you, Mr. Speaker.

It has been encouraging to hear the many fine comments about this nominee by both sides of the aisle who have obviously had an opportunity to work with

him, had an opportunity to listen to him, and to have him listen to you, and also to agree or disagree, and what I'm hearing is that with respect to Attorney McDonald, he will be somebody who is able to hear all sides of an issue and make a decision.

I think the Minority Leader is very accurate when he talks about the roles of a legislator who has to take a position versus that of a judge who is making a decision based upon the law as they're applied to the facts.

And I agree that having been in a political arena for such a long period of time, that there will certainly be a transition period for this -- for this nominee, but I also know and have had a number of discussions with Andrew McDonald, that this is a role that he's ready for. And in a very short while I expect that it's not going, we're not going to be asking the question, where do you stand on this issue because I believe his response is going to be, well, what's the law? What's the precedent? What has the Legislature said on these issues?

And that's where he's going to be from this point forward. That's how he's going to apply his intellect, his reasoning abilities when addressing a

case that comes before him.

There's been talk about the fact that he's coming to this position as an attorney who has never previously served as a judge. There is precedent. I acknowledge that it's not significant but there have been some who have served, whether it's a professorial background or a prosecutorial career a number -- those areas are ones where individuals have risen to the level of an associate justice of the Supreme Court once chosen by the Governor.

This nominee is ready for this position. He will be able to handle it in a manner that will distinguish himself just as all of the other positions that he has previously held, through hard work, through fairness, through listening to all sides, and coming down to the right decision.

Many times, Mr. Speaker, we all know that the Supreme Court has to make tough choices. They're not easy. And sometimes you make choices that you may not, a justice may make a choice that you didn't think they were going to decide but that's the way the law and their analysis of the law, that's where it took their reasoning.

In reading through Andrew McDonald's

**S - 656**

**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
2013**

**VOL. 56  
PART 5  
1213 - 1511**

law/gbr  
SENATE

166  
May 1, 2013

Calendar? Is there objection? Seeing none, the bill  
will be placed on the Consent Calendar. Mr. Clerk.

THE CLERK:

On page 34, Calendar 104 substitute for Senate Bill  
number 833, AN ACT ADDRESSING THE MEDICAL NEEDS OF  
CHILDREN, favorable report of the Committee on Human  
Services. There is an amendment.

THE CHAIR:

Sir, a moment please. Senator Looney.

SENATOR LOONEY:

Madam President -- Madam President, if we might place  
this item on the Consent Calendar and then if the  
Senate might stand at ease for a moment before calling  
the next item.

THE CHAIR:

Seeing no objection, so ordered. Sir.

SENATOR LOONEY:

Thank you.

THE CHAIR:

The Senate will stand at ease.

(Chamber at ease.)

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Madam President, that  
next item Calendar page 104, Calendar 105, Senate Bill  
887 would also move to place that item on the Consent  
Calendar.

THE CHAIR:

law/gbr  
SENATE

167  
May 1, 2013

Seeing no objection, so ordered, Sir.

SENATOR LOONEY:

Thank you, Madam President. If we might now call for a vote on the Consent Calendar.

THE CHAIR:

Sounds like a great idea. Senator -- Mr. Clerk, will you please call for a vote and -- and first read the Consent Calendar before I open the machine.

THE CLERK:

On page one, Calendar 454, Senate -- Senate Joint Resolution number 55, Calendar 455, Senate Joint Resolution number 56, on page two, Calendar 456, Senate Joint Resolution number 57, Calendar 470, House Joint Resolution number 5. Also --

THE CHAIR:

Ninety five, Sir. I think the House Joint Resolution is number 95.

THE CLERK:

It is indeed 95. Also on page two, Calendar 471, House Joint Resolution number 96, Calendar 472, House Joint Resolution number 97, on page ten, Calendar 230, Senate Bill 235, page 14, Calendar 283, Senate Bill number 963, on page 16, Calendar 311, Senate Bill 1118, also Calendar 315, Senate Bill 1078, on page 21, Calendar 367, Senate Bill 804, page 24, Calendar 395, Senate Bill 967, on page 33 Calendar 102, Senate Bill 822, page 34, Calendar 104, Senate Bill 833, and on page 34, Calendar 105, Senate Bill 887.

THE CHAIR:

At this time Mr. -- Senator Looney.

SENATOR LOONEY:

law/gbr  
SENATE

168  
May 1, 2013

Thank you, Madam President. One item that needs to be removed from the Consent Calendar that is Calendar 104 -- page 34, Calendar 104. If that might be removed from the Consent Calendar and marked passed temporarily.

JB833

THE CHAIR:

Seeing no -- seeing no objection, so ordered, Sir.

SENATOR LOONEY:

Thank you, Madam President. And if the -- if we would -- might call for a -- a vote now on the other items marked consent.

THE CHAIR:

Mr. Clerk, I will open the machine.

THE CLERK:

Immediate roll call has been ordered in the Senate in voting today's Consent Calendar. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Senator Meyer. Senator Meyer, would you like to vote on the Consent Calendar, Sir. No problem.

Have all members vote, all members have voted. The machine will be closed. Mr. Clerk, will you call the --

THE CLERK:

On today's Consent Calendar.

Total Number Voting 35

Necessary for Adoption 18

Those voting Yea 35

Those voting Nay 0

**S - 657**

**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
2013**

**VOL. 56  
PART 6  
1512 - 1826**

cah/meb/gdm/gbr  
SENATE

4  
May 14, 2013

Thank you.

Mr. Clerk.

THE CLERK:

Calendar Page 40, Calendar 104, Substitute for Senate Bill Number 833, AN ACT ADDRESSING THE MEDICAL NEEDS OF CHILDREN, Favorable Report of the Committee on Human Services.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

Madam President, I move acceptance of the Joint Committee's Joint Favorable Report and I urge passage of the bill.

THE CHAIR:

The motion is on -- on adoption and passage. Will you remark, Ma'am?

SENATOR BARTOLOMEO:

Yes, thank you, Madam President.

This bill is referring to the DCF process whereby a child's case is considered an OTC or an order of temporary custody and what we are doing with this bill is we are trying to address a portion of the law that is currently silent on the rights and duties of DCF or any other agency or person who is granted an order of temporary custody.

Currently we have clarified in our law the rights of the guardian when we -- the child is under what's called a 96 hour hold period or when they are under the custody of DCF. What we don't have addressed is the period in between where there might be an order of temporary custody.

An order of temporary custody is when -- asked for when DCF has a reasonable cause to believe that a child is in immediate danger -- physical danger or suffering from serious physical injury -- physical illness or injury and the conditions or the circumstances surrounding the child's care require that the custody be assumed immediately to protect the child.

This triggers a 96 hour hold which then, by an ap -- by filing an affidavit with the Superior Court, would then become an order of temporary custody. What we are asking for is simply that during this period of time, which is typically around 45 days, that only decisions around emergency medical, emergency psychological, emergency psychiatric or surgical treatment are -- are given the authority to the guardian who is -- who has had the order of temporary custody for the child.

We were asked originally to consider making decisions for educational and school counseling purposes and the Committee decided that that would not be appropriate.

So based upon that, I urge passage of the bill from my colleagues in the Senate.

THE CHAIR:

Will you remark? Will you remark? Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President.

If I could, just a couple of questions to the proponent of the bill?

THE CHAIR:

Please proceed, sir.

SENATOR WITKOS:

Thank you.

cah/meb/gdm/gbr  
SENATE

6  
May 14, 2013

Through you, Madam President, how did we determine the court having jurisdiction over temporary care? Is that through a Probate Court? Is that through Superior Court?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

Through you, there would be a filing of an affidavit with Superior Court.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President.

And through you, if -- it's my understanding that currently if the Department of Children and Families takes temporary custody a child, in order to cause the least amount of disruption to that child, wherever they're relocated temporarily, the local school district provides the education or school transportation to their existing school district.

And is there anything in the bill -- I know that the -- you said that the Committee did not want to address that because -- at this time, but is there anything that bars the court from saying well now we're going to allow the grandparents, say if they're the ones in temporary custody, to say well it's a hardship for them now because they have to get up, you know, an hour and a half earlier because it's across the other side of the state, we're just going to let the kids go to the school district that they're temporarily residing in?

Is there anything that prevents that from happening?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

And through you, this bill doesn't address that type of a situation at all. It doesn't speak to that at all.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President.

And when we talk about the psychological or psychiatric care or surgical treatment, is that only done through an emergency basis or can -- does the, I guess, caretaker -- well let me put it -- rephrase that. What determines whether it's an emergency or not?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you.

And, Madam President, if -- if it pleases you, I would like to read the new section of the bill which I think will help to clarify that.

THE CHAIR:

Seeing no objection, go ahead.

SENATOR BARTOLOMEO:

We state -- thank you.

The -- the change that is made from current law is that we have now said that any person or agency in which the temporary care and custody of a child or youth is vested under this section shall have the following rights and duties regarding the child or youth: 1) the obligation of care and control, 2) the authority to make decisions regarding emergency medical, psychological, psychiatric or surgical treatment and 3) such other rights and duties that the court having jurisdiction may order.

So under this it would have to be deemed as a situation that was acute and needed immediate attention and only in those specific areas.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you.

So through you, Madam President, if I was a -- well I'll use grandparent because I know that they try -- the -- or -- or relative because I -- I understand that's the procedure that DCF attempts to use now as use relatives of somebody so it's least disruptive to the kids.

So if they're placed in temporary custody and the other family members aren't use to the behavioral patterns of these children, I guess that's my point, what -- can they just say oh my God they're out of control. This is an emergency. I want to invoke some change through this or is this -- that could be just the normal behavior of that child. Who determines that?

Through you, Madam President.

THE CHAIR:

cah/meb/gdm/gbr  
SENATE

9  
May 14, 2013

Senator Bartolomeo.

Thank you, Madam President.

Through you, sure that's a very good question. There still would be an attempt by DCF to notify the parents because at this point in time they would still technically have custody and the -- they also -- DCF does have physicians on staff that they would consult with. So those two things would happen prior to this being deemed an emergency.

THE CHAIR:

Senator Witkos.

SENATOR WITKOS:

Thank you, Madam President.

And I thank the gentlewoman for her answers.

THE CHAIR:

Thank you.

Will you remark further? Senator Linares.

SENATOR LINARES:

Thank you, Madam President. It's good to see you today.

THE CHAIR:

Same here, sir.

SENATOR LINARES:

Senator, thank you for your position on this bill. I too support this bill but as someone who doesn't have children and as, you know, there may be Senators here today that don't have children, it's always nice to hear an example, even for the folks back home who might be tuning in, on -- on a specific example that -- that may be that you have heard where -- where this

cah/meb/gdm/gbr  
SENATE

10  
May 14, 2013

law can potentially help -- help the children. I just would like to know if you can cite an example.

Through you, Madam President.

THE CHAIR:

Thank you.

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

And through you, sure I'd be more than happy and I appreciate your support and I do understand that you either are or will shortly become an uncle so, you know, you're not that far off from having to be responsible for children.

We -- we could look to one example. So for instance if a child in this situation did have psychiatric issues and they were becoming acute during this transition period, you might have a child who would attempt suicide. So, you know, in that situation, that would certainly be deemed emergency medical and psychiatric and then we would want to make sure that the custodian, whether that be DCF or an appointed custodian, would have the opportunity to authorize any emergency care.

SENATOR LINARES:

Okay.

THE CHAIR:

Senator Linares.

SENATOR LINARES:

Thank you, Senator. So are -- are these -- is this law essentially current practice? Are we seeing -- are we seeing people in DCF providing this care already or are -- are we just -- are we reflecting

cah/meb/gdm/gbr  
SENATE

11  
May 14, 2013

current practices? Can you elaborate on that,  
Senator?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

Yes, we are told that, in the absence of anything  
concrete, that certainly in a situation like I  
described, they are making those decisions again after  
-- after trying to -- attempting to notify the parents  
as well as consulting with their physicians. So this  
will codify current practice.

THE CHAIR:

Senator Linares.

SENATOR LINARES:

Thank you.

Thank you, Senator. I just had a question about one  
of the details in this bill. It says it extends to  
DCF or any agency or person to whom DCF has granted  
temporary care and custody of a child or youth the  
following rights regarding the child or youth and the  
first point here is the obligation of care and control  
and it -- it kind of sounds a -- a little vague. I  
was wondering if you could speak to that what care and  
control means specifically.

