Crossroads Head Start and Early Head Start

Child Abuse and Neglect PLAN

2022-2023

§1302.47 Safety Practices

- (b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure:
 - (5) Safety practices.
 - (i) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, local and tribal laws.

Crossroads Head Start/Early Head Start child abuse procedures are designed to provide all staff, volunteers and families with the legal requirements, agency procedures and training provisions regarding the appropriate actions to be taken when suspected abuse/neglect cases occur As the issue of child abuse/neglect can be a potentially devastating experience for all parties concerned, specific and carefully constructed procedures have been developed in an effort to protect all parties involved. According to procedures, Head Start/Early Head Start shall refer to any-and-all abuse/neglect as "suspect" cases, and shall completely define the policy and procedures to be followed by all concerned parties.

Crossroads Head Start Codes of Conduct state that any staff member who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect, or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect, must immediately report or cause a report to be made of such fact to the responsible social services or local law enforcement agency.

Each staff member will receive specific orientation and training on the identification and reporting of child abuse and neglect pursuant to state law and outlining the staff member's personal responsibility to report all suspected incidents of child abuse or neglect according to state law. Regardless of whether the suspicion regarding child abuse or neglect is believed to have occurred in a Crossroads Head Start/Early Head Start facility or outside the Head Start/Early Head Start center, the report of suspected child abuse or neglect must be made to the responsible social services, police department, or other law enforcement agency in the community or county in which the Head Start/Early/Head Start center is located. In addition, the Head Start/Early Head Start Director must be informed. At the time of enrollment, Crossroads Head Start/Early Head Start staff will give parents or guardians information describing Crossroads Head Start/Early Head Starts' legal responsibility to report suspected child abuse or neglect. Many times it will not be appropriate to inform parents or co-workers that a report has been made so that child protective services has time to conduct their investigation. Children's records cannot be released to Child Protective Services without signed consent for third-party access or a legal document. Crossroads Head Start/Early Head Start's intent is to cooperate in any investigation that was reported by Crossroad's Head Start/Early Head Start staff. Crossroads Head Start/Early Head Start will not attempt to become a primary treatment provider or undertake intervention on its own. In all cases, referrals will be made to appropriate local agencies.

State of Oklahoma Senate Bill #304, Crimes and Punishments, Section #846, states "Any person having reason to believe that a child under the age of eighteen (18) who has had physical injuries inflicted upon him or her by other than accidental means, where the injury appears to have been caused as a result of physical abuse or neglect, shall report the matter promptly to the Department of Human Services (DHS) in the county wherein the suspected injury occurred, provided that it shall be a misdemeanor for any person to knowingly and willfully fail to promptly report any incident as provided above. The law also states that anyone who in good faith reports a suspected case of abuse/neglect shall be immune from prosecution, by the parties involved, or other family members."

Head Start/Early Head Start believes in strengthening and supporting families. To help in this effort, enrollment criteria into our program shall reflect our belief that children and families are important to us. Children who come from abusive/neglectful situations shall be given extra consideration for enrollment.

Our goal is not only to inform staff, parents and volunteers of our agency's policies and procedures, but also make them aware that we are responsible within our own communities to report suspected cases of abuse/neglect. If you feel a child is being abused or neglected, it is required by law to report it to the authorities.

Contact the Child Abuse Hotline at **1-800-522-3511**. This number can also be used to report suspected abuse/neglect situations for the elderly.

If you feel a child is in imminent danger of harm immediately call 911.

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ESTABLISH A PREVENTIVE PROGRAM

OBJECTIVE #1: TO ESTABLISH AND MAINTAIN A PREVENTIVE PROGRAM WHICH SHALL HELP TO ENSURE THE SAFETY OF CHILDREN IN THE EARLY/HEAD START CENTER, AS WELL AS IN THE COMMUNITY AND AT HOME.

