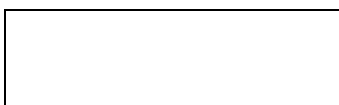


Katherine Miles Durst
CHILD DEVELOPMENT
LEARNING CENTER

Child Abuse and Neglect Reporting Policy

Human Development &
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College of Education & Human Development



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Katherine Miles Durst
Child Development Learning Center

CHILD ABUSE AND NEGLECT REPORTING POLICY

We are Mandated Reporters

CHILD ABUSE AND NEGLECT

“Abuse or neglect” means a threat to a child’s health or welfare by physical, mental or emotional injury or impairment, sexual abuse or exploitation, deprivation of essential needs or lack of protection from these, by a person responsible for a child. [Child and Family Services and Child Protection Act]

INDICATORS

The following indicators are provided to help you identify suspected cases of child abuse and neglect. While many of these indicators are signals (red flags) that a child is possibly being abused, some could also be caused by other emotional, environmental, or physical problems.

PHYSICAL ABUSE

A physically abused child is one who has received injuries from beating, burning, shaking, striking, or other similar acts. You should also suspect physical abuse has occurred when any of the following conditions exist. Note, however, that some indicators may be present due to a developmental or behavioral disorder.

PHYSICAL INDICATORS

- Bruises and welts
 - On face, lips, mouth
 - On torso, back, buttocks, thighs
 - In various stages of healing
 - In unusual patterns, reflecting the shape of an article used to inflict (e.g., electrical cord or belt buckle) or human bite marks
 - Clusters to indicate repeated contact with a hand or object
 - On several different surface areas
 - Regularly appearing after absence, weekend, or vacation

- Burns
 - Immersion burns indicating dunking in a hot liquid (“sock” or “glove” burns on the arms or legs or “doughnut” shaped burns on the buttocks or genitalia)
 - Cigar, cigarettes burns, especially on soles, palms, back, or buttocks
 - Rope burns on arms, legs, neck, or torso
 - Dry, pattern burns indicating that a child has been forced to sit upon a hot

- surface or has had a hot instrument (e.g., electric burner or iron)
- applied to the skin
- Infected burns, indicating delay in seeking treatment

- Cut, tears, or scrapes
 - To the mouth, lips, gums, eyes
 - To external genitalia
 - In various stages of healing

- Head injuries
 - Absence of hair or bleeding beneath scalp due to hair pulling
 - Black eyes
 - Bruised, bloody, swollen eyes
 - Swollen mouth or jaw
 - Loosened or missing teeth

BEHAVIORAL INDICATORS

- Feels deserving of punishment
- Poor self-concept
- Unusual fear of adults, especially parents
- Afraid to go home
- Frequent lateness or absenteeism; parents arrive too early or leave child after closing
- Reports harsh treatment or injury
- Frequent complaints of pain
- Avoidance of logical explanations for injuries
- Wearing clothing to hide injuries, wearing clothing inappropriate for weather conditions
- Malnourished or dehydrated appearance
- Withdrawn, anxious, or uncommunicative behavior, outspoken or disruptive behavior, especially if this is a change from a child's usual behavior
- Evidence that the child was given inappropriate food, beverage, or drugs
- Lack of seeking and/or giving affection
- Apprehensive when other children cry
- Vacant or frozen stare
- Lies very still while surveying surroundings (infant)
- Inappropriate or precocious maturity
- Responds to questions in monosyllables
- Capable of only superficial relationships

EMOTIONAL MALTREATMENT (ABUSE)

An emotionally or psychologically abused child is one who has been verbally abused by her/his parent(s) or who has had excessive or inappropriate demands placed on her/his emotional, social, or physiological capabilities. A parent may emotionally abuse a child by corrupting, ignoring, isolating, rejecting, or terrorizing a child. You should suspect emotional abuse has occurred when any of the following indicators are present. Note, however, that some indicators may be present due to a developmental or behavioral disorder.