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

cah/meb/gdm/gbr  
SENATE

12  
May 14, 2013

Sure, thank you, Madam President, I would be happy to, through you.

That is actually part of the definition of guardianship so it's legal terminology as one of the requirements of guardianship. It's -- it's legalese.

THE CHAIR:

Senator Linares.

SENATOR LINARES:

Okay well thank you very much, Senator, I -- I do support this bill. I think it's important that we provide the best possible care for our children and being that these are best practices and being that they are current practices, I think this law reflects the best interests of the health and safety of our children across the entire State of Connecticut and I support this bill and I -- I thank the good Senator for her efforts.

Thank you, Madam President.

THE CHAIR:

Thank you.

Will you remark further? Will you remark further?  
Senator Markley.

SENATOR MARKLEY:

Thank you, Madam President.

This bill came through the Human Services Committee as well where I supported it as I plan to do today and I may as well, on this bill as any other of the hundreds of bills on which I could make this comment, choose this moment to make this remark.

Senator Bartolomeo has mentioned that this is already existing practice with the Department and it is appropriate practice for the Department. I think there's no question about that. We -- if there's nobody to make a decision if they make their best

cah/meb/gdm/gbr  
SENATE

13  
May 14, 2013

efforts to find the people who would most appropriately make the decision, we would certainly want the Department to go ahead and make the decision.

She's also acknowledged that that's the current practice of the Department and that raises the question of why we need to have a law in the statute books which allows the Department to continue to do something that apparently they have the power to do already.

That's a question that I ask myself many, many times about the bills that come before us here. It's -- it would be, on one hand, absurd for me to vote against things that I think are properly done simply because I don't think they're necessary and yet at a certain point do you feel like you need to say that we seem to be doing a great number of things here which are not necessary for us to do.

And I -- I feel like the danger of it is is simply the extent to which it increases the fog of the activity here in the -- in the Legislature. Over the weekend I had occasion to speak to some people back in my district and I had a copy of the Senate calendar with me just because I had it along but at some point somebody was talking to me about the -- the old question I so often get did he read the bill and I said you know I'm lucky if I read the titles of the bills that we vote on. We have so many things come before us and it almost ends up being a matter of whether somebody alerts me to a problem or whether something jumps out at me whether I really put -- give the attention to the bill that I would like to be able to give to every single thing that comes before us.

And I suppose this is a -- a -- this is -- this is like preaching against the tide coming in because I don't know that there's anything we can -- we can do about it but I think that we need to be aware of the fact that we do a great deal of this, things that to my mind ought to be in a practice book of a -- of a department and not something that needs to be part of state law which ought to be really something that we reserve for things which have broader application and that I think are -- are of greater permanence than the

cah/meb/gdm/gbr  
SENATE

14  
May 14, 2013

practices of any particular agency at any particular time.

So with that -- with that small statement let me say I do appreciate the -- the Senator's work on the proposal which I think makes -- makes eminent sense if it is necessary for us to do and I will be voting for it.

THE CHAIR:

Thank you.

Will you remark? Will you remark? Senator McKinney.

SENATOR MCKINNEY:

Thank you, Madam President.

I was going to reiterate what Senator Markley just said but it actually -- I won't repeat that and spare my colleagues the time but it does raise a question if I could, through you, a question to --

THE CHAIR:

Please proceed, sir.

SENATOR MCKINNEY:

Thank you.

Senator, as I understand it and I certainly stand in support of the bill as well, as I understand the -- the Department has to file an affidavit, go to court to -- to get an order, a practice they've been doing for some time, they have to show that the person is in immediate physical danger or suffering from some illness as I understand it and that it's of exigent circumstances.

I guess through you, Madam President, the question is why -- why don't the court orders include what the rights of DCF or the agency that has temporary custody are rather than us put it into statute?

Through you, Madam President.

cah/meb/gdm/gbr  
SENATE

15  
May 14, 2013

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

Through you, I don't know why the courts don't. What I do know is that we have a three-step process and the first step and the third step have already been spoken to in law -- by law so this middle step remains silent. So it kind of completes the process in the cycle if we now pass this law. I do not know why the courts don't do that other than my answer I just gave you, sir.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Thank you.

And through you, Madam President, with -- with the understanding that you could perhaps come up with a hypothetical about everything so that I -- I caution you what's coming, but what would happen in the case where someone might know of perhaps if there are parent's religious beliefs that would prohibit someone from seeking certain medical treatment. If -- if the DCF or an agency is given temporary custody, do they get to make the decisions for the child regardless of perhaps what -- what religious beliefs might exist? Is there a way for the court to work through those issues?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

cah/meb/gdm/gbr  
SENATE

16  
May 14, 2013

Thank you.

And through you, Madam President, currently the way it is right now, certainly because we don't have law that says DCF has the authority legally during this step in the process, then yes certainly if the parents were to deny any kind of medical treatment, the child would not be able to receive that and then I suppose it would be a situation where there might be an intervention of trying to step in with the courts to force that. That would simply, you know, lengthen the period of time before the child was treated so it would be very concerning.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

And -- and so -- thank you.

Thank you, Senator. And -- and so my last question is -- and I understand this is temporary custody so it's -- I think it -- you said it's a 90 hour period traditionally or no, it's a longer period than that?

But through you, Madam President, are -- are we, in effect, saying that the DCF or the HC then steps in to make all parental decisions during this time period of temporary custody?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

Just to clarify if I might, so there -- there's three steps. The first step is the original 96 hours. Then it -- by that time there -- there's the opportunity to process through the courts the or -- order of temporary custody. The order of temporary custody, it

cah/meb/gdm/gbr  
SENATE

17  
May 14, 2013

differs depending on how long it takes to get the case through the court but it's typically an average of 45 days and right now all we are asking for is that, whether it is DCF or another -- another person or -- person that's granted that order and temporary custody, that they be given the right only for these emergency situations that I -- I specified.

What we did not allow to be changed is anything regarding the student's -- the child's schooling or educational situation. We felt that there was no need, that wasn't an emergency and that that certainly could stay status quo until the opportunity at which it was decided that either DCF takes full custody or they reside with their family.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Thank you.

And -- and so through you, Madam President, and the reason why I ask that is in -- in looking at bill and more importantly the OLR report, because that gives us a better understanding for those of us who haven't served on a committee looking at the bill, it does talk about giving the -- that -- that the order of temporary custody gives the following rights regarding the child: the obligation of care and control, the authority to make decisions regarding emergency medical, psychological, psychiatric or surgical treatment which I think we talked about but then it says three other rights and duties that the court orders.

But what I understand, through you, Madam President, is that doesn't -- that's not unlimited because they can't make decisions regarding schooling and other things so when it says other rights and duties that the court orders, is that related to the emergency medical treatment that we're talking about?

Through you, Madam President.

cah/meb/gdm/gbr  
SENATE

18  
May 14, 2013

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you, Madam President.

Through you, no what we are -- we are specifying the automatic I guess authority to make decisions on the -  
- the four situations that we specified here.  
However, from looking at that and speaking to the lawyers about specifically that number three, it's my understanding that, in a particular situation, that the judge would have the authority, as they always have, if they felt there was some other condition that they needed to be able to make a judgment on.

We are not changing that in any way, shape or form but that again is legal terminology because the judge does have the authority to individualize his decision -- his or her decision.

THE CHAIR:

Senator McKinney.

Thank you, Madam President.

So then when I -- when I hear you say we -- we didn't want to state in statute that they could make decisions regarding schooling, for example, that doesn't preclude a judge from making that decision, and I -- I can't think of a hypothetical right, but it doesn't preclude a judge from making that decision.

What you're saying is that that's not automatically a right granted under an order of temporary custody. Is that fair?

Through you, Madam President.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

cah/meb/gdm/gbr  
SENATE

19  
May 14, 2013

Thank you, Madam President.

Through you, yes that is correct. We're not taking away any of the -- the authority that a judge does have to individualize a situation but we did not feel it was appropriate to give any other rights automatically to -- to DCF or the other guardian except these that we have stated.

THE CHAIR:

Senator McKinney.

SENATOR MCKINNEY:

Madam President, thank you.

I thank the Senator for her answers.

THE CHAIR:

Thank you.

Will you remark further? Will you remark further?

If not, Senator, do you want to ask -- the Consent Calendar?

SENATOR BARTOLOMEO:

Oh yes, thank you, Madam President, what a wonderful idea. May we please have this added to the Consent Calendar if there's no objection?

THE CHAIR:

Seeing no objection, so ordered.

Mr. Clerk.

THE CLERK:

On page 41, Calendar 106, Senate Bill Number 916, AN ACT AUTHORIZING CIVIL PENALTIES FOR THE FAULTY, CARELESS OR NEGLIGENT APPLICATION OF PESTICIDES,

**S - 658**

**CONNECTICUT  
GENERAL ASSEMBLY  
SENATE**

**PROCEEDINGS  
2013**

**VOL. 56  
PART 7  
1827 - 2152**

The bill passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if the Clerk might now call the items on the Consent Calendar before proceeding to a vote on that Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

On Page 1, Calendar 545, Senate Resolution Number 27; also on Page 1, Calendar 546, Senate Resolution Number 28. On Page 2, Number 547, Senate Resolution Number 29. On Page 2, Number 549, Senate Resolution Number 31. On Page 5, Number 184, Senate Bill 1026. On Page 7, Calendar Number 253, Senate Bill Number 763. On Page 16, Calendar Number 412, Senate Bill Number 962. On Page 17, Calendar Number 436, Senate Bill Number 673. On Page 18, Calendar Number 438, Senate Bill Number 761. Also on Page 18, Calendar Number 443, Senate Bill Number 1056. On Page 19, Calendar Number 449, Senate Bill Number 828. On Page 20, Calendar Number 461, House Bill Number 6540.

On Page 21, Number 469, House Bill Number 6574. On Page 23, Number 480, Senate Bill Number 238. On Page 25, Calendar Number 501, House Bill Number 5799. Also on Page 25, Number 507, House Bill Number 5117. On Page 26, Calendar Number 508, House Bill Number 6571. On Page 26, Calendar Number 509, House Bill Number 6348. Also on Page 26, Calendar Number 510, House Bill Number 6007 and on Page 26, Calendar Number 512, House Bill Number 6392.

On Page 40, Calendar Number 48, Senate Bill Number 519. On Page 40, Calendar Number 60, Senate Bill Number 859. Also on Page 40, Calendar Number 104, Senate Bill Number 833.

cah/meb/gdm/gbr  
SENATE

393  
May 14, 2013

On Page 41, Calendar Number 107, Senate Bill Number 917. On Page 42, Calendar Number 123, Senate Bill Number 434. On Page 43, Calendar Number 129, Senate Bill Number 898. Also on Page 43, Calendar Number 139, Senate Bill Number 158. On Page 43, Calendar Number 167, Senate Bill Number 879.

On Page 45, Calendar Number 195, Senate Bill Number 816. Also on Page 45, Calendar Number 204, Senate Bill 652. On Page 47, Calendar Number 241, Senate Bill 1040. On Page 48, Calendar Number 269, Senate Bill 1003. Also on Page 48, Calendar Number 270, Senate Bill Number 1007.

On Page 50, Calendar Number 304, Senate Bill 1019. Also on Page 50, Calendar Number 310, Senate Bill 903. And finally on Page 53, Calendar Number 399, Senate Bill 1069.

THE CHAIR:

Mr. Clerk, will you call for a roll call vote. The machine will be open on the Consent Calendar.

THE CLERK:

Immediate roll call vote has been ordered in the Senate. Immediate roll call vote has been ordered in the Senate. Senators please return to the Chamber. Immediate roll call vote in the Senate.

THE CHAIR:

If all members have voted, if all members have voted the machine will be locked. Mr. Clerk, will you please call the tally.

THE CLERK:

On Consent Calendar Number 1.

Total Number Voting	36
Necessary for Adoption	19
Those Voting Yea	36
Those Voting Nay	0
Those Absent and not Voting	0

THE CHAIR:

Consent Calendar is passed.

Are there any points of personal privilege?

Senator Doyle.

SENATOR DOYLE:

Thank you, Madam President.

Yeah for a point of information for the Chamber.

THE CHAIR:

Please proceed, sir.

SENATOR DOYLE:

Yes, thank you, Madam President.

Tomorrow the General Law Committee will be meeting at 11:15 outside the Hall of the House. The bulletin said 15 minutes before the early session so now we're making it definitive. Tomorrow at 11:15 outside the Hall of the House the General Law Committee will be considering one bill that was referred to us.