Procedures:

- A. An orientation program for staff, families and volunteers shall be provided which will include prevention strategies. Parent orientation held in August or September will include a discussion about our Child Abuse Reporting Plan, Policies and Procedures. Families will receive a Family Handbook at the Initial Home Visit and/or the first monthly Parent meeting of the year explaining that spanking and other forms of physical and mental abuse will not be allowed by Head Start/Early Head Start staff or any other caretaker, including the parent/guardian while on Head Start/Early Head Start property or participating in any Head Start/Early Head Start sponsored activity. An explanation about suspected abuse/neglect reporting is included on the Consent of Head Start/Early Head Start Services in the Child Folder and shall be signed at the enrollment home visit by the parent/guardian and teaching staff prior to the child's first date of attendance in the program.
- B. Educational experiences, which help in the prevention of abusive/neglectful situations, will be included in the regular classroom curriculum. Staff will serve as role models in communication, manners, sharing and proper respect of others.
 Any staff member who allegedly behaves in an abusive/neglectful manner through the course of employment at Crossroads Head Start/Early Head Start shall be reported to the Department of Human Services Day Care Licensing Division by the Area Supervisor/Center Director or Program Manager. The employee will be placed on probation until such time as the allegation is confirmed or negated by DHS. If the case is substantiated through DHS, the Program Manager, Executive Director and Policy Council will determine the corrective actions to be taken. Day Care licensing requires a waiver be submitted by the day care center and approved through their office for any employee who has been determined to be involved in a confirmed case of abuse/neglect.
- C. A safe environment is provided for all children to minimize the possibility of abusive situations in the Head Start/Early Head Start Center. Prior to permanent employment, candidates will be chosen for an interview through a personnel committee recommendation. All persons interviewed will have personal and professional references checked by the direct supervisor conducting the interview. All new employees will sign permission for a criminal background check in accordance with state licensing requirements. All new employees will be placed on probationary status for 90 days with employee evaluations conducted within the probationary period by the direct supervisor. The probationary period will be utilized to eliminate staff that is unable or unwilling to perform the duties agreed upon in their job description. All employees are required to sign a confidentiality statement.

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IDENTIFICATION OF SUSPECTED ABUSE/NEGLECT

OBJECTIVE #2: PROVIDE ADEQUATE INFORMATION TO ALL STAFF ON SYMPTOMS AND BEHAVIORS ASSOCIATED WITH PHYSICAL ABUSE, SEXUAL ABUSE, EMOTIONAL ABUSE AND NEGLECT.

Procedures:

- A. The Mental Health Coordinator, working in conjunction with the Education Coordinator under advisement of the Health Services Advisory Committee will provide and/or arrange training for all staff of the signs and symptoms of child abuse/neglect annually. Pamphlets and brochures on child Protective Services will be made available in the parent corner and/or community service directory.
- B. Teaching staff shall perform a daily health check on all children to check for signs/symptoms of abuse/neglect. In addition, staff will be cognizant of signs/symptoms during toileting/diaper changing.
- C. The following is a list of signs/symptoms for each of the types of abuse/neglect. This list is excerpted from *CHILD ABUSE: BREAK THE CYCLE*, a pamphlet provided by the Department of Human Services.

PHYSICAL ABUSE

A physically abused child is a person under the age of 18 who has been injured or is at substantial risk of harm by his or her parents or caretaker.

Injuries may appear at one or more places on the body, often on the face, head, neck and trunk. They may include bruises and lacerations, internal injuries such as broken bones and abdominal injuries and burns.

Physically abused children exhibit certain behaviors as an overall pattern, which are normal for all children at one time or another. Some behaviors characteristic of a physically abused children include:

- *Avoids physical contact with people, including his or her parents.
- *Has no expectation of being comforted and cries hopelessly.
- *Keeps close watch when other children cry and becomes uneasy when adults approach a crying child.
- *Does not want to go home.

Physically abused children, especially those who are severely abused, strive to keep a low profile, are overly compliant, passive and undemanding. Mildly abused children tend to be repeatedly frustrated in their attempts to meet their basic needs. They tend to be extremely aggressive, demanding, and full of rage.

These children often exhibit overly adaptive behavior in an attempt to meet their parent's needs. When this behavior occurs the child may become inappropriately dependent upon the responsible adult and at times will be clingy and babyish. They channel their energy toward dealing with their abusive parents and away from protecting and providing for themselves. Therefore, they often sustain developmental lags in motor, language, and socialization skills.

SEXUAL ABUSE

Sexual abuse includes rape, incest, lewd or indecent acts or proposals, and sexual exploitation. In general terms, sexual abuse includes any act committed or permitted by the parent or person responsible for the child for the purpose of sexually stimulating himself/herself, the child or others.

Most child sexual abuse comes to attention outside the family when a crisis develops such as adolescent rebellion, psychiatric incidence, family quarrels, or runaways. Incest usually occurs between father and daughter, mother and son, father and son, and between siblings.

