

Overview



INTRODUCTION to ORIENTATION

Setting the foundation for quality care

RECOGNIZING & REPORTING CHILD ABUSE

The orientation curriculum was developed by the Cabinet for Health and Family Services and the Department for Community Based Services, Division of Child Care in 1994 to fulfill the requirements of KRS 199.892 et seq. for new child care providers. A revision of the curriculum was completed in 2001 by the Kentucky Child Care Resource and Referral Association (KACCRRA)¹ in conjunction with the Cabinet for Health and Family Services. A second revision of the orientation training was completed in July 2003, with final revisions in March 2004, to ensure alignment of the training with the new Kentucky Early Childhood Core Content². Authored by Nena Stetson, Nicki Patton and Carol Schroeder, the second revision was completed by the University of Kentucky Interdisciplinary Human Development Institute (IHDI) in collaboration with KIDS NOW (Kentucky Invests in Developing Success) and the Cabinet for Health and Family Services. Additional updates were made in 2008, 2009, 2012 and 2013 to reflect changes in the Kentucky childcare licensing regulations and national professional standards. The most current updates were made in August 2018.

¹ KACCRRA's name later was changed to Kentucky Child Care Network (KCCN). The statewide Child Care Resource and Referral system currently is now part of the [Kentucky Partnership for Early Child Care Services](#). In July 2012 the name Child Care Aware was adopted to align with the national name for the Child Care Resource and Referral systems.

² [KIDS NOW \(2004\)](#)

Overview

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³ **Note:** Unless otherwise noted, the source of information in this handout is: Kentucky Department for Community Based Services. (2014). [Reporting Child Abuse and Neglect Booklet](#) Frankfort, KY.

Overview



INTRODUCTION to ORIENTATION

Setting the foundation for quality care

As a result of this training, early care and education professionals will:

- Appropriately identify and report suspected child abuse and neglect.

Learner outcomes

By the end of the training session, you will be able to:

- Identify "mandated reporters" as specified in Kentucky law and the consequences for not reporting suspected child abuse or neglect.
- Define and describe four (4) types of child abuse.
- Identify at least five physical or behavioral indicators of child abuse and neglect.
- List at least two ways to distinguish accidental injury from abuse.
- Determine when to report, what to report, and to whom child abuse should be reported.



As an early care and education professional, you need to:

1. **KNOW** the law
2. **IDENTIFY** signs of possible child abuse
3. **REPORT** suspicions to appropriate authorities



Early care and education professionals are often a child's first line of defense.

In 2008, more than 85,000 Kentucky children were involved in abuse. Of the 70,000 recorded reports, approximately 20,000 were substantiated. Fifty percent of the substantiated reports involved neglect and twenty percent involved physical abuse. Of those substantiated reports, 39% were child fatalities or near fatalities which left children seriously injured.

Kentucky Annual Report of Child Fatalities Near Fatalities, 2008

Know The Law

The Law:

- Describes children's rights
- Defines child abuse and neglect (see Appendix A, pg. 20)
- Identifies mandated reporters and consequences of failure to report suspected child abuse and neglect (see Appendix E, p. 26, for copy of KRS 620.030)

Children's rights

Children have a right to be free from abuse and neglect (Kentucky Revised Statutes 620.010).

Child abuse defined

Child abuse is any maltreatment of a child that results in non-accidental harm or injury, or creates a risk of such harm. Child abuse can include neglect, physical abuse, sexual abuse, and emotional abuse.

- non-accidental
- adult commits abuse **OR** allows abuse to occur **OR** fails to act (in the case of neglect)



What the regulations say about reporting

Type I centers and Type II licensed homes (922 KAR 2:110 Sec 6)

- The following shall be reported to the cabinet or designee and other agencies specified in this section within twenty-four (24) hours from the time of discovery:
 - An incident of child abuse or neglect shall be reported to the cabinet pursuant to KRS 620.030.

Certified family child care homes (922 KAR 2:100 Sec 18)

Know The Law

- A certified family child-care home provider shall:
 - within twenty-four (24) hours from the time of discovery:
 - Report an incident of suspected child abuse or neglect pursuant to KRS 620.030(1); and

Registered child care providers (922 KAR 2:180 Sec 5)

- A registered child care provider shall report to the cabinet or designee: [Sec 5 (8)]
 - within twenty-four (24) hours from the time of discovery:
 - An incident of child abuse or neglect pursuant to KRS 620.030;

Mandated reporters

***Question:** Do I have to report suspected child abuse?*

Answer: YES. **ANYONE** who has **reasonable cause**⁴ to believe that a child is dependent ⁵, abused or neglected **must** report this information.