Thank you, Madam President.

THE CHAIR:

Thank you.

Senator Duff next.

SENATOR DUFF:

Thank you, Madam President.

For the point of announcement please.

THE CHAIR:

Please proceed, sir.

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**CHILDREN  
PART 1  
1 – 307**

**2013  
INDEX**

7  
tk/gbr CHILDREN COMMITTEE

February 14, 2013  
11:00 A.M.

SENATOR LINARES: Thank you, Senator, for your leadership on this issue. Dr. Bernstein, a consultant and expert on children's safety and violence prevention, came to the capital yesterday and had mentioned that these video games, these violent video games, provide satisfaction to individuals who are mentally ill, satisfaction during the killing in the video games, and it also provides practice for them, and unfortunately comfort. So I just wanted to thank you for your leadership on this issue. It's very important and it's a great idea. Thanks.

SENATOR FRANTZ: Thank you, Senator. I appreciate that.

REP. URBAN: Any other questions or comments? Again, Senator, thank you very much for bringing this to the committee's attention, and we look forward to working with -- with you.

SENATOR FRANTZ: I thank all of you.

REP. URBAN: Next on our agenda is Commissioner Katz from the Department of Children and Families, and I know I gave our three-minute rule, but Commissioner, you have a slew of bills here, so -- and we do need to hear how you feel about all of them. So we are going to make sure that we listen to you.

COMMISSIONER JOETTE KATZ: Thank you so much. I used to say in writing opinions, if I had more time I'd make them shorter. So I will do my best. Good morning, Senator Bartolomeo, Representative Urban, and members of the Children's Committee. My name is Joette Katz, and I'm the Commissioner of the Department of Children and Families here to testify on several of the bills on your public hearing

SB 821 SB 822  
SB 832 SB 833  
HB 6346 SB 158  
SB 169 HB 5567  
SB 650

legislative package as well. The bill would permit DCF to interview a child in a child protective investigation without parental consent, but in as limited circumstances when obtaining such consent would place the child at risk of physical harm.

Current DCF has the legal authority to interview children without parental consent in cases in which the parents or guardian is the alleged perpetrator of physical abuse. We believe that this change would strike a reasonable balance between child safety and the rights of the alleged perpetrator, and is consistent with changes that the department is initiating through our new strengthening families practice model.

Last session, House Bill 5363 passed the House unanimously, but was not taken up in the Senate.

Third, Senate Bill 832, AN ACT CONCERNING ASSESSMENT RESPONSE, we support this bill, and again, it is part of our legislative package. It makes two modifications to existing statutes. One is a technical change to 17A-101 G, to change differential response to family assessment response. And two, to provide expungement of family assessment response cases if no new reports of child abuse or neglect are received on the family for a period of five years.

The change of differential response to family assessment response reflects current practice, and the proposal also extends the same expungement process for family assessment response cases as it currently exists for unsubstantiated cases.

Next, Senate Bill 833, AN ACT ADDRESSING

## MEDICAL AND EDUCATIONAL NEEDS OF CHILDREN.

The Department of Children and Families supports this bill, and again it is part of our legislative package as well. This bill provides DCF with the authority to meet the medical and educational needs of children under an order of temporary custody.

There is a need to clarify this authority in order for DCF to make various medical and educational decisions for children. It's particularly important with regard to medical decisions. Currently our statutes allow DCF staff to make medical decisions during the 96-hour hold period invoked during emergencies when court is not open.

Similarly, when a child has been committed to DCF, we have the legal authority to make medical decisions. There is, however, no specific provision for making these case -- for making these decisions during the period when a child is under a pre-trial order of temporary custody, and this appears, we would -- we suggest, to simply be an oversight in the statutory scheme. And this bill addresses that oversight.

Over the years, including in two very recent, serious cases, we had dozen -- we've had dozens of cases in which parents who are understandably distrustful of the agency and who, more ominously, are attempting to hide evidence of abuse, have refused to consent to necessary and/or well child medical care.

In those instances, we are required to file a motion in court and wait for a hearing to be scheduled. When time is of the essence, this delay can be crucial. Even in cases involving 96-hour holds and commitments, in which DCF has the clear legal authority to make these

medical decisions, rest assured we have stringent policies regarding prior notification to parents and gaining consent before exercising what we recognize as an extraordinary governmental power.

Every effort is made to facilitate communication between the parents and the medical staff caring for the child. In serious cases, such as a non-routine surgery, our agency pediatrician, as well as other DCF medical staff, are consulted about the need for the medical care.

We also rely on the expertise on the multi-disciplinary medical review board that includes medical experts from outside the agency. Attorneys for the child and parents are always consulted, and if they disagree with the recommended medical treatment, they may seek a court order preventing it, and we are fully prepared to apply these same procedures to the medical decisions that we are advocating here today.

Although medical decisions are the most urgent, this bill also address educational decision-making, and this is consistent with the intent of Congress in passing the newly -- the new Family Educational Rights and Privacy Act, otherwise known as FERPA amendment, that allows child welfare agencies across -- I'm sorry -- access to school records of foster children without parental consent, as well as the Federal Fostering Connections Act requirements to educationally plan for the children in our care.

This can be difficult to accomplish when children are subject to an order of temporary custody, which can be for weeks or months. Again, if this bill is enacted, our policy

12  
tk/gbr CHILDREN COMMITTEE

February 14, 2013  
11:00 A.M.

would require consultation with the parents and their attorneys, as well as expert advice from within and outside the agency.

Please note that this bill is not intended to supersede the legislation that you all passed two years ago regarding a child's right to remain in his or her school of origin when placed in foster care. And all the procedures outlined in the statute would remain in full force and effect.

I don't think comment or testimony is required on House Bill 6346. It's really just a lot of technical amendments, and thereafter there are a number of proposed bills, and I just want to comment very briefly, if I can, on a few of them.

With regard to Proposed Senate Bill Number 158, an act establishing a task force on the prevention of children of -- I'm sorry, victims of sexual abuse, the department offers the following comments regarding this proposed bill:

This bill as we see it would establish a task force on the prevention of sexual abuse of children, and would study one, how to educate schools, children on sexual abuse by revealing and adopting curriculum, and two, train educators to use such adopted curriculum.

We are, in fact, doing this in the department already. It's an enormous initiative on our - - that we have been working on for years. We actually are nationally recognized, I'm happy to say, and our workers Bill Revere and Tammy Snead are frequently in Washington and working with BFBI on this. We are in a number of school systems, Bridgeport most recently, so we would support it.

minutes to ask you a couple questions. First of all, on SB-169, I'm not sure who introduced this, but I have a lot of reservations about this. And it's good to hear that you share some of the same concerns, because I think this is incredibly broad, and frankly somewhat invasive.

And, you know, this may be applying to public schools, but what happens to independent schools, what happens to home-schooled children? I mean, this seems to me to be a very significant undertaking and I just think it's -- we're treading into dangerous waters here. And I'm not sure who would be able to implement it as well, but I share your concern with that.

In terms of SB-833, how long are the delays you were mentioning under pre-trial order of temporary custody? How long does it take generally? I mean, typically how long does it take to get a decision on that?

COMSR. CLAIRE: I turned it off, sorry. Actually it --

REP. BETTS: Could you just state your name for the record?

BARBARA CLAIRE: I'm sorry. I'm Barbara Claire. I'm the agency legal director for the Department of Children and Families.

REP. URBAN: Good morning.

REP. BETTS: Good morning.

BARBARA CLAIRE: The Judicial Department has made an extraordinary effort over the last few years to shorten that time frame. It used to literally be months, and sometimes could take

longer than a year. They have -- they have made great strides in that -- in that direction.

So I would -- so I don't -- I can't actually give you a specific average because I don't know. I'm guessing here, but I would say it probably takes in the area of two to three weeks to resolve most cases, but there are still those cases where the parents choose to exercise their right to a trial, which obviously we encourage.

And because of scheduling and that kind of thing, that can drag a case out for weeks or months. And if you would like I can get -- Judicial, I know, keeps statistics on these. I can get you those if you're interested in that.

REP. BETTS: Again, the question -- I can understand the dilemma, but I get a little bit nervous about the government over-reaching in terms of the race of the parents, and the kids, you know, I just have to study it a little bit more. But, you know, two to three weeks certainly is a big improvement over what it was before.

BARBARA CLAIRE: It absolutely is. Are you talking about the educational piece or the medical piece?

REP. BETTS: Medical.

BARBARA CLAIRE: And the medical, the concern that we have is those kids that need immediate treatment. So that we do sometimes bring children to urgent care who require immediate treatment, or -- or they -- in one recent case a child was seriously injured in care. And in that case there was some difficulties securing

the appropriate consent, and it required a court order and those kinds of things. So it's really more for (inaudible) circumstances.

REP. BETTS: So you're looking for an immediate as opposed to treatment that could wait for a couple of weeks?

BARBARA CLAIRE: Yes, yes.

REP. BETTS: Okay. And my last question is dealing with SB-821. You said there's a concern that some employers may screen or interfere with employees. Is that based on knowledge or history that there have been some employers who have tried to interfere with employees trying to report child abuse?

COMMISSIONER JOETTE KATZ: Indeed. I can tell you -- and it's more than just merely anecdotal -- we have had a number of instances where cases came to our attention where employers interfered with employees who were mandated reporters in bringing a case to our attention and phoning it into the care line.

And it's happened in hospital settings, it's happened in medical settings, and it happens in schools.

REP. BETTS: And do they give any reason for interfering, or trying to prevent it being reported?

COMMISSIONER JOETTE KATZ: I can tell you that the child advocate did a study and found similar evidence. Reasons, sometimes they don't want DCF in the facility, in the school, in the hospital. Sometimes, quite frankly, it may be because a doctor feels that he or she can handle the situation. It may be a family that

legislate, you know, get in the home. But in this instance, when you're looking at those kind of long-term costs, that impacts everybody.

And it seems to me to be appropriate, particularly in this bill that we're looking at the nutritional aspects and saying that we want kids to have nutritional food. So I think it's very appropriate, and I also thank you for the work that you do.

LUCY NOLAN: Thank you.

REP. URBAN: You're an amazing source of information, and you do some wonderful things with our school and you get us good federal money to keep going.

LUCY NOLAN: Yes.

REP. URBAN: So we thank you for that.

LUCY NOLAN: Thank you very much.

REP. URBAN: Thanks for your testimony. And now Christine? Or is she out listening to the -- oh, there she is. I'm sorry. Sorry, Christine. I didn't mean to say that you were out there participating.

CHRISTINE RAPILLO: No. I decided to stay inside.

REP. URBAN: Well, thank you.

CHRISTINE RAPILLO: Representative Urban, distinguished members of the committee, my name is Christine Rapillo, and I'm director of Delinquency Defense and Child Protection for the Office of the Chief Public Defender. We've submitted testimony on behalf of the Division of Public Defender Services on a

SB833 HB6346  
SB653

number of bills. I'm only going to talk about three of them in the interest of keeping to my three minutes.

First I'd like to address -- excuse me -- Senate Bill 833, AN ACT ADDRESSING THE MEDICAL AND EDUCATIONAL NEEDS OF CHILDREN. You heard testimony earlier today from the Department of Children and Families regarding this bill, and how they're interested in being able to make decisions on children who they have temporary custody of.

The order of temporary custody is a very low standard. A court needs only to find reasonable cause that a child might be in danger in order for the department to take custody of a child. I can tell that judicial branch procedure requires that there be hearings on these cases every week, so our division administers the attorneys who represent the children in these hearings, and I did solicit from them, you know, how long this takes and what impact this would have.

The consensus is is this is an unnecessary infringement on a parent's rights at a very early stage in a child protection proceeding. We would agree that it could be amended to allow the department to make decisions on kids when it's an emergency situation, but what this does is it gives the department virtually unlimited authority to make decisions on medical, mental health, and educational decisions for a child at the temporary custody phase.

Given that these cases are going to get into court within a week, and I know the department said three weeks, that's probably about what it takes to get the issue of temporary custody resolved, but as far as the amount of time

that it would take them to get into court and get a court order giving them authority.

So to give the attorney for the child, the attorney for the parent, and the department to go in and get it in front of the judge to address a child's issues, it really should be within a week. Most courts have these hearings every Wednesday or every Friday. And people are all represented by counsel by the time they get to those hearings.