Many of the observable indicators are not exclusive to sexual abuse. With small children, some of the indicators are the same as those seen in other types of stress. Documentation of sexual abuse is based on testimony of the victim and significant others as well as social and medical information. The child, who says he or she has been sexually abused, is probably telling the truth.

Squirming in school could be the result of genital pain, itching, or injury. Excessive masturbation may be the result of age-inappropriate sexual concerns. Venereal diseases are usually the result of genital contact. Submissive behavior is typical in young victims while aggressive; acting-out behavior is often seen in adolescent victims. Poor peer relations may develop or the child may turn to prostitution, promiscuity, drugs, alcohol, or social acting-out. Sexual abuse may often end with suicide attempts and death.

Internal or emotional damage from incest and sexual abuse is not easily seen. The child may develop low self-esteem, poor identity with his or her own sex, lack of trust, anxiety, depression, and phobic behaviors.

NEGLECT

Omission rather than commission, as in physical or sexual abuse, characterizes child neglect. A neglected child is a person under the age of 18 who has been deprived of care sufficient to fill his or her minimal physical and emotional needs for safety and health. Community and cultural norms influence the definition of neglect.

Neglect occurs on a continuum ranging from mild to severe. Whether a neglectful family requires intervention (by DHS standards not Early/Head Start Policy) is based on the degree of danger to the child and the treatability of the family. The extent of intervention also occurs on a continuum.

Children are not removed from the home, nor court intervention requested, unless the neglect threatens the life, safety, or health of the child. Poverty does not constitute neglect. Meager clothing, minimal diets, a need for minor house repairs, and lack of ability to purchase cleaning products do not constitute neglect. Cultural standards that differ from those prevailing in a community are not neglect.

Conditions which do not provide for a child's safety and health include insufficient food, a home in which personal hygiene is unavailable; shelter in which disease or injury are likely; needed medical attention not provided; education prevented or discouraged; social and moral guidance nonexistent; parents frequently or completely absent; constantly fluctuating living arrangements; and lack of constant and competent supervision.

Rev. 7/31/2022 6

FAILURE TO THRIVE

Failure to thrive is a condition in a child, usually under age 2, in which the child does not gain weight for organic or environmental reasons or an interaction of the two. In addition to not developing physically, the child may not develop mentally and emotionally.

Medical attention is essential to correct whatever the cause of the child's condition; and in some cases, to save the child's life. Failure to thrive sometimes results from a disturbed parent-child relationship. This is often a difficult phenomenon to detect; therefore, careful consideration of social factors is necessary. An unannounced visit by a social worker to the home can provide a great deal of information about these conditions. Failure to thrive requires medical diagnosis; usually hospitalization is needed to make the diagnosis.

EMOTIONAL ABUSE

Emotional abuse is an injury to the child's psychological capacity. It can be observed as a substantial impairment in the child's ability to function.

Mental injury may result from a pattern of behavior directed toward the child, including but not limited to:

- *Repeated statements that degrade or belittle him.
- *Re-exposure to violence or intimidation.

Emotional abuse is suspected when a child exhibits bizarre or destructive behavior that is unexplained medically, circumstantially, or by other forms of abuse. When these symptoms appear, the parents are asked to obtain needed psychological care. Court involvement is requested only if the parents refuse and the child's health or safety is in jeopardy.

THREATENED HARM

Threatened harm means a substantial risk of harm to the child. It is a clear expression of intent to inflict an injury. Abuse is not a learning process or discipline; it is designed to stop behavior by inflicting pain.

REPORTING PROCEDURES

OBJECTIVE #3: TO DEVELOP AND MAINTAIN A PROCEDURE FOR REPORTING ANY CASE OF SUSPECTED CHILD ABUSE/NEGLECT.

Procedures:

- A. Any person who has knowledge of suspected abuse or neglect whether from disclosure (Example: Johnny says, "My mom hit me.") or from observation (Example: Teacher notices many burns on Johnny's arm, which look like cigarette burns.) is required to contact the Abuse Hotline, IMMEDIATELY. Crossroads Head Start/Early Head Start staff may contact the Mental Health Coordinator or Area Supervisor to assist them at any time concerning suspected abuse/neglect reports.
- B. The Center Director will be notified about suspected abuse/neglect by the concerned staff and will contact the Area Supervisor AND the Mental Health Coordinator before a report is made.

