

NESD HEAD START PROGRAM, INC.
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**POLICY AND PROCEDURES FOR REPORTING
CHILD ABUSE AND NEGLECT**

As per South Dakota law, Head Start staff is in the category of mandatory reporters of suspected child abuse and neglect. Our program policy requires that such reports be made as outlined in the system of reporting. Under South Dakota law, anyone participating in good faith in the making of a report shall have immunity from any liability, civil or criminal, that might be incurred or imposed.

System of Reporting Child Abuse and Neglect

- A. When someone on the staff observes suspicious marks on a child or comments made, document it and alert the other staff members in the Unit to be observant. The Family Services Coordinator is to be informed immediately. If not present at the time, the FSC will, as soon as possible, go to the Center and observe the child. The Family Services Manager will also be informed.

If there is any suspicion of abuse or neglect or in the case of a severe injury or circumstance, a report will be made at once by the Family Services Coordinator or Teacher/Home Visitor. The safety and welfare of the child is Head Start's first consideration and employees will report actions that threaten that safety. Exposure to Meth is now considered to be in the same category as child abuse and should be reported as such.

- B. The Family Services Coordinator and/or Teacher/Home Visitor in each Unit will make the report either in person or by telephone to the DSS Child Protection contact in their area: Staff who work in the counties of:
Beadle, Brown, Faulk, Hand, Edmunds, McPherson, Marshall and Spink need to contact an intake person, at **626-2388** or **1-866-858-3204**
Day and Roberts counties: contact **Watertown Office, 882-5050** or **1-866-239-6787**
Campbell, Potter and Walworth counties: contact **Mobridge Office, 845 -2922** or **1-877-431-3978**
- C. The Teacher/Home Visitor (if they make the report) will give a verbal report and will also submit a written report of the action taken to the local Family Services Coordinator. After contact has been made to the local Department of Social Services, Office of Child Protection, a copy of the written report will be made and sent to the Family Services Manager.

The written report will include:

- 1) Name and address of the child and parents or person having custody of the child;
- 2) child's date of birth
- 3) extent of the injuries or neglect, including evidence of previous abuse; and
- 4) any other information which might be helpful in establishing the cause of injury or neglect.

Follow-Up Action:

The Family Services Coordinator will maintain contact with Social Services to learn what action has been taken. They will also attempt to be aware of and/or be involved in any type of program established by Social Services and offer appropriate support to the family. The Family Services Coordinator will document the status of the situation and keep the Unit staff informed.

As educators we are often the first people to actually be aware of the possibility of child abuse or neglect. It is, therefore, very important that we document and report any situations or indicators of abuse or neglect. By documentation, we mean describing the situation and dating our observations. The important things to look for are described on the list of indicators. Look for a pattern of behavior or of physical indicators; this usually means that something is not right with the child or the home environment.

If there is ever any suspicion of abuse or neglect, it should be reported immediately to the Department of Social Services - Office of Child Protection. This ensures two things: (1) that your liability to report abuse and neglect has been placed in the hands of professionals who are trained to screen such reports; and (2) the children with whom you work are being protected and served to the best of your ability.

We are not asking you to be policemen, just caring individuals who are responsive to your children's behavior and physical appearance.

INDICATORS OF ABUSE AND NEGLECT

PHYSICAL ABUSE

Physical Indicators

Unexplained Bruises and Welts:

- on face, lips, mouth
- on torso, back, buttocks, thighs
- in various stages of healing
- clustered, forming regular pattern
- reflecting shape of article used to inflict; electric cord, belt buckle, etc.
- on several different surface areas
- regularly appear after absence weekend or vacation

Unexplained Burns:

- cigar, cigarette burns, especially on soles, palms, back or buttocks
- immersion burns; sock-like, glove-like, doughnut shaped on buttocks or genitalia, patterned like electric burner, iron, etc.
- rope burns on arms, legs, neck or torso

Unexplained Fractures:

- to skull, nose, facial structure
- in various stages of healing
- multiple or spiral fractures

Unexplained Lacerations or Abrasions

- to mouth, lips, gums, eyes
- to external genitalia

Behavioral Indicators

Wary of Adult Contacts

Apprehensive When Other Children Cry

Behavioral Extremes; aggressiveness, or withdrawal

Frightened of Parents

Afraid To Go Home

Reports Injury by Parents

PHYSICAL NEGLECT

Physical Indicators

Consistent Hunger, Poor Hygiene,
Inappropriate Dress
Consistent Lack of Supervision,
Especially in Dangerous Activities
or Long Periods
Unattended Physical Problems or
Medical Needs
Abandonment

Behavioral Indicators

Begging, Stealing Food
Extended Stays at School; early
arrival and late departure
Constant Fatigue, Listlessness, or
Falling Asleep in Class
Alcohol or Drug Abuse
Delinquency; thefts
States There is No Caretaker

SEXUAL ABUSE

Physical Indicators

Difficulty in Walking or Sitting
Pain or Itching in Genital Area
Bruises or Bleeding in External
Genitalia, Vaginal or Anal Areas
Venereal Disease, Especially in
Pre-teens
Pregnancy

Behavioral Indicators

Unwilling to Change for Gym or
Participate in P.E. Class
Withdrawal, Fantasy or Bizarre,
Sophisticated, or Unusual
Sexual Behavior or Knowledge
Poor Peer Relationships
Delinquent or Run-Away
Reports Sexual Assault by
Caretaker

EMOTIONAL ABUSE

Physical Indicators

Speech Disorders

Lags in Physical Developments

Failure to Thrive

Behavioral Indicators

Habit Disorders; sucking, biting rocking, etc.