So that should not be an undue burden on anyone, and certainly the language could be tweaked to allow the department to take action when there is a true medical emergency, and a decision quickly needs to be made on behalf of a child.

The next one I'd like to address is House Bill 6346, AN ACT REVISING VARIOUS STATUTES CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES. And my testimony is specifically to Section 4 of this bill. We believe that this -- what Section 4 does is it would shift the burden to discuss and litigate a child's credit issues onto the child's attorney. Currently, the Federal Credit Protection Act requires that some effort be taken to try to make sure that credit is protected for children in care.

What tends to happen for these kids, they go into DCF care, and family members who don't have custody of them but who have access to their Social Security numbers, have their information, will obtain credit in the child's name and the child won't find out about that until later when they're going into independent living and trying to get an apartment, get a student loan, or purchase a car.

125  
tk/gbr CHILDREN COMMITTEE

February 14, 2013  
11:00 A.M.

you could just help us out to -- and I'm not sure whether it was in your testimony -- that the two models, so that we would have a little more information, if you could get that to the committee clerk?

JUDITH MEYERS: That I was just talking about?

REP. URBAN: Yes.

JUDITH MEYERS: Sure.

REP. URBAN: We really appreciate that. Any other comments? Then I think we're all set. Thank you.

JUDITH MEYERS: Thank you very much.

REP. URBAN: Next up is Sheila Matthews. Welcome back, Sheila. Now you get your three minutes.

SHEILA MATTHEWS: Great.

REP. URBAN: You're good to go.

SHEILA MATTHEWS: Thank you so much. For the record, I am cofounder Sheila Matthews of AbleChild.org. Our mission is informed consent and the right to refuse psychiatrist products and services. We come here today to once again to ask the state to release Adam Lanza's school and mental health records, and to oppose the following bills:

<u>SB169</u>	<u>SB650</u>
<u>SB652</u>	<u>SB822</u>
<u>SB833</u>	

Senate Bill 158, to establish a task force on the prevention of sexual abuse. According to federal law, PPRAs, it is the parent's right on the local level to review and approve curriculum that the state wants to provide. That must be made available to parents for their review and approval.

the state should not be actively marketing for the behavioral health vendors trying to obtain more clients. Proposed Bill Senate 652, AN ACT CONCERNING THE REFERRAL FROM THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES ZERO TO THREE PROGRAM. This program lacks any validity in science and is considered human research.

Parents must be given informed consent, which that is not possible when a child is in state custody. Therefore it would be unethical for the state to pass a law mandating that children in their care participate in human research.

Senate Bill 822. This bill has been proposed before. It doesn't pass due process laws. The Department of Children and Family Service has a history, and it is not good here. A parent or relative of the child must be present during interviews, and a police report must be the only document that the department relies on.

The state cannot use testimony of a child to bring charges against a parent unless a police report has taken place and parents have been referred and referenced in that police report. The state has more legal assets and ability --

REP. URBAN: Sheila, if you could just try to -- thank you.

SHEILA MATTHEWS: Okay. The last bill, 833. Able Child supplied Dianne Sawyer's team in a one-year long investigation into drugging of foster care children from Connecticut statistics. It showed the nation that children are being forced onto multiple amounts of psychiatrist drugs, most of which were not FDA approved for use in children, and

are covered by Medicaid.

So therefore, I'll just wrap up by saying the fact that you hold these hearings and you have vendors that profit off the drugging of children come here and recommend legislation to you is unethical. It really is just completely unethical, and I do oppose these bills, and I strongly suggest that either you go to the Supreme Court and override our informed consent and right to privacy, or you reject these bills. Because we do have a right to privacy under the Supreme Court.

REP. URBAN: Thank you. Are there any -- do you have a question, Kim? Sheila, I would say to you what I said to the other passionate parents that testified here, we -- the bills that we're looking at in this committee at this point are shells, and they are not -- the language is not there yet.

These are bills that we're putting out to get feedback, and we are listening to your feedback. And there are many points that you make here that are well taken. So don't think that we're not listening, okay?

SHEILA MATTHEWS: Well, I appreciate that. We testified -- our organization -- I'm not just a parent, I represent at 25,000 parents across the country, many of which are here in Connecticut. I testified on the FDA Black Box Suicide warning on all anti depressants, so I, you know, I appreciate that you're listening.

However, my concern here is that this legislation was drafted up in response to an ongoing investigation, so it doesn't seem like you're listening when you have vendors that are filing in here, testifying on these bills. I don't see any bills presented to the public

on more informed consent, cutting improper funding for children being funneled from DCF six months old and younger for clinical drug trials in mental health. I mean, come on.

REP. URBAN: Sheila, I totally understand where you're coming from, and this is one of the issues. The bills that come before us are brought to us by constituents. They are -- in fact, you're right, they are brought to us by interested parties, and they're brought to us by other government entities.

But people like yourself are absolutely able to contact your own legislator and ask them to do a bill for you. And if that legislator won't do a bill for you, you're well within your rights to find a sympathetic legislator to do the bill, but it is your legislator's job to listen to you.

And if you want a bill in front of this committee, you should be able to get that bill in front of this committee. We have many bills here that have been brought forward by our constituents. So that would be my -- that would be my advice to you. Don't -- don't back down from going to your legislator. That's what they're there for.

SHEILA MATTHEWS: I'm actually not looking for a bill to be brought up. I could tell you this. I am looking to you as a lawmaker to protect our federal rights, and our right to privacy. So in your due diligence, what I would ask you to do is check the current laws that protect our rights.

That's all I'm saying. Look at the validity of these laws and say, hmm, this law --

REP. URBAN: I totally -- again I understand where

130  
tk/gbr CHILDREN COMMITTEE

February 14, 2013  
11:00 A.M.

you're coming from but you have to understand that we're pre-empted by the federal government. this is state government. The federal government pre-empts us, so you need to go to the federal legislators cause I can't change federal law.

SHEILA MATTHEWS: I don't want you to. I want you to enforce the federal law, and I want you to make sure that you don't pass a bill that overrides our federal rights. That's what I'm

--

REP. URBAN: Fair enough.

SHEILA MATTHEWS: Okay.

REP. URBAN: Fair enough. All right, thank you.

SHEILA MATTHEWS: Thank you so very much.

REP. URBAN: Next on our last is Catherine Williams from Connecticut Legal Services. Welcome, Catherine.

CATHERINE WILLIAMS: Thank you. Good afternoon, Representative Urban, and Representative Fawcett. My name is Catherine Williams, and I'm an attorney in the children at risk unit at Connecticut Legal Services. Connecticut Legal Services, as you may know, represents parents and guardians in educational matters, as well as both children and parents in child protection matters.

SB833

As a result, we have a unique perspective for striking a balance between preserving the rights of parents and their guardians to make decisions for their children's health, and also the children's need for necessary services as quickly as possible.

So I'm here today to testify regarding our concerns on the far-reaching scope of the provisions of Senate Bill 833. We oppose the language as currently written, and urge the committee to modify the language to preserve parents' rights, unless there's an emergency situation that exists and the parent has failed to respond, and it's in the best interest of the child for another decision maker to step in.

In trying to analyze Senate Bill 833, we broke it into five separate parts. The first part is the obligation of care and control that's listed there. This is already given to DCF when an OTC is granted, an Order of Temporary Custody is granted, and so this is superfluous legislation.

The last part is the rights and duties of -- but it adds, "Such other rights and duties of the court, having jurisdiction they order." This also is something that DCF may request in time, so that too is superfluous legislation.

The second part, the authority to make routine medical decisions, is unnecessary precisely because they are routine and not emergency or urgently-needed services. DCF can easily file a motion in court, and as Attorney Rappillo testified earlier, those matters come up very quickly in court, so it too is an unnecessary piece of legislation.

The fourth part, the authority to make decisions regarding emergency medical, psychological, psychiatric or surgical treatment. This is less controversial from our perspective. If a minor has something like appendicitis, or a minor mother is -- needs an emergency medical -- an emergency medical cesarean section and there's not

enough time to locate a parent, DCF needs to be able to address that situation quickly.

In addition, if a minor is in the process of decompensating emotionally or threatening suicide, and it's also not possible to reach a parent quickly enough to give consent for treatment, then the child should be able to have someone who can authorize services for them.

However, major life decisions -- these are major life decisions, and so we suggest that the legislation should specific include a requirement DCF utilize experts that it has before making those decisions, and perhaps have a more careful definition of an emergency.

If you would not mind, I would like to address the third part of that, which is a very important part.

REP. URBAN: If you could wrap it up very quickly.

CATHERINE WILLIAMS: The third part is regarding decisions for education and school counseling. These decisions are carefully protected under state and federal law already, and we run the risk of being -- of having legislation that is contrary to existing state and federal law, and violating the parents' protective rights.

So we recommend that the provision concerning decisions for education and school counseling be modified to -- for example, have something like written notice that's given to the parents with a certain timeline. We welcome the opportunity to draft specific language for the committee to consider for such modifications.

133  
tk/gbr CHILDREN COMMITTEE

February 14, 2013  
11:00 A.M.

REP. URBAN: Thank you. Are there any questions or comments? I would simply say that Christine echoed your concerns, and we now have your concerns on record, so I thank you for your testimony, and I'm sure we'll reach out to you as we start to pull this whole thing together. Thank you very much.

CATHERINE WILLIAMS: Thank you, Representative Urban.

REP. URBAN: Is Laura here? Oh, there she is. Children's Trust Fund. So glad to have you here. It's good to see you again. It's been too long.

LAURA AMENTA: Senator Bartolomeo, Representative Urban, and distinguished members of the Children's Committee, I'm Laura Amenta, chair of the Children's Trust Fund. I thank you for the opportunity to make comments today regarding Proposed Bill 650, AN ACT CREATING A PARENT SUPPORT HOT LINE FOR PARENTS OF CHILDREN WITH BEHAVIORAL HEALTH ISSUES.

As a nation, we face two major challenges in helping our children with developmental and behavioral problems. First, children at risk of -- for developmental and behavioral problems are too often eluding early detection, and second, even when at-risk children are identified, families often do not find the programs and services that the children most need.

Quality programs do exist, but significant barriers just prevent families from connecting with resources. We want to remove these barriers. In Connecticut and nationwide, there is a solution called Help Me Grow. Help Me Grow tackles both challenges. The model connects families with concerns for their

Line 11 on Page 11  
1

ABLECHILD  
National Non Profit Organization

SB650 SB652  
SB822 SB833

The Children Committee public hearing on Thursday, February 14,  
2013 at 11:00 A.M. in Room 2B

**Committee Members:**

For the record, I am Cofounder Sheila Matthews of Ablechild.org. Our mission is informed consent and the right to refuse psychiatric products and services. We come today to once again ask for the State to release Adam Lanza's school and mental health records and to opposes the following bills:

Proposed S.B. No. 158 AN ACT ESTABLISHING A TASK FORCE ON THE PREVENTION OF SEXUAL ABUSE OF CHILDREN. and H.B. No. 5567

According to Federal Law (PPRA)<sup>1</sup> It is the parents right on the local level to review and approve curriculum that the State wants to provide that must be made available to parents for their review and approval. The State cannot wipe out the rights under federal law that gives the power of review and approval of curriculums to parents not the State. It is not the role of education to teach children about sex abuse, our Nation is far behind the world in reading, writing, math and science.

\*Proposed S.B. No. 169 AN ACT CONCERNING THE ASSESSMENT AND DELIVERY OF MENTAL HEALTH SERVICES AND INTERVENTIONS FOR CHILDREN.

According to Federal Law (PPRA) no parent shall be forced into psychological assessments by the Federal, State, or Local government in relationship to their child's mental health or state of mind. In addition, the Federal Hearing into the use of behavioral modification drugs 1970 The Right to Privacy

<sup>1</sup> <http://www2.ed.gov/policy/gen/guid/fpco/ppra/parents.html>

\*S.B. No. 833 (RAISED) AN ACT ADDRESSING THE MEDICAL AND EDUCATIONAL NEEDS OF CHILDREN.

Ablechild supplied Diane Sawyer's<sup>6</sup> team in the one-year long investigation into drugging of foster children with Connecticut statistics that showed the Nation that children are being forced onto multiple amounts of psychiatric drugs, most of which were not FDA approved for use in children and are covered by Medicaid. While emergency medical care while a child is in State Custody, having the parent[s] who does not have "legal" rights at the time to be incorporated as a consultant would greatly enhance what is in the best interest of the child.