PHYSICAL INDICATORS

- Speech disorders
- Lags in physical development
- Failure to thrive
- Hyperactive/disruptive behavior
- Shallow, empty facial appearance

BEHAVIORAL INDICATORS

- Habit disorders
 - Sucking
 - Biting
 - Rocking
- Conduct/learning disorder
 - Antisocial behavior
 - Destructive
- Neurotic traits
 - Sleep disorders
 - Inhibition of play
 - Unusual fearfulness
- Behavioral extremes
 - Low self-esteem
 - Does not change expression, reacts without emotion to unpleasant statements or actions
 - Generally unhappy, seldom smiles or laughs
 - Compliant, passive, unusually shy and withdrawn
 - Aggressive, demanding, disruptive
 - Fears adults
 - Attempted suicide
- Overly adaptive behavior
 - Inappropriately adult
 - Inappropriately infantile
- Developmental lags
 - Mental
 - Emotional

- Receives belittling or degrading comments from her or his parents

PHYSICAL/EMOTIONAL NEGLECT

A child who is a victim of physical or emotional neglect is one who has not received sufficient emotional, intellectual, physical, or social support from her/his caretaker(s). The level of neglect may range from beginning stages to truly gross proportions. You should suspect physical neglect when any of the following are present. Neglect is not necessarily related to poverty – it reflects a breakdown in household management, as well as a breakdown of concern for and caretaking of the child.

In identifying neglect, be sensitive to different cultural expectations/values and different childrearing practices.

PHYSICAL INDICATORS

- Underweight, poor growth pattern; e.g., small in stature, failure to thrive
- Lacks adequate clothing and good hygiene
 - Child dressed inadequately for weather
 - Persistent skin disorders resulting from improper hygiene
 - Chronically dirty and unbathed
- Consistent lack of supervision
 - Very young children left unattended
 - Children left in the care of other children too young to protect them
 - Children inadequately supervised for long periods of time or when engaged in dangerous activities
- Lack of medical or dental care
 - Unattended dental/physical needs
 - Unattended medication and health aid needs
- Lacks adequate education (chronically absent)
- Lacks adequate nutrition
 - Lacks sufficient quantity and quality of food
 - Bald patches on scalp
 - Abdominal distention
 - Wasting of subcutaneous tissue
- Lacks adequate shelter
 - Structurally unsafe housing/exposed wiring
 - Inadequate heating
 - Unsanitary housing conditions
- Abandonment

BEHAVIORAL INDICATORS

- Constant fatigue, listlessness or falling asleep during activities
- Inappropriate seeking of affection

- Assuming adult responsibilities and concerns
- States that parent leaves child alone at home
- Frequent absences
- Frequent early arrivals at and late departures from program/school
- Consistently complaining of hunger, rummaging for, begging, or stealing food
- Delayed speech
- Doesn't change expression
- Alcohol or drug abuse
- Talks in a whisper or whine
- Delinquency, e.g., thefts

SEXUAL ABUSE

A sexually abused child is one who has been exploited for any sexual gratification such as rape, incest, fondling of the genitals, exhibitionism, and/or voyeurism. You should suspect sexual abuse has occurred when a child exhibits any of the following indicators.

PHYSICAL INDICATORS

- Difficulty in walking or sitting
- Torn, stained, or bloody underclothing
- Pain, swelling, or itching in genital area
- Pain on urination
- Bruises, bleeding, or laceration on external genitalia, vaginal, or anal areas
- Vaginal/penile discharge
- Venereal disease, especially in pre-teens
- Poor sphincter tone
- Pregnancy

BEHAVIORAL INDICATORS

- Unwilling to participate in physical activities
- Unwilling to change clothing when necessary or unwilling to have clothes changed
- Unwilling to be assisted with toileting
- Holds self, wants to be changed although not wet
- Extreme changes in behavior such as loss of appetite
- Withdrawn or infantile behaviors; may be back to earlier behaviors (such as bed wetting, thumb sucking)
- Extremely aggressive or disruptive behavior
- Bizarre, sophisticated, or unusual sexual behavior or knowledge
- Inappropriate expression of affection for developmental level of child
- Poor peer relationships
- Fear of a person or a strong dislike of being left somewhere or with someone