The law specifies that early care and education professionals are **mandated reporters**. It also makes clear that any supervisor who receives a report from an employee must promptly make a report to the proper authorities. However, people who report child abuse to their supervisors are NOT relieved of their responsibility to report the suspected abuse or neglect to the proper authorities (see Appendix A, pg. 18). Neither is the husband-wife or professional-client privilege a reason for refusing to report [KRS 620.030]. You do **NOT** need to be certain that abuse has occurred, nor do you need proof of child abuse/neglect in order to make a report. Reporting abuse or suspected abuse is actually a request for professionals to investigate further.

***Q:** What can happen to me if I DO NOT report my suspicions?*

⁴ **Reasonable cause** does not mean proof. When in doubt or if maltreatment is suspected, report to the appropriate authorities and allow them to determine if they have grounds to investigate (see page CA-14).

⁵ A **dependent** child is one who is not receiving adequate care or supervision, but not through the fault of the parent (e.g., a parent that is physically ill or injured; or as the result of a natural disaster such as a fire or flood) [KRS 600.020(16)].

Know The Law

A: Individuals who fail to report child abuse and neglect are guilty of a Class B misdemeanor. A Class B misdemeanor carries a penalty of up to 90 days in jail and/or a fine of up to \$250 [KRS 620.990(1)].

Q: *Can I be sued for reporting my suspicions?*

A: NO. If acting in good faith,⁶ individuals making a child abuse report receive both civil and criminal immunity from prosecution [KRS 620.050(1)].

Q: *Do I need to report to the Cabinet for Health & Family Services?*

A: YES. Suspected child abuse or neglect must be reported to the Cabinet within 24 hours of discovery.

⁶ **Acting in good faith** - to act "honestly and without deception" [Lectric Law Library (2001)]

There are four types of child abuse

 **1 Neglect**

 **2 Physical Abuse**
 Abusive Head Trauma (AHT)
(Shaken Baby Syndrome)

 **3 Sexual Abuse**

 **4 Emotional Abuse**

Some types of abuse or neglect are more difficult to detect than others, but there are always signs or indicators which, individually or together, suggest a child may need help. The indicators listed in the following sections are examples of what you might see if a child is being abused or neglected. The lists do not include every indicator, nor does the presence of an indicator necessarily mean a child is being abused or neglected.

Be observant and  for

- **Physical indicators** – things you see in the child’s appearance or circumstances
- **Behavioral indicators** – the way the child behaves or acts
- **Environmental indicators** – social, cultural or familial circumstances associated with various kinds of abuse or neglect.

Identify Child Abuse



Neglect

Neglect is failure to provide for a child's basic needs. It may not produce visible signs, and it usually occurs over a period of time.

Examples of neglect

- Failure to provide for a child's basic needs (i.e., food, water, clothing, shelter)
- Lack of adequate supervision (e.g., young children left alone at night or for extended hours after school)
- Failure to see that a child attends school
- Denial of medical or dental treatment
- Abandonment
- Malnutrition

Behavioral indicators

- Falling asleep in school
- Poor school attendance or chronic lateness
- Chronically hungry or fatigued
- Begging or stealing food from other children
- Craving adult attention or significantly withdrawn

Physical indicators

- Poor hygiene
- Underweight appearance, poor growth (small in stature, failure to thrive)
- Poor dental health
- Untreated illness and/or injury
- Inadequate or inappropriate clothing for the season

NOTE: These lists may not include every indicator of neglect. Also, the presence of an indicator does not necessarily mean a child is being neglected.

Identify Child Abuse

Physical abuse

Physical abuse is the non-accidental injury of a child as the result of an act(s) by the person responsible for the care of the child. Physical abuse often occurs in the name of, or because of, excessive discipline or punishment.

Examples of physical abuse

- Hitting, kicking, biting, shaking
- Harmful restraint (choke)
- Beating (repeated excessive blows)
- Use of weapons or instruments to inflict injuries

Characteristics that MAY distinguish physical abuse from accidents ⁷

- History of unexplained minor injuries over time
- Size and shape of the injury (e.g., repeated pattern)
- Explanation of injury inconsistent with the injury
- Injury inconsistent with child's developmental abilities (e.g., bruise on a very young infant)
- Location of injury not typical of accidents

Behavioral indicators

- Is overly compliant to avoid confrontation
- Is fearful of physical contact
- Is excessively self-controlled
- Shows indiscriminant attachment to strangers
- Shows extreme aggressiveness or hurts other children
- Has rageful temper tantrums

NOTE: The lists on this page and the next may not include every indicator of physical abuse. Also, the presence of an indicator does not necessarily mean a child is being physically abused.

