



# CELEBRATING 30 YEARS!

In 1995, in response to the tragic death of nine-month-old Baby Emily, a bi-partisan group of legislators worked to establish the Office of the Child Advocate and ensure independent oversight, evaluation, and recommendations regarding the various state-run and state-funded entities that are responsible for the care and protection of Connecticut's children. Through the years, OCA has conducted countless investigations, issued public reports, and advocated for important policy changes. We have partnered with state agencies, providers, and families to improve services for children and families and prevent harm to children. OCA investigations look across state systems to close gaps and improve oversight to ensure the safety and well-being of children.

Established: 1995 (PA 95-242, by unanimous vote in both chambers)

Child Advocates:

1996 to 1997- Kristine Ragaglia, J.D.

1997 to 2000 - Linda Pearce Prestley, M.Ed., J.D.

2000 to 2012 - Jeanne Milstein

2012 to 2013 - Jamey Bell, J.D.

2013 to 2024 - Sarah Eagan, J.D.

Current - Christina D. Ghio, J.D., CWLS (pending confirmation)

Responsibilities:

- Review Child fatalities
- Review complaints about state funded services to children
- Review facilities in which children are placed
- Review conditions of confinement for those under 22
- Evaluate the delivery of state funded services to children
- Educate the public and policy makers
- Advocate for changes in law and policy to improve outcomes for children

## CHILD FATALITY REVIEW AND PREVENTION

- **Convened experts to review child fatalities** to inform administrative and legislative policy recommendations
- **Conducted child specific investigations** to ensure public transparency and accountability
- **Led statewide child death prevention efforts** addressing safe sleep, suicide, drowning, burn and scald injuries, and medication ingestion
- **Advanced public awareness and prevention campaigns** focused on fentanyl exposure and safe gun storage
- **Supported legislative and policy changes** to improve child safety, including graduated motor vehicle licensure reforms

## CHILD PROTECTION

- **Investigated conditions of care for children placed out-of-state** and elevated oversight of those placements
- **Advanced policy changes to reduce reliance on institutional care** and prioritize placements based on children's individual needs
- **Advocated for improved DCF supervision**, trauma-informed contracting, and internal quality assurance
- **Strengthened protections for children with complex needs**, including permanency, education access, and appropriate services and supports
- **Expanded training**, data use, and accountability to improve outcomes statewide
- **Investigated deaths of children from exposure to opioids** and recommended that DCF develop protocols for young children and a quality assurance framework for safety and risk assessment practices
- In response to the death of Liam R., **advocated for the passage of Public Act 24-126 to improve oversight of DCF**, ensure accuracy of information shared with courts, and improve court oversight of the quality of legal representation

## JUVENILE JUSTICE

- **Investigated and exposed harmful practices and unsafe conditions** at Long Lane School, Haddam Hills, the Pueblo Unit and CJTS, all of which subsequently closed
- **Advanced juvenile justice reforms** to ensure services are developmentally appropriate, gender responsive, trauma informed, and aligned with adolescent needs
- **Supported policy changes to decriminalize age-appropriate behavior** and expand juvenile court jurisdiction through "Raise the Age" reforms
- **Advocated for adequate mental health care and treatment** for youth involved in the juvenile and adult justice systems
- **Investigated conditions of confinement** at Manson Youth Institution and in other facilities and pushed for improvements across facilities where youth are incarcerated, including the elimination of prolonged isolation and excessive cell time

## CHILDREN WITH COMPLEX NEEDS

- **Investigated conditions of care for children** with complex disabilities across residential, foster care, educational, hospital, and community-based settings

- **Advanced protections and training for child protection** social workers and attorneys serving children with complex needs
- **Promoted in-home and community-based supports** in place of large institutional care across state systems
- **Strengthened inter-agency collaboration** for children with co-occurring mental health and intellectual or developmental disabilities
- **Advocated for improved educational access and outcomes** for children with disabilities, including those in foster care

## **EDUCATION**

- **Strengthened school safety and accountability** through background check requirements, reporting protocols, and oversight of school personnel (PA 11-93)
- **Advanced reforms to reduce harmful discipline practices**, including restraint, seclusion, suspension, expulsion, and school-based arrests of young children (PA 15-141)
- **Exposed and addressed systemic inequities** affecting students with disabilities through investigations and corrective actions
- **Identified statewide deficiencies in Title IX implementation**, contributing to the passage of PA 23-66 to require the development of the Title IX toolkit
- **Promoted safe and supportive school environments** through advocacy, research, and mandated training on bullying and teen dating violence

## **INSTITUTIONAL OVERSIGHT AND ACCOUNTABILITY**

- **Exposed systemic failures in institutional and congregate care settings**, resulting in the closure of unsafe or inappropriate facilities
- **Investigated inadequate medical care**, mental health services, staffing, and supervision in state-licensed and state-operated facilities
- **Advanced reforms to reduce reliance on seclusion and force**, including improvements in training, policy, and practice
- **Elevated accountability in juvenile justice and congregate care settings** through sustained oversight and advocacy
- **Continuously monitored conditions** in state-licensed residential treatment and congregate care programs

## **MENTAL HEALTH**

- **Exposed harmful and inappropriate practices** across systems, including restraint and seclusion, school discipline, and emergency room utilization
- **Advanced early childhood mental health prevention** and earlier intervention for children showing concerning behaviors
- **Advocated for trauma-informed, developmentally appropriate, and gender-responsive** treatment and support services
- **Promoted coordinated, individualized care** for children with complex mental health needs, including improved treatment matching
- **Strengthened cross-system collaboration** through multisystem partnerships, creative funding strategies, and public-private collaboration