- Reports sexual assault by caretaker
- Delinquent or runaway
- Change in performance in program/school

CHECKLIST OF FACTORS TO CONSIDER WHEN DETERMINING THE ROLE OF THE PARENT/CARE PROVIDER

All adults have the capacity to strike out in anger, fear, frustration, pain; and this capability makes it possible for all of us to be potential child abusers. Yet most people have the ability to control these violent impulses. Abuse occurs as a symptom of excess stress and unhealthy adaptations to mental health problems.

EXPLANATION OF CHILD'S CONDITION

You should be suspicious if the parent/care provider:

- Describes the circumstances resulting in the child's condition in a way in which they could not have happened
- Suggests, when describing the child's condition, that the child has done something which s/he is physically or developmentally unable to do
- Blames the child for his/her injuries
- Story sounds as if it has been rehearsed
- Seems unduly defensive or anxious while telling the story
- Resists describing what happened
- Has no explanation of the child's injury
- Attempts to conceal the child's injury or to protect the identity of the person responsible

ATTITUDE TOWARD THE CHILD

You should be suspicious if the parent/child care provider:

- Has unrealistic expectations of the child
- Is unaware of normal developmental stages of children
- Is unaware of alternative methods of discipline
- Describes the child in negative terms
- Believes the child is unloving and ungrateful
- Expects the child to provide love and support beyond his/her capabilities
- Blames the child for protective service intervention
- Continually changes the discussion to him or herself rather than talking about the child
- Is unable to provide a knowledgeable history of child's developmental milestones, nutritional pattern, and daily activities

INTERNAL & EXTERNAL CONDITIONS AFFECTING THE PARENT(S)/CARE PROVIDER(S)

You should be suspicious if the parent/care provider:

- Seems to be at “the end of his/her rope” or helpless to deal with the child’s crying, disobedience, or misbehavior
- Appears to be unable to care for the child or meet his/her needs
- Seems to have poor impulse control
- Seems to be overwhelmed by crises in his or her life
- Seems to have inadequate coping skills
- Appears to have low self-esteem
- Seems unable to acquire support from spouse or significant others
- Has a chaotic home life
- Seems to have little motivation or skill to affect changes in his or her life
- Abuses drugs or alcohol
- Is unavailable or inaccessible
- Seems excessively angry about intervention
- Seems excessively angry about what may happen to him/her

PARENT’S/CARE PROVIDER’S HISTORY

You should be suspicious if the parent/care provider:

- Was abused or neglected as a child
- Describes his or her parents as having used excessive discipline or punishment
- Has a history of psychological problems
- Has been previously reported for abuse or neglect
- Has no contact with his/her own parents and/or siblings

SPECIAL NOTE!

Information contained in this section was taken in part from:

Healthy Young Children: A Manual for Programs edited by Kendrick, Kaufmann, Messenger; NAEYC; 1509 16th Street, NW, Washington, DC 20035-1426, pages 175-183.

STAFF REPORTING PROCEDURES

Any staff member knowing or having reasonable cause to suspect that an enrolled child has been or is likely to be abused or neglected, shall immediately report or cause a report to be made to the Maine Department of Human Services. Suspected neglect or abuse of an enrolled child must be reported – whether the cause for suspicion originates from within the Katherine Miles Durst Child Development Learning Center or from the community at large. Persons knowingly violating this obligation commit a civil violation for which a fine may be adjudged and disciplinary job action may be taken. Refer to Addendum A.

No person may experience retaliation or be discriminated against in any way for participating in good faith reporting child abuse and neglect. The reporting staff person may not be discharged or disciplined solely because they made a child abuse or neglect report, unless it is proven that the report was intended to do harm.