In addition, the State must make a transparent legal avenue detached from the State's relationships from "vendors" for malpractice suits available to the child or parent[s] for any decisions that are made during the State's oversight and care that adversely impacted the child's life. This legal avenue<sup>7</sup> should include protections against any State Vendor or State worker that abuses the child sexually or with forced psychiatric drugging with multiple drugs that are not FDA approved for use in children or for any medical care that goes against the health and well being of that child<sup>8</sup> in State Care. The State should be a safe place for a child, it is not so currently.

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<sup>6</sup> <http://www.ablechild.org/> Diane Sawyer Video bottom portion of homepage

<sup>7</sup> [http://www.bazelon.org/LinkClick.aspx?fileticket=\\_xBA7FgAnzY%3D&tabid=144](http://www.bazelon.org/LinkClick.aspx?fileticket=_xBA7FgAnzY%3D&tabid=144)

<sup>8</sup> [http://en.wikipedia.org/wiki/Olmstead\\_v.\\_L.C.](http://en.wikipedia.org/wiki/Olmstead_v._L.C.)

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**CHILDREN  
PART 2  
308 - 641**

**2013**



**STATE OF CONNECTICUT  
DEPARTMENT OF CHILDREN AND FAMILIES**

Public Hearing Testimony

Children Committee

February 14, 2013



SB 832

SB 833

HB 5346

SB 158

SB 169

SB 650

SB 652

SB 653

HB 5567

HB 6069

**S.B. No. 821 AN ACT CONCERNING RESPONSIBILITIES OF MANDATED REPORTERS OF CHILD ABUSE AND NEGLECT**

The Department of Children and Families supports S.B. No. 821, An Act Concerning Responsibilities of Reporters of Child Abuse and Neglect. This proposal is part of DCF's legislative package.

This bill provides legal protection for mandated reporters of child abuse from retaliatory actions by their employers. There is a concern that some employers may screen or interfere with employees who are mandated reporters of child abuse and neglect when discharging their legal responsibilities to report. This bill strengthens existing statutes in a manner that would allow greater enforcement of violations.

Last year the DCF Careline received 45,748 reports of child abuse or neglect, and 27,354 of these reports were accepted for investigation. Approximately 70% of these reports come from mandated reporters, including: medical professionals; school officials; law enforcement; social workers; psychologists; clergy; day care staff; and others identified in § 17a-101.

**S.B. No. 822 AN ACT CONCERNING INTERVIEWS OF CHILDREN BY THE DEPARTMENT OF CHILDREN AND FAMILIES DURING INVESTIGATIONS OF CHILD ABUSE AND NEGLECT**

The Department of Children and Families supports S.B. No. 822, An Act Concerning Interviews of Children by the Department of Children and Families During Investigations of Child Abuse and Neglect. This proposal is part of DCF's legislative package.

This bill would permit DCF to interview a child in a child protective investigation without parental consent in those limited circumstances when obtaining such consent would place the child at risk of physical harm. Currently, DCF has the legal authority to interview children without parental consent in cases in which the parent or guardian is the alleged perpetrator of physical abuse. The Department believes that this change would strike a reasonable balance between child safety and the rights of the alleged perpetrator, and is consistent with changes the Department is initiating through our new Strengthening Families Practice Model.

Last session, HB 5363 passed the House unanimously, but was not taken up in the Senate.

**S.B. No. 832 AN ACT CONCERNING FAMILY ASSESSMENT RESPONSE CASES**

The Department of Children and Families supports S.B. No. 832, An Act Concerning Family Assessment Response Cases. This proposal is part of DCF's legislative package.

This bill makes two modifications to existing statutes: 1) a technical change to § 17a-101g to change "differential response" to "family assessment response;" and 2) to provide for expungement of family assessment response cases if no new reports of child abuse or neglect are received on the family for a period of five years. The change of "differential response" to "family assessment response" reflects current practice. The proposal also extends the same expungement process for family assessment response cases as exists for unsubstantiated cases.

**S.B. No. 833 AN ACT ADDRESSING THE MEDICAL AND EDUCATIONAL NEEDS OF CHILDREN**

The Department of Children and Families supports S.B. No. 833, An Act Addressing the Medical and Educational Needs of Children. This proposal is part of DCF's legislative package.

This bill provides DCF with the authority to meet the medical and educational needs of children under an Order of Temporary Custody. There is a need to clarify this authority in order for DCF to make various medical and educational decisions for children.

This is particularly important with regard to medical decisions. Currently, our statutes allow DCF staff to make medical decisions during the 96 hour hold period invoked during emergencies when the court is not open. Similarly, once a child is committed to DCF, we have the legal authority to make medical decisions. There is no specific provision for making these decisions during the period when a child is under a pre-trial Order of Temporary Custody and this appears to simply be an oversight in the statutory scheme. This bill addresses that oversight.

Over the years, including in two recent very serious incidents, we have had dozens of cases in which parents, who are understandably distrustful of the agency or who – more ominously – are attempting to hide evidence of abuse, have refused to consent to necessary and/or well child medical care. In those instances, we are required to file a motion in court and wait for a hearing to be scheduled. When time is of the essence, this delay can be crucial.

Even in cases involving 96 hour holds and commitments, in which DCF has the clear legal authority to make medical decisions, DCF has stringent policies regarding prior notification to the parents and gaining consent before exercising what we recognize as an extraordinary governmental power. Every effort is made to facilitate communication between the parents and the medical staff caring for the child. In serious cases, such as non-routine surgery, our agency pediatrician and other DCF medical staff are consulted about the need for the medical care. We also rely on the expertise of a multidisciplinary Medical Review Board that includes medical experts from outside the agency. The attorneys for the child and the parents are always consulted, and, if they disagree with the recommended medical treatment, they may

seek a court order preventing it. We are fully prepared to apply these same procedures to medical decisions.

Although medical decisions are the most urgent, this bill also addresses educational decision making. This is consistent with the intent of Congress in passing the new Family Educational Rights and Privacy Act (FERPA) amendment that allows child welfare agencies access to the school records of foster children without parental consent as well as the federal Fostering Connections Act requirements to educationally plan for kids in our care. This can be difficult to accomplish when children are subject to an Order of Temporary Custody, which can be for weeks or months. Again, if this bill is enacted our policy would require consultation with the parents and their attorneys as well as expert advice from within and without the agency. Please note as well that this bill is not intended to supersede the legislation the General Assembly passed two years ago regarding a child's right to remain in his or her school of origin when placed in foster care. All of the procedures outlined in that statute would remain in full force and effect.

**H.B. No. 6346 AN ACT CONCERNING VARIOUS STATUTES CONCERNING THE DEPARTMENT OF CHILDREN AND FAMILIES**

The Department of Children and Families supports H. B. No. 6346, An Act Concerning Various Statutes Concerning the Department of Children and Families. This proposal is part of DCF's legislative package.

This bill makes a number of technical and/or minor changes to various DCF statutes. The bill accomplishes the following:

- Section 1 amends section 17a-4 of the General Statutes to make technical clarifications to the membership of the State Advisory Council on Children and Families.
- Section 2 amends section 17a-28 of the General Statutes to permit sharing of DCF records with DSS for purposes of investigating fraud and require in camera review for disclosure of DCF records to civil courts.
- Section 3 amends section 17a-93 of the General Statutes to correct statutory references for the licensing of child caring facilities.
- Section 4 amends section 17a-114b of the General Statutes to make the credit report review for foster youth consistent with the provisions of federal law.
- Section 5 amends section 17a-115a of the General Statutes to change from 15 to 5 days the time requirements for doing a full fingerprint check after emergency placements. This change is necessary to conform to the requirements of federal law.
- Section 6 amends section 19a-112f of the General Statutes to include DCF on the Sexual Assault Forensic Examiners Advisory Committee.
- Sections 7 through 14 simply delete references to sections 17a-154 and 17a-155, which are being repealed by this legislation.
- Section 15 repeals sections 17a-154 and 17a-155 of the General Statutes concerning Permanent Family Residences, an obsolete category of homes licensed by DCF.



STATE OF CONNECTICUT  
JUDICIAL BRANCH

**EXTERNAL AFFAIRS DIVISION**

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**Testimony of Deborah J. Fuller  
Children Committee Public Hearing  
February 14, 2013**

**S.B. 833, An Act Addressing the Medical and Educational Needs of Children**

Senator Bartolomeo, Representative Urban and members of the Committee, thank you for the opportunity to submit written testimony on S.B. 833, *An Act Addressing the Medical and Educational Needs of Children*.

The Judicial Branch is concerned that the changes contemplated in lines 75-77 of this proposal could constitute an infringement on the rights of parents whose children have been temporarily removed from their custody by the Department of Children and Family. It would grant any person or agency that has been vested with the temporary care and custody of a child or youth the authority to make routine decisions regarding medical treatment, education, school counseling and emergency medical psychological, psychiatric or surgical treatment. This authority would allow the person or agency to make decisions that could have an important impact on the child's life, without parental consultation. Please keep in mind that, while the parents have temporarily lost custody of the child, their case has not yet been adjudicated and their parental rights are still intact. In many cases, the child will return to their care.

The Judicial Branch does not believe that the current status of the law, whereby the temporary custodian must attempt to consult with the child's parent regarding these decisions, should be changed. The authority contemplated by this bill is more appropriate to emergency situations, where a quick decision must be made and a parent cannot be reached.

Thank you for your consideration.


**CONNECTICUT LEGAL SERVICES**

A PRIVATE NONPROFIT CORPORATION

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**TESTIMONY OF CONNECTICUT LEGAL SERVICES, INC.  
 REGARDING RAISED BILL NO. 833, AN ACT ADDRESSING  
 THE MEDICAL AND EDUCATIONAL NEEDS OF CHILDREN**

Good afternoon Senator Bartolomeo, Representative Urban and members of the Select Committee on Children. My name is Catherine Williams and I am an attorney in the Children at Risk unit of Connecticut Legal Services, Inc. (CLS). The Children at Risk unit at CLS provides legal representation to low-income families to assist in obtaining appropriate educational and behavioral health services and, through our Child and Youth Advocacy Team, to represent children and parents in child protection proceedings. I have worked in the Children At Risk Unit for nearly 23 years.

Due to the fact that CLS represents parents and guardians in educational matters as well as both children and parents in child protection matters – we have a unique perspective and appreciation for striking a balance between preserving the rights of parents and guardians to make decisions about their children's health and education when they are the legal guardian, and the need for children to access necessary services as quickly as possible. As a result of that perspective, I am here today to testify regarding our concerns with the far reaching scope of the provisions of SB 833. We oppose the language as currently written and urge this committee to modify the language to preserve parents' rights to make decisions regarding their children's education and health care, unless an emergency situation exists or the parent has failed to respond and it is in the best interest of the child for another decision-maker to step in.

An order of temporary custody is intended to protect a child from immediate physical danger. It does not grant guardianship to the Department of Children and Families. That is because there has been no finding that the parents or guardians have neglected the child or youth. Therefore, the parents and guardians should be recognized as the people in the child or youth's life who know the minor best. DCF should not have the same power to make decisions as it has when it stands in the place of guardian as it does when a minor has been adjudicated abused or neglected and committed to DCF.

SB 833 basically should be considered in five separate parts. They are:

1. The obligation of care and control;
2. The authority to makes decisions regarding routine medical treatment;
3. The authority to make decisions regarding education and school counseling;
4. The authority to make decisions regarding emergency medical, psychological, psychiatric or surgical treatment; and



5. Such other rights and duties that the court having jurisdiction may order.

The first and last parts can be addressed quickly. The first - the obligation of care and control - is already given to DCF when the OTC is granted. Any person or agency in whom the custody is vested, takes that duty of care and control through DCF. The last - such other rights and duties that the court having jurisdiction may order - is something DCF may request anytime through a motion before the court. So, neither the first nor last provision requires new legislation.

The fourth part - the authority to make decisions regarding emergency medical, psychological, psychiatric or surgical treatment - is less controversial. After all, if a minor has appendicitis, or a minor mother is giving birth and requires an emergency cesarean section there is not enough time to either locate the parent or go to court get an order authorizing the needed medical treatment. Likewise, if a minor under an OTC is decompensating emotionally or threatening suicide, there is often not enough time either to seek the parents or guardians consent or go to court for an order of authorization. They are, however, major life decisions and to the extent there is time for DCF to obtain the agreement of its medical staff and medical experts outside the agency through its medical review board, this seems the best course of action. So, if DCF is given that authority, the legislation should at least, specifically include a requirement that DCF utilize those experts in line with its policies and any pertinent current state regulations.