Conduct Disorders; anti-social, destructive, etc.

Neurotic Traits; sleep disorders, inhibition of play

Psychoneurotic Reactions; hysteria, obsession, compulsion, phobias, hypochondria

Behavior Extremes; compliant, passive or aggressive, demanding

Overly Adaptive Behavior; inappropriately adult or inappropriately infant

Developmental Lags; mental, emotional

Attempted Suicide

WHAT TO EXPECT AFTER YOU REPORT

When you report a case of suspected child abuse and neglect, Child Protective Services or the law enforcement agency becomes legally responsible to investigate the case and determine if child abuse or neglect is occurring.

Child Protection Services has a dual responsibility; protecting children and strengthening and maintaining families.

The worker will usually follow these steps, but each case is unique and might be handled differently:

- The worker receiving the referral will get as much information as possible from the referring person. Provide whatever information you have.
- The worker will usually contact the child(ren) and the parents to discuss the referral without disclosing the referral source in order to determine what has actually happened.

If it has been determined the facts of the investigation provide enough evidence for a Case Worker to interview a Head Start Child (the child would be interviewed while attending Head Start), Head Start firmly believes the child has the right to a familiar person from Head Start be with the child during the interview. The appropriate Head Start person recognized the confidentiality of any, and all information, discussed during the interview.

If it has been determined that the facts of the investigation do not provide evidence that the child is at risk of abuse or neglect, the case is closed. However, based on the facts of the case, if it is determined that the child has either been abused or neglected or is at risk of abuse or neglect, the investigation may proceed as follows:

- If the child appears to be in immediate danger, the worker may decide removal of the child is necessary. He will either contact a judge for authorization to remove the child from the home or call the police or sheriff's office to take the child from the home or school without these legal sanctions.

- Normally, the child will not be removed from the home. The social worker routinely develops a case plan with the parents to improve the situation and assist the parents in remedying the problems.
- In some cases, a civil court procedure will be initiated. If parents are cooperative and succeed in making improvements, court action may not be necessary. In some severe cases, the State's Attorney may initiate a criminal proceeding.

Social Services Referral/Report Form

Name of Unit Center Unit Date 11-23-04 Time 9:15am

Child's Name Jeremy Adams DOB 2-18-2000 Male Female

Child's Parent/Guardian Sue Adam

Address 1000 West 1st St. #7, Lawrence, KS Phone/Cell 890-4567

Person Contacted/Title Lisa Johnson, Social Worker

1. Describe the nature and extent of suspected abuse or neglect (include location of injury/marks/bruises and mark the exact location of injury on the back of this form):

Bruise, bluish black in color, $\frac{3}{4}$ " x $2\frac{1}{2}$ " in size. On left side of back, just below waistline.

2. Comments and/or explanation by child (include dates and who was told):

Jeremy said that he didn't remember how he got the mark on his back when I asked about it. The bus driver told me that Jeremy flinched and told another child to "watch out... my back." When he was bumped getting off the bus.

3. History of prior injuries, if known (include dates and description, if possible):

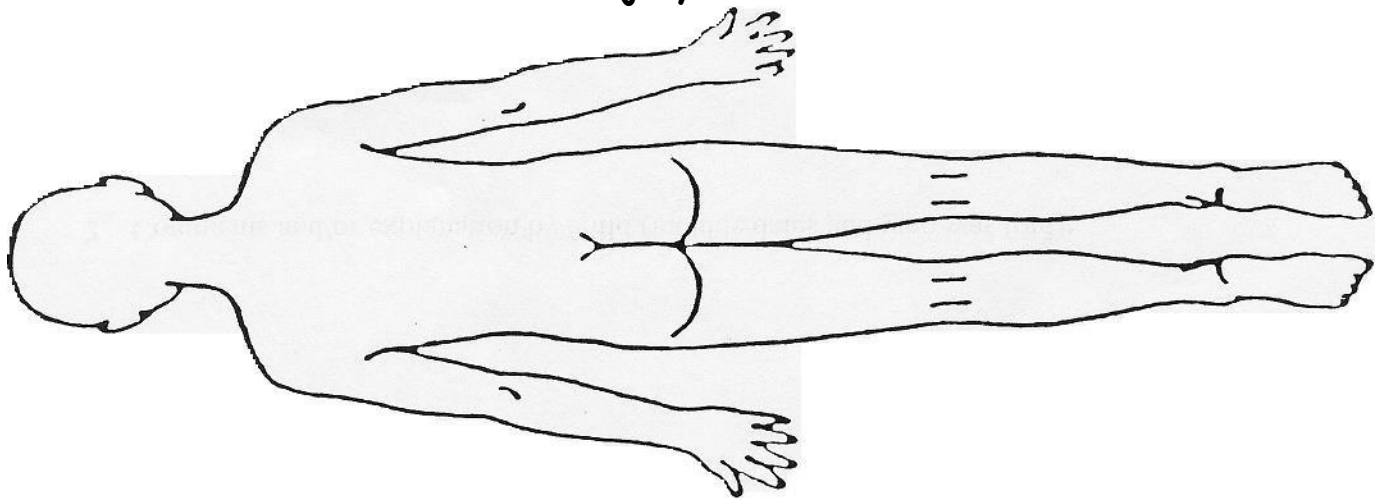
Jeremy came to class one day in mid-October with a red mark on his face (lower right cheek) and said that he had been playing with his brother and "he crashed into me" as he put his hand to his cheek. Nothing further was noticed.

4. Additional Comments:

Signature Jane Smith, Teacher

Person making report/title

Mark the exact location of the injury on this sheet.



SAMPLE