Staff persons of Katherine Miles Durst Child Development Learning Center shall report suspicions of neglect and abuse to the Coordinator. In the absence of the Coordinator, suspicions shall be reported to Dr. Julie Dellamattera. Reports implicating the Coordinator should be made to the UM Director of Human Resources.

All staff reports of suspected neglect and abuse should be made in writing. Refer to Addendum B for the appropriate format. Whenever possible, the Coordinator will review the reasonable cause for suspicion with the reporting staff member. Whenever reasonable cause for suspicion exists, the Coordinator shall immediately cause a report to be made to the Maine Department of Human Services Child Protective Services hotline.

By law, a staff person may also make a report directly to the Maine Department of Human Services Child Protective Intake hotline

Notice of a report will be made to the UM Director of Human Resources and, when appropriate, to the child's parent(s) or guardian(s).

STEPS TO PROTECT STUDENTS AND STAFF FROM AN IMPLICATION OF CHILD ABUSE

1. We maintain staff/child ratios and group size according to DHHS Rules for Licensing at all times. Teaching staff-child ratios within group size are maintained during all hours of operation including indoor time, outdoor time, and during field trips.
2. We have installed video cameras in the classrooms that can be used to observe the adult's interactions with the children. The videos can be accessed through the computer in the director's office.

3. We have an open floor plan so that we can see and observe all children. We work as a team to position ourselves around the classroom and outdoor play space so that we can see and observe the children at all times. The bathroom has a half-door installed. If a teacher is changing a child or a child requests privacy we can still hear and see into the bathroom if necessary.
4. We have an observation booth that permits families to observe the children at all times. They do not need a reservation but can come and go as time permits.
5. We encourage open communication with our families. It is important that parents/guardians and teachers work as a team to meet the needs of each child, we employ a variety of means to learn about the child's family and culture and to keep them informed about their child's progress and day at school. We use various strategies including conversations at arrival and departure times; teacher-initiated telephone calls about illnesses, accidents or ongoing concerns; classroom newsletters; and twice-yearly parent-teacher conferences. We will schedule personal meetings whenever the family or the teachers feel further communication and clarification is needed.
6. We use conflict resolution with the children and their families. Children communicate through their behavior. Teachers, as well as parents/guardians, need to be detectives in order to discover the messages that are hidden in a child's behavior. Examples of such messages may include: "I have a need that isn't being met", "I don't know how to do it", or "I feel uncomfortable". Teachers will work with the parent/guardian to find out why a child is behaving a certain way. The child's teacher will provide documentation of daily observations in an attempt to identify triggers for the particular behavior. The parents/guardians will also be asked for their feedback regarding the child's behavior, whether or not the child exhibits this particular behavior at home, and whether there are circumstances in the child's life that may contribute to this behavior, such as a new sibling, move, death in the family, etc. Teachers will employ typical classroom strategies, such as: changing the environment, supporting a child's play with friends, having more than one particular toy, or helping a child to use language to express their feelings, etc. If a behavior becomes a concern or a problem, parents and teachers will work together to plan mutually acceptable solutions with techniques for implementation.
7. We value an open-door policy. Parents/guardians are always welcome to visit the Learning Center. No appointment is necessary. Parents/guardians are encouraged to come to the Learning Center at any time, eat with their child, participate in the classroom activities, help out, or share other experiences taking place throughout the day.
8. Individual health and safety plans depend on needs of the children, our conversations with the families, and our own reflective practice. If it is

determined that family situations indicate an extra level of diligence is needed, we will meet as a group to develop an action plan that meets the needs of the children, their caregivers, and the personal safety of the staff.