The second part - the authority to make routine medical decisions - is unnecessary precisely because they are routine and not emergency or urgently needed services. If DCF is unable to obtain the consent of the parents or guardians, it can file a motion in court to address the issue. If the matter is urgent, DCF can file the motion as an emergency motion and it will be heard within a few days. Otherwise it will come up on the calendar in a week or so, which is not a very long period of time to wait in either case.

The third part - the authority to make decisions regarding education and school counseling - is more nuanced. The issues can run the gamut from being fairly urgent such as responding to a student being suspended or arrested at school to meeting with the teacher to discuss poor grades and school resources for counseling to making decisions regarding whether a student should remain in the school he or she was attending when taken into custody by DCF or move the school district where the student is placed while in DCF's care. However, state and federal law is extensive in this area regarding the protection of parental rights. Accordingly, new legislation risks being contrary to existing state and federal law and violating the many protections of parents' rights. At the same time, if a parent or guardian is not engaged and a student needs prompt advocacy regarding the student's educational needs or to address matters such as being bullied or harassed, then the student deserves to have someone who has the authority to come forward on the student's behalf before matters further deteriorate. Therefore, CLS recommends that requirements be included in SB 833 before enabling DCF to make decisions regarding education and school counseling. For example DCF might be required to give written notice of the issue to the parent or guardian, the counsel for those parents or legal guardians AND the Attorney for the Child, seeking the consent of the parents or guardians. There might also be a timeline requirement of a specified number of days in which parent or guardian must be provided the opportunity to consent or object. Alternatively, DCF might be required to file a motion establishing it has given notice and can go forward. We would welcome the opportunity to draft

specific language for the committee to consider. Thank you for consideration of our concerns.  
Unless this proposed legislation is modified as requested, we urge you to oppose SB 833, An Act  
Addressing the Medical and Educational Needs of Children.

**Children's Committee Testimony Hartford, CT****February 14, 2013 at 11 am room 2b**

I, Susan McGuinness Getzinger, am here to testify why I oppose nearly all bills being raised and proposed in today's Children's Committee of the **Behavioral Health Partnership Oversight Council**.

I consider these raised and proposed bills to be errors and superficial proposals due to the withholding of evidence by the state of Connecticut in the Adam Lanza case in Newtown, CT.

My focus is the inherent conflicts of interest with the many vendors involved as members of the **Behavioral Health Partnership Oversight Council**.

Since the majority of Governor Malloy's appointed committee member's employers stand to profit from the proposed legislation presented, I oppose the majority of the bills presented. My reasons are printed below each bill, but I will only go over a few due to time restraints.

\*Proposed H.B. No. 5567 AN ACT CONCERNING CHILDREN'S MENTAL HEALTH.

**I Oppose because - Adam Lanza's records are sealed. We are never able to learn from sealed records. It is highly irresponsible to continue to seal Adam Lanza's records.**

The retention schedule of school records and instructions for destruction of school records may be a factor in this case.

Board of Education (BOE) law firms are agents of the school district and so they are able under present law to keep school records on their premises.

**The retention schedule for mental health school records in Connecticut has no requirement to maintain for any amount of time those mental health records or any staff notes or paperwork involved., though vaccine records are to be maintained for 50 years. (M8-380 & M8390) <http://www.cslib.org/publicrecords/reteduction.pdf>**

**Connecticut school law is riddled with conflicts of interest.**

Some Law firms and elected officials have conflicts of interest in the Adam Lanza case, for instance:

**Senator Chris Murphy's father is a partner at Shipman & Goodwin, the law firm that represents the most CT school districts in educational hearings where the districts, using tax dollars, fight against children and families. They represent 180 of the 169 Connecticut towns, including Newtown, CT.**

**Attorney General George Jepsen came from the law firm of Shipman & Goodwin.**

**A Shipman and Goodwin attorney, Tom Mooney, "wrote the book" that BOEs use for school law. This is a conflict of interest that steers tax dollars to the BOE attorneys instead of towards services for children in need.**

**Berchem, Moses and Devlin school law attorneys represent anywhere between 14 and 30 of the 169 districts in Connecticut. They have represented Newtown, CT and so, they may retain school records as agents of the school district, including Adam Lanza's.**

**This information may be why Adam Lanza's records are being sealed. To hide the inadequacy of the records retention policies and procedures in Connecticut schools and any law firm**

expanding, not breaking a negative cycle. Private internships are available across the nation. Tax credits might be considered for businesses (without government contracts) sponsoring foster children.

\*Proposed S.B. No. 650 AN ACT CREATING A PARENTS' SUPPORT HOT LINE FOR PARENTS OF CHILDREN EXHIBITING BEHAVIORAL HEALTH ISSUES.

I Oppose because - unless it is tied to MEDWATCH - the adverse drug reactions will go unchecked.

\*Proposed S.B. No. 652 AN ACT CONCERNING REFERRALS FROM THE DEPARTMENT OF CHILDREN AND FAMILIES TO THE BIRTH TO THREE PROGRAM.

I Oppose because - Direct referrals are being ignored. The Child Find Law is being ignored in districts in Connecticut

\*S.B. No. 821 (RAISED) AN ACT CONCERNING RESPONSIBILITIES OF MANDATED REPORTERS OF CHILD ABUSE AND NEGLECT.

I Oppose because - any act regarding mandating reports are easily manipulated to keep parents in line in districts that are hostile to families and have school attorneys to do the bidding of the administrators that might be seeking vengeance upon families.

\*S.B. No. 822 (RAISED) AN ACT CONCERNING INTERVIEWS OF CHILDREN BY THE DEPARTMENT OF CHILDREN AND FAMILIES DURING INVESTIGATIONS OF CHILD ABUSE AND NEGLECT.

I Oppose because - this is a clear and obvious attempt to usurp from the parents their the God given parental authority. Interviews with children without their parents give the opportunity for strangers to intimidate children who will say anything to please their interviewers to stop the line of questioning.

This creates a scary and hostile environment for children and their families.

\*S.B. No. 832 (RAISED) AN ACT CONCERNING FAMILY ASSESSMENT CASES.

I Oppose because - who are the hired people doing the assessing? Trust has been broken in the Connecticut state agencies where families and children are concerned.

\*S.B. No. 833 (RAISED) AN ACT ADDRESSING THE MEDICAL AND EDUCATIONAL NEEDS OF CHILDREN.

I Oppose because - This is nothing more than a witch hunt for parents. Parents, private doctors and local Boards of education (sans their attorneys' puppeteering) are supposed to be doing this, but those in positions to profit from the allegedly corrupt educational and medical system have already abused it. People on the inside designed, created and now manage this allegedly corrupt system of drugging and not educating our children in Connecticut public schools.

All Council members need to give in writing (on all pages of all documents) to the public and families involved full financial disclosure and any professional conflicts of interest in the past, presently or near future, including attorneys' projected billable hours, before every comment or input they give and any and all decisions they make. The public needs to fully understand the relationships of the committee members and of their personal and commercial financial gains that are in store for them if the CGA passes this legislation.

Since pharmaceutical companies bear no liability for vaccine damage and, as of January of this year, the CGA hastily put forth a bill to protect psychiatrists writing prescriptions in the same manner, how can the taxpayers, let alone families and individuals, trust such a system

**wrought with conflicts of interests and filled with traps for anyone vulnerable to the failings of their own moral compass?**

According to Boeringer Ingelheim's (BI) website, they are: "Boehringer Ingelheim is looking to the outside world to identify new product opportunities. We are passionate about partnering and look forward to working with you."

"New product opportunities" sounds like looking for profits not cures.

Perhaps this "*Behavioral Health Partnership Oversight Council*" established by Connecticut Governor Malloy is the type of "new product opportunity" BI is looking for.

**Support for this testimony:**

**FDA and CDC recalled the following products when death and injury occurred due to unsafe products:**

1. **Contaminated Heparin Injections (2-28-2008)** 246 deaths and many adverse side effects were reported following its use. [1]
2. **Contaminated Cantaloupe (8-22-2012 )**: 261 persons were infected with 3 deaths reported. [2]
3. **Contaminated Peanut Butter (9-17-2012)**: Forty-two people were infected. [3]
4. **Contaminated Spinach (11-2-2012)**: A total of 33 persons infected with E. coli were investigated by the FDA and CDC
5. **Contaminated Steroid Injections (12-12-2012)**: The FDA and CDC investigated an outbreak of meningitis among patients who had received an epidural steroid injection. [5]

**The FDA and CDC did NOT recall the following products when death and injury occurred:**

**Vaccines**

**The following are not liable for death or injury due to unsafe product:**

Vaccine manufacturers

Vaccine salespeople

Doctors administering vaccines

Medical staff administering vaccines

**Who makes money from vaccines?**

Vaccine manufacturers

Vaccine salespeople

Doctors administering vaccines

Medical staff administering vaccines

**Who pays the injured patients from vaccine deaths and injuries: Taxpayers**

**Ingredients injecting into babies and young children and adolescents:**

- *Aluminum Hydroxide (Heavy Metal)*
- *Egg Protein*
- *Formaldehyde*
- *Bovine Calf Serum*
- *Thimerosal (Heavy Metal)*
- *Calf Skin*
- *Aborted Fetal Tissue (Human Diploid Tissue – W138 – 3 mos old female young one and MRC5 – 3 mos. Old Male young one)*
- *Monkey Kidney Tissue*
- *Mouse Brain*
- *Peanut oil (cross reacts with other nuts and other similar large proteins)*
- *Beeswax*
- *Antibiotics*

#### References

1. [www.fda.gov/drugs/drugsafety/postmarketdrugsafety...](http://www.fda.gov/drugs/drugsafety/postmarketdrugsafety...)
2. [www.cdc.gov/salmonella/typhimurium-cantaloupe-08-12/index.html](http://www.cdc.gov/salmonella/typhimurium-cantaloupe-08-12/index.html)
3. [www.fda.gov/Food/FoodSafety/CORENetwork/ucm320413.htm](http://www.fda.gov/Food/FoodSafety/CORENetwork/ucm320413.htm)
4. [www.cdc.gov/ecoli/2012/O157H7-11-12/index.html](http://www.cdc.gov/ecoli/2012/O157H7-11-12/index.html)
5. [www.fda.gov/Drugs/DrugSafety/FungalMeningitis/default.htm](http://www.fda.gov/Drugs/DrugSafety/FungalMeningitis/default.htm)

Copied from vactruth webpage "9 Magic Words Prove Vaccines Are Unavoidably Unsafe":  
[http://vactruth.com/2013/02/10/vaccines-are-unsafe/?utm\\_source=The+Vaccine+Truth+Newsletter&utm\\_campaign=444d2f8d49-02\\_10\\_2013\\_9\\_magic\\_words&utm\\_medium=email](http://vactruth.com/2013/02/10/vaccines-are-unsafe/?utm_source=The+Vaccine+Truth+Newsletter&utm_campaign=444d2f8d49-02_10_2013_9_magic_words&utm_medium=email)

"The Human Brain

Nourish – Fats:

Membranes – the Working Surface of Your Brain is Made from Fatty Acids

The membranes of neurons – the specialized brain cells that communicate with each other – are composed of a thin double-layer of fatty acid molecules. Fatty acids are what dietary fats are composed of. When you digest the fat in your food, it is broken down into fatty acid molecules of various lengths. Your brain then uses these for raw materials to assemble the special types of fat it incorporates into its cell membrane.

Passing through a cell's membrane into its cell's interior are oxygen, glucose (blood sugar), and the micronutrients the cell needs to function. Metabolic waste products must exit, so the cell won't be impaired by its own pollution....

Myelin, the protective sheath that covers communicating neurons, is composed of 30% protein and 70% fat. One of the most common fatty acids in myelin is oleic acid, which is also the most abundant fatty acid in human milk and in our diet.

Monosaturated oleic acid is the main component of olive oil as well as the oils from almonds, pecans, macadamias, peanuts, and avocados."