The Center Director should assist staff with classroom coverage while the Abuse Hotline call is made. The Mental Health Coordinator will notify the Assistant Program Director and the Crossroads Program Director the same day of the report.

C. Staff/Volunteers shall document, in writing, all information known to be factual (i.e. personally observed, personally told by a child). Only facts shall be reported when referring to any case of suspected abuse/neglect. All documentation should be written in the third person narrative and in a professional manner. This information shall be documented on the Head Start/Early Head Start Suspected Child Abuse/Neglect form (CAN-1) as well as on the Head Start or Early Head Start Daily Health Check (if there is physical evidence). The Suspected Child Abuse/Neglect form (CAN-1) should be filled out completely on both pages, in black ink. Always include the name of person you spoke with and the case number. The person directly involved with the child who suspects abuse/neglect; observes or witnesses the reportable concern should fill out the form. Incidences of suspected abuse/neglect may require ongoing documentation in the Progress Notes Section of the Head Start Child Folder (FACTS ONLY). Documentation is imperative. Suspected child abuse/neglect reports are confidential and not to be shown to families, volunteers, or other staff.

IF THE CHILD HAS MADE A DISCLOSURE, UNDER NO CIRCUMSTANCES SHOULD THE CARETAKER INTERVIEW THE CHILD TO TRY TO GET MORE INFORMATION. CROSSROADS HEAD START/EARLY HEAD START IS A REPORTING AGENCY ONLY. ALL IN-DEPTH QUESTIONING SHALL BE PERFORMED BY DHS WORKERS, MEDICAL PROFESSIONALS, OR FORENSIC MENTAL HEALTH PROVIDERS NOT EARLY/HEAD START STAFF. CHILD WELFARE IS THE INVESTIGATOR.

- D. The original CAN-1 and copies of any other relevant information such as Progress Notes from the Child Folder or Daily Health Checks must be sent to the Mental Health Coordinator on the same day that the report is made. If the report is faxed, a phone call must be made prior to and after fax to assure confidentiality. A copy of the report must be filed in the classroom 911 folder and kept inside a locked cabinet. Original reports are stored inside a locked cabinet in the MHDC's office.
- E. The person who makes the report to DHS will usually be visited by a child welfare caseworker. The child welfare caseworker may need to interview the child at the early/head start center. All staff will cooperate fully as requested by Child Protective Services Staff. Child Welfare Staff must provide identification (a copy of this identification is to be kept with report in 911 folder). Child Welfare staff is also required to sign in/out on the center visitor's log.

Remember: A Crossroads Head Start/Early Head Start staff is required to be present with the child at the interview. In the event DHS comes to a center to pick up a child, DHS will notify the parent. If the parent comes in prior to DHS reaching them, staff will need to refer the parent to DHS.

F. In many instances, additional services may need to be provided to the family and/or child such as crisis intervention, mental health services, transportation, employment, etc. The Mental Health Coordinator and/or Family Advocate will follow-up in these situations. In the event that a report is made on a child and the child is absent the following day, the Mental Health

Coordinator is to be notified. Family Advocates will be notified by classroom teacher for further follow-up.

- G. When a child is in foster care, family focus, intensive DHS involvement, or other welfare Involvement, outside agencies need to be involved in the family action plan process as it relates to home visits and/or social services assistance. If difficulty arises in getting information from outside agencies, the direct supervisor should be contacted for assistance. The Mental Health Coordinator may be consulted with at any time to provide additional support for follow-up services to technical assistance.
- H. DHS/Child Welfare will contact/inform the family of any report made and the reporter's name is not revealed by Child Welfare. It is a part of the child abuse record which is confidential by law (21 O.S. sec. 846).
- I. Confidentiality must be maintained at all times. Suspected abuse cases should only be discussed on a "need-to-know" basis among the classroom teaching staff. The Mental Health Coordinator AND Area Supervisor are to be notified when a report is being made. The Mental Health Coordinator will inform the Head Start/Early Head Start Program Director of the report. Under no circumstances should this information be discussed with families and/or volunteers.

KEY TO FORM

CAN-1 SUSPECTED ABUSE/NEGLECT REPORT FORM

This form shall be completed by any staff person who has knowledge or suspicion that a child may have been abused or neglected after completing this form, staff will call the <u>Abuse Hot Line</u> 1-800-522-3511, so a report can be made in a timely manner. (Refer to the Child Abuse Plan.)