9. Notice of a report will be made to the child's parent(s) or guardian(s) when appropriate.

IMPLICATION OF A STAFF MEMBER/STUDENT

If allegations of child abuse or neglect are made against any staff member or student, the Katherine Miles Durst Child Development Learning Center will work in cooperation with the Department of Human Services. The student or employee will be reassigned to activities that do not involve contact with children pending the outcome of the investigation. Conviction of child abuse or neglect will be grounds for immediate termination from the program. Addendum C outlines the procedure for investigating suspected child abuse and neglect in a facility. Reinstatement of a staff person or student will occur only after allegations have been cleared to the satisfaction of the Katherine Miles Durst Child Development Learning Center Coordinator and/or the University of Maine Director of Human Resources and the Maine Department of Human Services.

ADDENDUM A**CHILD AND FAMILY SERVICES AND CHILD PROTECTION ACT
SUBCHAPTER II
REPORTING OF ABUSE AND NEGLECT****22 §4011. PERSONS MANDATED TO REPORT SUSPECTED ABUSE OR
NEGLECT**

1. Reasonable Cause to Suspect. When, while acting in a professional capacity, an adult who is a medical or osteopathic physician, resident, intern, emergency medical services person, medical examiner, physician's assistant, dentist, dental hygienist, dental assistant, chiropractor, podiatrist, registered or licensed practical nurse, teacher, guidance counselor, school official, children's summer camp administrator or counselor, social worker, court appointed special advocate or guardian ad litem for the child, homemaker, home health aide, medical or social service worker, psychologist, child care personnel, mental health professional, law enforcement official, state fire inspector, municipal code enforcement official or municipal fire inspector, commercial film and photographic print processor, clergy member acquiring the information as a result of clerical professional work except for information received during confidential communications or chair of a professional licensing board that has jurisdiction over mandated reporters knows or has reasonable cause to suspect that child has been or is likely to be abused or neglected, that person shall immediately report or cause a report to be made to the department.
 - A. Whenever a person is required to report in a capacity as a member of the staff of a medical or public or private institution, agency or facility, that person shall immediately notify either the person in charge of the institution, agency or facility, or a designated agent, who shall then cause a report to be made. The staff may also make a report directly to the department. [1987, c. 744, §8 (amd).]
 - B. Any person may make a report if that person knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected. [1985, c. 819, Pt. A, §§25, 26 (rpr).]
 - C. [1985, c. 495, §19 (rp).]
 - D. When, while acting in a professional capacity, any person required to report under this section knows or has reasonable cause to suspect that a child has been abused or neglected by a person not responsible for the child, the person shall immediately report or cause a report to be made to the appropriate district attorney's office. [1987, c. 744, §8 (and).] [1999, c. 300, §1 (amd).]

22 §4012. REPORTING PROCEDURES

1. Immediate Report. Reports regarding abuse or neglect shall be made immediately by telephone to the department and shall be followed by a written report within 48 hours if requested by the department. [1979, c. 733, §18 (new).]
2. Information Required. The reports shall include the following information if within the knowledge of the person reporting:
 - A. The name and address of the child and the persons responsible for his care or custody; [1979, c. 733, §18 (new).]
 - B. The child's age and sex; [1979, c. 733, §18 (new).]
 - C. The nature and extent of abuse or neglect, including a description of injuries and any explanation given for them; [1979, c. 733, §18 (new).]
 - D. A description of sexual abuse or exploitation; [1979, c. 733, §18 (new).]
 - E. Family composition and evidence of prior abuse or neglect of the child or his siblings; [1979, c. 733, §18 (new).]
 - F. The source of the report, the person making the report, his occupation and where he can be contacted; [1979, c. 733, §18 (new).]
 - G. The actions taken by the reporting source, including a description of photographs or x-rays taken; and [1979, c. 733, §18 (new).]
 - H. Any other information that the person making the report believes may be helpful. [1979, c. 733, §18 (new).]