<http://www.fi.edu/learn/brain/fats.html>

Vaccine induced demyelination: "<http://www.healing-arts.org/children/vaccines/vaccines-demyelination.htm#demyelination>

"Vaccine Induced Demyelination

Myelination is an essential part of human brain development. Nerves can only conduct pulses of energy efficiently if covered by myelin. Like insulation on an electric wire, the fatty coating of myelin keeps the pulses confined and maintains the integrity of the electrical signal so that it has a high signal-to-noise ratio. When the insulation on a wire is damaged or destroyed, the flow of electrical current may be interrupted and a short-circuit occurs. Oligodendrocyte cells give white matter its color by manufacturing myelin. If myelin falls into disrepair, nerve axons cease to function, even though they themselves aren't damaged. Protecting oligodendrocytes after brain or spinal cord injury might keep nerve cells intact. At birth, relatively few pathways have myelin insulation. Myelination in the human brain continues from before birth until at least 20 years of age. Up until the age of 10 or so, vast areas of the cortex are not yet myelinated. Up to the age of 20, large areas of the frontal lobes are not yet myelinated.<sup>1</sup> Myelination begins in the developmentally oldest parts of the brain, like the brain stem, moving to the areas of the nervous system that have developed more recently, like the prefrontal lobe and cortex. Myelin spreads throughout the nervous system in stages, which vary slightly in each individual. Impairment of myelination can alter neural communication without necessarily causing severe CNS (central nervous system) damage. The prefrontal portions of the cerebrum have a profound influence on human behavior.<sup>2</sup> If an individual is injected with vaccines, most of which have adjuvants like mercury and aluminum compounds, as well as foreign proteins (some from other species in which the vaccines were grown) and biological organisms, unprotected nerves may be impacted.

The argument for a role of vaccines in the development of autistic disorders hinges on these biological effects upon nerves, damaging them in a way that influences behavior and learning patterns. The argument for adjuvants evoking an auto-immune response does not hinge on any inherent neuro-toxicity of these compounds, but on the initiation of an allergic response. The model by which adjuvants initiate an immune response is that of Experimental Allergic Encephalomyelitis (EAE). To date, EAE is recognized as the best available animal model of several degenerative human diseases, like multiple sclerosis and post-vaccinal encephalopathies. EAE<sup>3</sup> is generally thought to be an autoimmune response to myelin basic protein (MBP). Oddly, MBP can also suppress EAE, and many observations suggest that an independent immune response to so-called "adjuvant" material is also necessary to EAE induction. Of course, this is why adjuvants are used in vaccines, to dramatically increase the likelihood of an immune response to the administered biological material. Thus, EAE

may be a result of a pair of interactive immune responses, one against MBP, and one against the adjuvant. If so, the adjuvant should, like MBP, suppress EAE. Root-Bernstein, et al. (1986) presented data from experiments on strain 13 guinea pigs demonstrating EAE suppression by muramyl dipeptide, an active component of complete Freund's adjuvant. In the past, adjuvants have only been classified as immunopotentiators, not immunosuppressants. Apparently, adjuvants are both. This study strengthens the argument that adjuvants may be crucial to initiating an auto-immune response leading to post-vaccine neurological symptoms."

[http://www.vaccinetruth.org/myelin\\_sheath.htm](http://www.vaccinetruth.org/myelin_sheath.htm)

**demyelination** "loss of nerve-fiber covering: the loss of the fatty covering **myelin** of nerve fibers"  
<http://www.bing.com/Dictionary/search?q=define+demyelination&qpv=What+Does+Demyelination+Mean&FORM=DTPDIA>

According to Dr. Mercola: "Vaccinations are very neurotoxic and have been associated with many neurological disorders, like encephalopathies, epilepsy, convulsions, ADD, LD, autism, mental retardation, depression, anxiety, CNS disorders, paralysis, Guillain-Barre Syndrome, nerve deafness, blindness and SIDS. The neurological disorders associated with vaccinations are diverse and numerous. Vaccinations lower IQ as well as contribute to the overt mental disorders and neurological diseases listed here. ¶¶The relationship of vaccinations to encephalopathies and neurological diseases have been surfacing in medical journals since the advent of mass vaccination programs. Autism was unheard of before vaccinations, and parallel mass vaccination programs very nicely. ADD and learning disorders in children are now being traced to childhood vaccinations, as well as convulsions, paralysis, and epilepsy. Brain damage is by far the most common adverse reaction associated with vaccinations, although their actual numbers are not often reported correctly.

#### **List of Vaccination-induced Neurological disorders:**

- Encephalitis
- Ataxia/Apraxia
- Retardation
- Meningitis Paralysis
- Paralytic polio
- Ms Gullain Barre Syndrome
- Lupus
- Hyperactivity - ADD, LD
- Demyelination diseases
- Auto-immune Diseases Epilepsy
- Convulsions - Seizures
- Blindness

- Deafness
- SIDS
- Epilepsy
- Mental confusion - lowered IQ
- Brain tumors (SV-40)

This list was generated from a variety of resources and is not, by any means, all inclusive. .... Ted Koren, DC stated, "Dyslexia, minimal brain damage, ADD, autism, allergies, visual and many other neurologic diseases grouped together as "developmental disabilities," barely existed before mass vaccination programs. Probably twenty percent of American children-one youngster in five-suffers from a 'developmental disability.' This is a stupefying figure Developmental disabilities" are nearly always generated by encephalitis. And the primary cause of encephalitis in the United States and other industrialized countries is the childhood vaccination program. To be specific, a large proportion of the millions of U.S. children and adults suffering from autism, seizures, mental retardation, hyperactivity, dyslexia, and other developmental disabilities, owe their disorders to one or another of the **vaccines against childhood diseases.**" [Emphasis mine ]

Some 40-50 years ago children were not vaccinated until they were ready for the first grade at age 6. Neurological disorders were very uncommon then. Today, children are vaccinated at birth for HiB and begin their long vaccination-journey at 2 months of age, before the blood brain barrier is fully developed. A review of the medical literature around the world will turn up many articles linking vaccinations with many neurological disorders. Before the 1940s, autism was extremely rare or unheard of. Then in the mid-1940s we began a massive vaccination programs and autism was "born". At first, it only occurred in the children of wealthy parents, since vaccinations were not free or government sponsored like today. Later autism became a disease of all classes (with government-sponsored vaccine programs).

The strongest link was between measles virus antibodies and anti-MBP, suggesting that exposure to the measles virus may cause the immune systems of children with autism to attack myelin," Singh said. Children with autism produce anti-bodies against their own brain, making autism an auto-immune condition. "Singh compiled a nonscientific, anecdotal survey of 88 autistic children whose families have contacted him. Of those, 51 percent said symptoms of autism began shortly after the MMR vaccination, and 36 percent said the problems started days after the DPT shot." Anecdotal evidence over-whelmingly points to vaccines as causing autism. The connect between autism and vaccinations cannot be denied.

The pertussis vaccine is very neurotoxic and is used in the laboratory to produce brain lesions in lab animals for study. But if our child develops brain problems after a DPT vaccination, our doctor will tell us it is coincidence or genetic. Vaccinations have been known to increase the demyelination, a process related to many neurologic diseases and MS is a demyelination disease. Myelin is designed to protect the outer coating of neurons, much like the plastic outer coating over an electrical wire. When this myelin is damaged, neurological disorders, such as, MS, paralysis, or ALS, will result (Singh mentioned autism as a result of demyelination disorder.) The nerves are short-circuited and do not function normally"

[http://www.mercola.com/article/vaccines/neurological\\_damage.htm](http://www.mercola.com/article/vaccines/neurological_damage.htm)

***"Today too it is necessary ... to warn the People of God against false prophets, against the errors and superficiality of proposals that do not conform to the teaching of the divine Master." Pope Benedict XVI June 16, 2007 VIS 070616 (670)***

School records retention schedule: <http://www.cslib.org/publicrecords/reteducation.pdf>

CT raised and proposed bills:

[http://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill\\_num=+6346+&which\\_year=2013&SUBMIT1.x=0&SUBMIT1.y=0&SUBMIT1=Normal](http://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=+6346+&which_year=2013&SUBMIT1.x=0&SUBMIT1.y=0&SUBMIT1=Normal)

CDC and ADHD <http://www.cdc.gov/ncbddd/adhd/data.html>

-End-

**Vaccine:** A pharmaceutical product that contains an antigen and other questionable ingredients to prevent contamination. Vaccines are administered through needle injections, by mouth and by aerosol.

**Antigen:** Foreign substances (e.g. bacteria or viruses) in the body that are capable of causing disease

A Typical Baby Vaccine Schedule

Frequency	Vaccine	Number of Vaccines Given	Total Number of Antigens Injected Into Your Child
Birth (Hospital)	Hepatitis B (HepB)	1	1
<b>Total for Visit</b>		<b>1</b>	<b>1</b>
Well Baby Visit #1 (1-2 weeks)	None^	0	0
<b>Total for Visit</b>		<b>0</b>	<b>0</b>
Well Baby Visit #2 (2 Months)	Pediarix (Polio, DTaP, HepB)	1	7
	Haemophilus influenzae type b (Hib)	1	2
	Pneumococcal conjugate Vaccine (PCV13)	1	14
	Rotavirus (RV) - Oral Drops	1	5
<b>Total for Visit</b>		<b>4</b>	<b>28</b>
Well Baby Visit #3 (4 Months)	Pentacel (Hib, Polio, DTaP)	1	8
	Pneumococcal conjugate Vaccine (PCV13)	1	14
	Rotavirus (RV) - Oral Drops	1	5
<b>Total for Visit</b>		<b>3</b>	<b>27</b>
Well Baby Visit #4 (6 Months)	Pediarix (Polio, DTaP, HepB)	1	7
	Haemophilus influenzae type b (Hib)	1	2
	Pneumococcal conjugate Vaccine (PCV13)	1	14
	Influenza* (IIV)	1	3
	Rotavirus (RV) - Oral Drops	1	5
<b>Total for Visit</b>		<b>5</b>	<b>31</b>

Well Baby Visit #5 (9 Months)	Influenza* (IIV)	1	3
Total for Visit		1	3
Well Baby Visit #6 (1 Year)	Diphtheria, tetanus, and acellular pertussis Vaccine (DTaP)	1	3
	Haemophilus influenzae type b (Hib)	1	2
	Pneumococcal conjugate Vaccine (PCV13)	1	14
	Measles, Mumps, and Rubella (MMR)	1	3
	Varicella (VAR)	1	1
	Hepatitis A (HepA)	1	1
Total for Visit		6	24
Well Baby Visit #7 (15 Months)	None^	0	0
Total for Visit		0	0
Well Baby Visit #8 (18 Months)	Hepatitis A (HepA)	1	1
Total for Visit		1	1
Well Baby Visit #9 (2 Years)	Influenza* (IIV)	1	3
Total for Visit		1	3
Well Baby Visit #10 (3 Years)	None^	0	0
Total for Visit		0	0
		<b>Number of Vaccines Given Before Age 3</b>	<b>Total Number of Antigens Injected Into Your Child</b>

- = The first time a baby is given the flu vaccine, they are normally given a 1/2 dose and then the second 1/2 dose a month or so later
- <http://vactruth.com/baby-vaccine-schedule/>

**Municipal Records Retention Schedule M8  
EDUCATION RECORDS**

<b>Item Number</b>	<b>Record Series Title</b>	<b>Minimum Retention Required</b>	<b>Disposition</b>
<b>A. ADMINISTRATIVE RECORDS<sup>1</sup></b>			
<b>1. Athletic Department records</b>			
<b>M8-005</b>	a. Sports Contract/Student Contract (including signature sheets for student handbooks)	At end of school year for which contract signed	destroy <sup>2</sup>
<b>M8-010</b>	b. Permission slips (to participate in sporting activities)	3 years	destroy <sup>2</sup>
<b>(M11-085)</b>	<b>2. Computer Terminal Sign-up Sheets</b>	1 month	destroy <sup>2</sup>
<b>M8-020</b>	<b>3. Free/reduced meal application and documentation</b>	3 years or until audited, whichever comes later	
<b>M8-030</b>	<b>4. Notification to parents (annual)</b> (regarding Student Behavior and Discipline, Bus Conduct, and Electronic Communications Systems, and the National School Lunch Program)	1 year	destroy <sup>2</sup>
<b>M8-040</b>	<b>5. Policy and Procedures manuals</b>	permanent; revise as required. Keep old policy and procedures separately.	retain permanently <sup>3</sup>
<b>6. Registration records</b>			
<b>M8-050</b>	a. Adult education registration records	3 years or until audited, whichever comes later	destroy <sup>2</sup>
<b>M8-055</b>	b. After school program registration records	1 year	destroy <sup>2</sup>
<b>M8-060</b>	c. Pesticide application notification registration form	5 years (CGS Sec. 10-231c(f))	destroy <sup>2</sup>
<b>M8-065</b>	d. School registration records including residency documentation	3 years or until audited, whichever comes later	destroy <sup>2</sup>