⁷ Team for West Virginia Children (2001)

Identify Child Abuse

Physical indicators of physical abuse

Bruises
On the posterior (back) side of the body
Unusual patterns (looks like a belt buckle, etc.)
Clusters
Various stages of healing
On an infant

Burns
Immersion burns (deliberate burns that have distinct shape , such as sock-like or mitten pattern on feet or hands)
Cigarette burns
Rope burns
Dry burns (e.g., caused by an iron or other electrical appliance)

Lacerations
On lips or eyes
On gum tissue (from forced feeding)
On infant's face
On external genitals
On buttocks/back

Injuries
Skeletal injuries (e.g., fractures of long bones from twisting and pulling; stiff, swollen, enlarged joints)
Skeletal injuries (e.g., fractures of long bones from twisting and pulling; stiff, swollen, enlarged joints)
Internal injuries



Some medical conditions may be mistaken for signs of physical abuse. If you are unsure, make the report. Medical personnel can determine the cause.

- Hemophilia, low blood platelet count, leukemia or other blood disorders can cause children to bruise easily.
- A “Mongolian Spot” is a deep purple/bluish/grayish birthmark, typically found on the lower back or buttocks, which looks like a bruise. They are most often seen on people with dark skin.
- Impetigo is a skin condition with sores that look like crusty, healing burns (e.g., may look like a cigarette burn).



Abusive Head Trauma

Abusive Head Trauma (AHT), or previously referred to as Shaken Baby Syndrome, describes the constellation of signs and symptoms resulting from violent shaking or shaking and impacting the head of an infant or small child birth to 5 years old.

Examples of abusive head trauma

- Violent shaking
- Violent shaking with impact
- Direct blows to the head
- Dropping or throwing child against a hard foundation

Characteristics that MAY distinguish abusive head trauma

- Poor sucking or swallowing
- Seizures
- Unequal pupil size
- Inability to lift the head
- Location of injury not typical of accidents (should be no bruising until they're cruising)

Behavioral indicators

- Lack of smiling or vocalizing
- Cries become less and less (due to brain damage)
- Lethargic
- Irritable

NOTE: In any abusive head trauma case, the duration and force of the shaking, the number of episodes and whether impact is involved all affect the severity of the child's injuries. In the most violent cases, children may arrive at the emergency room unconscious, suffering seizures, or in shock. In many cases, children may never be brought to the attention of the medical professional if they don't exhibit such severe symptoms.

Identify Child Abuse

Mandatory Requirements for Preventing Pediatric Abusive Head Trauma for Child Care Providers

Legislation was passed during the General Assembly in 2010 that mandates education on the identification and prevention of Pediatric Abusive Head Trauma for various groups in the state who work with or care for young children. This training will help caregivers recognize early signs of maltreatment, which can prevent escalation to Abusive Head Trauma. Caregivers will learn effective strategies for dealing with a crying infant—the most common trigger for Abusive Head Trauma. All employees and owners of child-care centers are required to take a minimum of 1.5 hours of training on PAHT once every 5 years as a part of their continuing education requirements. This training will count towards the provider's required annual training total. The initial training must be completed by December 31, 2013.

During this training, participants will:

- Review statistics of Abusive Head Trauma
- Define and describe Abusive Head Trauma and its associated injuries
- Describe the anatomy of the infant head and brain
- Understand the range of outcomes for victims of Abusive Head Trauma
- Discuss risk factors for Abusive Head Trauma
- Discuss prevention of Abusive Head Trauma

This training is available face to face from a select group of approved trainers. To find an approved trainer for Preventing Pediatric Abusive Head Trauma Training for Child Care Providers do a search on the [ECE-TRIS website](#) Click on “Trainer Search” followed by “Pediatric Abusive Head Trauma” before clicking “Submit”.

Free online training is available and can be accessed on the [ECE-TRIS homepage](#)

Identify Child Abuse



Sexual abuse

Sexual abuse is defined as sexual contact with or sexual exploitation of a child.