22 §4013. MANDATORY REPORTING TO MEDICAL EXAMINER FOR POSTMORTEM INVESTIGATION

A person required to report cases of known or suspected abuse or neglect, who knows or has reasonable cause to suspect that a child has died as a result of abuse or neglect, shall report that fact to the appropriate authority as provided in Section 3026. A child shall not be considered to be abused or neglected solely because he was provided with treatment by spiritual means by an accredited practitioner of a recognized religious organization. [1983, c. 343, §2 (amd).]

22 §4014. IMMUNITY FROM LIABILITY

1. Reporting and Proceedings. A person, including an agent of the department, participating in good faith in reporting under this subchapter, or participating in a related child protection investigation or proceeding, including, but not

limited to, a multi-disciplinary team, out-of-home abuse investigation team or other investigating or treatment form, is immune from any criminal or civil liability for the act of reporting or participating in the investigation or proceeding. Good faith does not include instances when a false report is made and the person knows the report is false. Nothing in this section may be construed to bar criminal or civil action regarding perjury or regarding the abuse or neglect which led to a report, investigation, or proceeding. [1978, c. 395, Pt. A, §89 (amd).]

2. Photographs and x-rays. A person participating in good faith in taking photographs or x-rays under this subchapter is immune from civil liability for invasion of privacy that might otherwise result from these actions. [1979, c. 733, §18 (new).]
3. Presumptions of good faith. In a proceeding regarding immunity from liability, there shall be a rebuttable presumption of good faith. [1979, c. 733, §18 (new).]

22 §4015. PRIVILEGED OR CONFIDENTIAL COMMUNICATIONS

The husband-wife and physician and psychotherapist-patient privileges under the Maine Rules of Evidence and the confidential quality of communication under Title 20-A, sections 4008 and 6001, to the extent allowed by applicable federal law; Title 24-A, section 4224; Title 32, sections 1092-A and 7005; and Title 34-B, section 1207, are abrogated in relation to required reporting, cooperating with the department or a guardian ad litem in an investigation or other child protective activity or giving evidence in a child protection proceeding. Information released to the department pursuant to this section shall be kept confidential and may not be disclosed by the department except as provided in section 4008. [1985, c. 495, §21 (amd).]

Statements made to a licensed mental health professional in the course of counseling, therapy or evaluation where the privilege is abrogated under this section may not be used against the client in a criminal proceeding except to rebut the client's testimony contradicting those statements. Nothing in this section may limit any responsibilities of the professional pursuant to this Act. [1985, c. 495, §21 (new).]

22 §4016. CONFIDENTIALITY OF EMPLOYEE RECORDS

Notwithstanding Title 5, section 554, subsection 2, paragraph E or any other provision of law, the confidentiality of employee records is abrogated in relation to required reporting, cooperating with the department or guardian ad litem in an investigation or other child protective activity or giving evidence in a child protective proceeding. [1983, c. 354, §4 (new).]

22 §4017. DISCRIMINATION

No person may be discriminated against by any employer in any way for participating in good faith reporting under this subchapter or in a related child protection investigation or proceeding. [1983, c. 354, §4 (new).]



Reports should be phoned to the Maine Department of Human Services using this 24 hour reporting number: 1-800-452-1999.

ADDENDUM B

STAFF REPORT OF SUSPECTED CHILD ABUSE AND/OR NEGLECT

NOTE: This report should be clearly typed or printed by the reporting staff person **and** submitted immediately to the Coordinator.

Child's Name: _____ Sex: _____ Birth Date: _____

Name/s of Parent/s or Guardian/s: _____

Family composition and knowledge of prior abuse/neglect of the child or his/her siblings:

Address: _____

Telephone Number/s: _____

Program of Enrollment: _____

Date of Observation: _____ Time of Observation: _____

Description of the Cause for Suspicion: _____

Actions taken, including photographs: _____

Any other information that may be helpful: _____

Name of Reporting Staff Person: _____ Date: _____

Occupation: _____ Telephone number/s: _____

ADDENDUM C

PROCEDURES FOR INVESTIGATING SUSPECTED CHILD ABUSE AND NEGLECT IN A FACILITY