**Schedule M8 – Education Records, p. 2**

<b>Item Number</b>	<b>Record Series Title</b>	<b>Minimum Retention Required</b>	<b>Disposition</b>
<b>A. ADMINISTRATIVE RECORDS<sup>1</sup> (cont.)</b>			
<b>M8-075</b>	<b>7. Student portfolio work</b> (student produced work for grading assessment)	End of year at which student received grade	destroy <sup>2</sup>
<b>M8-085</b>	<b>8. Student teacher records</b>	2 years	destroy <sup>2</sup>
<b>M8-095</b>	<b>B. CHILD-STUDY TEAM RECORDS<sup>1</sup></b>	6 years after student leaves the school district	destroy <sup>2</sup>
<b>C. EDUCATION INFORMATION<sup>1</sup> (including but not limited to).</b>			
<b>M8-105</b>	<b>1. Curriculum</b>	Until superceded by new curriculum	destroy <sup>2</sup>
	<b>2. Cumulative records<sup>4</sup></b>		
<b>M8-115</b>	a. Academic achievement (grades/transcripts)	50 years after student leaves the school district <sup>5</sup>	destroy <sup>2,6</sup>
<b>M8-120</b>	b. Attendance records (days absent/present/tardy) <sup>7</sup>	50 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-125</b>	c Awards	6 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-130</b>	d Basic biographical information	50 years after student leaves the school district	destroy <sup>2,6</sup>
<b>M8-135</b>	e. Diagnostic test results (non-special ed)	6 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-140</b>	f. Extracurricular activities	6 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-145</b>	g. Letters of recommendation	6 years after student leaves the school district	destroy <sup>2</sup>

**Schedule M8 – Education Records, p. 3**

<b>Item Number</b>	<b>Record Series Title</b>	<b>Minimum Retention Required</b>	<b>Disposition</b>
	<b>C. EDUCATION INFORMATION<sup>1</sup> (Cont.):</b>		
<b>M8-150</b>	h. Parent's <sup>8</sup> /eligible student's signed release forms, if required by school policy <sup>9</sup>	as long as records are maintained	destroy <sup>2</sup>
<b>M8-155</b>	i. Records of immunization <sup>10</sup>	50 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-160</b>	j. Standardized group test scores	6 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-170</b>	<b>3. Diplomas</b>	6 years after student leaves the school district <sup>11</sup>	destroy <sup>2</sup>
	<b>4. Disciplinary records</b>		
<b>M8-180</b>	a. Detentions	no requirement	destroy <sup>2</sup>
<b>M8-185</b>	b. Incident reports	no requirement	destroy <sup>2</sup>
<b>M8-190</b>	c. Referrals	no requirement	destroy <sup>2</sup>
<b>M8-195</b>	d. Suspensions/expulsions	For expunging the cumulative record, see CGS Sec. 10-233c(e) and 10-233d(f). <sup>12</sup>	destroy <sup>2</sup>
<b>M8-205</b>	<b>5. Enumeration Records/Field Sheets</b>	3 years	destroy <sup>2</sup>
<b>M8-215</b>	<b>6. Grade Books<sup>1</sup></b>	current, plus 1 year	destroy <sup>2</sup>
<b>M8-225</b>	<b>7. Tardy slips from parents/guardians</b>	At completion of school year	destroy <sup>2</sup>
<b>M8-235</b>	<b>D. FAMILY WITH SERVICE NEEDS RECORDS<sup>1</sup></b>	6 years after student leaves the school district	destroy <sup>2</sup>

000355

**Schedule M8 – Education Records, p. 4**

<b>Item Number</b>	<b>Record Series Title</b>	<b>Minimum Retention Required</b>	<b>Disposition</b>
<b>E. HEALTH INFORMATION<sup>1</sup> (including but not limited to)</b>			
<b>1. Cumulative records</b>			
<b>M8-245</b>	a. Accident reports	6 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-250</b>	b. Basic school entrance health histories	6 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-255</b>	c. Child abuse forms	6 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-260</b>	d. Cumulative health record (CHR-1, original or copy) <sup>13</sup>	6 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-265</b>	e. Emergency care plans	6 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-270</b>	f. Health assessment records (HAR-3)	6 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-275</b>	g. Incident reports	6 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-280</b>	h. Individualized health care plans	6 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-285</b>	i. Medication administration records	until superseded by yearly summary on CHR-1 or 6 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-290</b>	j. Parent authorizations for medications/treatments	6 years after student leaves the school district	destroy <sup>2</sup>
<b>M8-295</b>	k. Parent's/eligible student's signed release forms, if required by school policy <sup>7</sup>	as long as records are maintained	destroy <sup>2</sup>
<b>M8-300</b>	l. Physician orders for medications/treatments	6 years after student leaves the school district	destroy <sup>2</sup>

**Schedule M8 – Education Records, p. 5**

<b>Item Number</b>	<b>Record Series Title</b>	<b>Minimum Retention Period</b>	<b>Disposition</b>
<b>E. HEALTH INFORMATION<sup>1</sup> (cont.):</b>			
M8-305	m. Referral forms for services based on Results mandated screenings	6 years after student leaves the school district	destroy <sup>2</sup>
M8-310	n. Sports histories and physical-examination Reports	6 years after student leaves the school district	destroy <sup>2</sup>
M8-320	<b>2. Employee's emergency health information</b>	until superseded or until employee leaves school district	destroy <sup>2</sup>
M8-330	<b>3. Nursing protocols</b>	permanent; revise as required. Keep old copy separately	retain permanently
	<b>4. Nursing records</b>		
M8-340	a. Health assessment data	6 years after student leaves the school district	destroy <sup>2</sup>
(M8-285)	b. Individual-treatment or procedure logs/flow Sheets	see retention period for medication records	
M8-345	c. Nursing process notes	6 years after student leaves the school district	destroy <sup>2</sup>
M8-350	d. Third-party health records (from hospitals, clinics, and private providers)	6 years after student leaves the school district	destroy <sup>2</sup>
M8-360	<b>5. Physician's standing orders</b>	permanent; revise as required. Keep old copy separately.	retain permanently
M8-370	<b>6. Student's emergency information card</b>	until superseded or student leaves school district	destroy <sup>2</sup>

000357

Schedule M8 – Education Records, p. 6

Item Number	Record Series Title	Minimum Retention Required	Disposition
M8-380	F. PRIMARY MENTAL HEALTH PROGRAM RECORDS <sup>1</sup>	no requirement	destroy <sup>2</sup>
M8-390	G. PROFESSIONAL STAFF'S WORKING PAPERS/NOTES <sup>14,15</sup>	no requirement	destroy <sup>2</sup>
M8-400	H. PROGRAM DATA RECORDS Statistical data (including but not limited to): Services provided or professional activities—e.g., number and type of daily visits, number of screenings, number of home visits, caseload records, etc. These records include both raw data files (or logs) and reports. <sup>16</sup>	no requirement	destroy <sup>2</sup>
	I. PUPIL PERSONNEL SERVICES <sup>1</sup> (including, but not limited to):		
M8-410	1. School counselor case records	6 years after student leaves the school district	destroy <sup>2</sup>
M8-420	2. School nurse case records	See E. HEALTH INFORMATION	
M8-430	3. School psychologist case records	6 years after student leaves the school district	destroy <sup>2</sup>
M8-440	4. School social-work case records	6 years after student leaves the school district	destroy <sup>2</sup>
M8-450	5. School speech/language pathology case records	6 years after student leaves the school district	destroy <sup>2</sup>
M8-460	J. REPORTS TO STATE BOARD OF EDUCATION— File Copies	3 years after audit	destroy <sup>2</sup>
M8-470	K. SECTION 504 RECORDS <sup>1,17</sup>	6 years after student leaves the school district	destroy <sup>2</sup>

**Schedule M8 – Education Records, p. 7**

<b>Item Number</b>	<b>Record Series Title</b>	<b>Minimum Retention Required</b>	<b>Disposition</b>
	<b>L. SPECIAL EDUCATION and RELATED SERVICES (birth through 21) (including, but not limited to):</b>		
M8-480	1. Assessment/evaluation reports	6 years after student leaves the school district	destroy <sup>2</sup>
M8-490	2. Due process records, including complaints, mediations, and hearings	6 years after student leaves the school district	destroy <sup>2</sup>
M8-500	3. Individual Transition Plan (ITP)	6 years after student leaves the school district	destroy <sup>2</sup>
M8-510	4. Individualized Education Program (IEP) Records	6 years after student leaves the school district	destroy <sup>2</sup>
M8-520	5. Individualized Family Service Plan (IFSP)	6 years after student leaves the school district	destroy <sup>2</sup>
M8-530	6. Parent's/eligible student's release forms	as long as records are maintained	destroy <sup>2</sup>
M8-540	7. Planning and Placement Team (PPT) records: notices, meetings, consent forms	6 years after student leaves the school district	destroy <sup>2</sup>
M8-550	8. Referral forms	6 years after student leaves the school district	destroy <sup>2</sup>
M8-560	9. Test protocol	at discretion of school administration	discard
M8-570	<b>M. STUDENT ASSISTANCE TEAM RECORDS<sup>1</sup></b>	6 years after student leaves the school district	destroy <sup>2</sup>
	<b>N. TRANSPORTATION</b>		
(M1-265)	1. Surveillance videotapes made on school buses	2 weeks	recycle <sup>18</sup>
M8-580	2. Bus routes	3 years	destroy <sup>2</sup>

Schedule M8 – Education Records, p. 8

Item Number	Record Series Title	Minimum Retention Required	Disposition
	O. TRUANCY <sup>1</sup> (including, but not limited to):		
M8-590	1. Record of parent conferences	6 years after student leaves the school district	destroy <sup>2</sup>
M8-600	2. Referrals	6 years after student leaves the school district	destroy <sup>2</sup>

<sup>1</sup> Any student records maintained by the school district that have personally identifiable information must have an access log that is maintained with the records for the same retention period as required for the record.

<sup>2</sup> Municipalities/Boards of Education may destroy records only after receiving the signed approval form (RC-075, rev. 2/2005) from the Office of the Public Records Administrator. Retention periods established on this schedule are *minimum retention requirements*. Records may be retained for longer periods of time.

<sup>3</sup> Policy manuals over 75 years have potential historical value. School districts may request transfer to an appropriate repository.

<sup>4</sup> Copy remains with sending district; original accompanies student.

<sup>5</sup> When student graduates from high school (i.e., receives a diploma), the high school may discard grades K-8 transcripts.

<sup>6</sup> Education records up to and including World War II, may have historical research potential; disposal may include transfer to a local historical repository.

<sup>7</sup> This refers to the attendance record posted to the cumulative record; other attendance records should be maintained for six (6) years after the student leaves the school district.

<sup>8</sup> Any reference to parent in this document includes legal guardian.

<sup>9</sup> If a school district policy requires written consent of the eligible student or parent to release education records to an institution in which the student intends to enroll, written consent must be obtained. In the absence of such policy, however, the Family Educational Rights and Privacy Act (FERPA) stipulates that education records may be released to an institution in which the student intends to enroll *without* written consent of the eligible student or parent, provided there is a reasonable attempt to notify the parent or eligible student that the records were transferred. Upon request, the parent or eligible student must be given a copy of the records that were transferred.

<sup>10</sup> This can be a copy of the student's immunization record.

<sup>11</sup> If student fails to pick up diploma, it must be retained six years after student leaves the school district.

<sup>12</sup> Do not destroy until student graduates from high school.

<sup>13</sup> Copy remains with sending district; original accompanies student (according to CGS Sec. 10-206(d)).

<sup>14</sup> For specific retention periods referring to Special Education, see L.

<sup>15</sup> Includes teacher plan books.

<sup>16</sup> No personal identifiers included.

<sup>17</sup> Section 504 of the Rehabilitation Act of 1973.

<sup>18</sup> If the tapes become evidence in any kind of disciplinary proceeding litigation, if notice of pending action has been filed with the town clerk (CGS Sec. 7-101a(d)), or otherwise take on a status that would require a longer retention period according to the schedule, the tape would be retained for the amount of time specified by the retention schedule, and until all actions have been resolved.