Examples of sexual abuse

- Genital exposure
- Fondling; masturbation of child victim
- Oral stimulation of genitals
- Penetration of vagina or anus
- Child prostitution/pornography

Physical indicators

- Difficulty walking or sitting
- Bruises or bleeding from external genitalia, vagina, or anal regions
- Swelling or inflammation of the genital area
- Torn, stained or bloody underclothes
- Pain, itching or unexplained infections in the genital area
- Pregnancy

Behavioral indicators

- Poor relationships with other children
- Return to younger, more babyish behavior (e.g., an older child bedwetting)
- Knowledge of sexual behaviors inconsistent with child's developmental level
- Aggressiveness or delinquency
- Running away from home
- Drug usage
- Behavior that appears to be sexual
- Reluctance to participate in recreational activities (sports, clubs, physical education, etc.)
- Preoccupations in young children with sexual organs of self, parents or other children beyond what is developmentally appropriate

NOTE: These lists may not include every indicator of sexual abuse. Also, the presence of an indicator does not necessarily mean a child is being sexually abused.



Emotional abuse and injury

Emotional abuse is any action that causes damage to a child's self-esteem or in any way interferes with a child's development, especially psychological growth or emotional development. Extreme or prolonged emotional abuse may lead to **emotional injury**.⁸

Examples of emotional abuse/injury

- **Ignoring** – adult does not respond to child verbally or physically; often acts as if the child is “not there”
- **Isolating** – keeps child alone and prevents the child from interacting with others
- **Terrorizing** – threatens the child with cruel punishment or death
- **Rejecting** – tells the child that he or she is unwanted or worthless
- **Corrupting** – allows the child to use drugs or alcohol; view pornographic materials and adult sex acts; watch cruel behavior toward animals; or observe or engage in illegal activities such as stealing, assault, prostitution, gambling, etc.
- **Belittling/demanding** - puts child down, compares child to others, ridicules and teases the child, has unrealistic expectations

Behavioral indicators of emotional abuse

- Is aggressive or cruel to others
- Exhibits behavior extremes
- Commits destructive or angry acts (such as setting fires, cruelty to animals, destroying property)
- Has difficulty forming relationships
- Is withdrawn or shy, passive or compliant
- Lags in physical, mental and/or emotional development
- Suffers from severe anxiety or depression

Physical indicators of emotional abuse

- Child pulls out own hair
- Severe weight loss

⁸ Emotional injury is any injury to the mental or psychological capacity or emotional stability of a child that results in the impairment in his/her ability to function within a normal range of performance and behavior with regard to his/her age, development, culture, and environment (as testified to by a mental health professional).

Identify Child Abuse

- Self-mutilation

NOTE: These lists may not include every indicator of emotional abuse. Also, the presence of an indicator does not necessarily mean a child is being emotionally abused.



Children with special needs

Children with disabilities and other special needs are approximately twice as likely to be abused and neglected as children without disabilities. This may be due to specific characteristics of the child, characteristics of the family, and/or societal myths about children with special needs.

Children with special needs may:

- lack knowledge or understanding of when an adult's behavior is wrong or inappropriate;
- be unable to defend themselves or escape (physical disabilities), and/or
- have difficulty communicating; perpetrators feel they can "get away with it" because the child won't be able to report the behavior.

U.S. Department of Health and Human Services: The Administration for Children and Families (2001).

Report Child Abuse



Report

- Know your program's child abuse reporting policy and follow it. If your program does not have a policy, suggest that one be developed.
- **Report whenever you have reasonable cause to believe a child is experiencing abuse or neglect.** YOU are responsible for ensuring that a report is made to the proper authorities. Therefore, you should make the report yourself. If your program requires that you report suspected abuse or neglect to your supervisor, you and your supervisor should make the report together. Both of you are responsible once you have reported your suspicions to your supervisor.

Who do I call to report?

1. When a child **IS NOT** in immediate danger, call:
 - Your county Department for Community Based Services (see Appendix B, pg.19) OR
 - Child Protection Hotline at 1-800-752-6200 (toll free)
2. When a child **IS** in immediate danger and needs protection (for example, when a very young child or child with a disability is left alone), call **911** or your **local police department**.

If in doubt, call the hotline or your county Department for Community Based Services office and they will talk with you about your concerns. They will help you sort things out, such as whether a specific incident must be reported and to whom.

Report Child Abuse

What do I report?

The following information will help the Department for Community Based Services or law enforcement officials to contact the family, evaluate the problem, and respond quickly and appropriately.⁹

"Need to know" information

- Child's identity: name, sex, and approximate age
- Person believed to be responsible for the abuse or neglect, if the person is known
- Nature and extent of the abuse/injury, neglect, or threatened harm
- Where the child can be found (day care, school, home address, etc.)
- Any immediate risk to child OR to a worker going to investigate (e.g., guns in the home)
- Name and address of the reporter (optional, but strongly encouraged)

"Helpful to know" information*

- What happened to the child and when?
- How do you view this situation and what firsthand knowledge do you have?
- What are the names and address of the parents or caretakers?
- Have you been involved with the family or have you attempted to work with them on the problem?
- How did the parents respond to any attempts to help?
- Are there others who have information which may be helpful to the investigation?

*Not essential to make report

Do YOUR part to protect children

In 2000, early care and education professionals nationwide reported 2% of the child abuse cases that were investigated.

However, in Kentucky, only .02% of the investigated cases were made by early care and education professionals.

If you suspect, report!

U.S. Department of Health and Human Services: The Administration for Children and Families (2002)

⁹ Kentucky Department for Community Based Services (2008).

Report Child Abuse

Domestic Violence

Childcare providers are also mandatory reporters of domestic violence, as well as child abuse and neglect. We encourage providers to include this statement in their policy manuals so that the families in their care understand the providers' responsibilities. Reporting domestic violence can be very different than reporting child abuse, because the victims have the right to refuse services, unlike child abuse cases. The Division of Child Care encourages all childcare providers to receive additional training on this topic.

In the event of a possible domestic violence situation, childcare providers should use the following contacts:

In the event of an emergency on the premises, call 911

Child/Vulnerable Adult Abuse – 1-800-752-6200

Spouse Abuse – 1-800-544-2022

Appendix A

References

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- [KRS 620.050. Immunity for good faith actions or reports – Investigations – Confidentiality of reports – Exceptions – Parent's access to records – Sharing of information with children's advocacy centers - Confidentiality of interview with child - Exceptions](#). Retrieved August 2018
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- [922 KAR 2:110. Certification of family child care homes](#). Retrieved August 2018
- [922 KAR 2:120. Child care facility health and safety standards. Section 1](#). Retrieved March 2018

Appendix A

Team for West Virginia Children. (2001). *It shouldn't hurt to be a child: A guide for early childhood providers in recognizing and reporting child abuse and neglect*. Retrieved February 13, 2003 from

http://www.preventchildabusewv.org/TEAM_BOOKLETS/It_Shouldnt_Hurt.pdf

Training Into Practice Project. (2003). *Bend over backwards to minimize the risk of child abuse and neglect*. [handout]. University of Kentucky: Lexington, KY.

U.S. Department of Health and Human Services: The Administration for Children and Families. (2001). [*The risk and prevention of maltreatment of children with disabilities*](#). Retrieved August 2018

U.S. Department of Health and Human Services: The Administration for Children and Families. (2002). *Child maltreatment 2000*. Retrieved March 4, 2003

Recommended Websites

For additional information, visit these web sites.

- [**Prevent Child Abuse Kentucky \(PCAKY\)**](#) strives to create a comprehensive prevention program and to increase public awareness so that Kentucky's children are free from harm and abuse. <http://www.pcaky.org/>
- **The National Association for the Education of Young Children (NAEYC)** is the nation's largest and most influential organization of early childhood educators and others dedicated to improving the quality of programs for children from birth through third grade. They provide many resources on their website, including a [Position Statement on Prevention of Child Abuse](#). <https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/position-statements/ChildAbuseStand.pdf>
- [**Child Welfare Information Gateway**](#) promotes the safety, permanency, and well-being of children and families by connecting child welfare, adoption and related professionals as well as concerned citizens to timely, essential information. <https://www.childwelfare.gov/pubPDFs/focus.pdf>
- **The Face It® Movement**, conceived and created in 2012 as a response to the public outcry against the increasing number of child abuse deaths in the Commonwealth, officially launched in April 2013 as an initiative led by Kosair Charities. <https://faceitabuse.org/>



The law states...

- 1) 'Abused or neglected child' means a child whose health or welfare is harmed or threatened with harm when his parent, guardian, or other person exercising custodial control or supervision of the child:
 - a) Inflicts or allows to be inflicted upon the child physical or emotional injury as defined in this section by other than accidental means;
 - b) Creates or allows to be created a risk of physical or emotional injury as defined in this section to the child by other than accidental means;
 - c) Engages in a pattern of conduct that renders the parent incapable of caring for the immediate and ongoing needs of the child including, but not limited to, parental incapacity due to alcohol and other drug abuse as defined in KRS 222.005 (12);
 - d) Continuously or repeatedly fails or refuses to provide essential parental care and protection for the child, considering the age of the child;
 - e) Commits or allows to be committed an act of sexual abuse, sexual exploitation, or prostitution upon the child;
 - f) Creates or allows to be created a risk that an act of sexual abuse, sexual exploitation, or prostitution will be committed upon the child;
 - g) Abandons or exploits the child; or
 - h) Does not provide the child with adequate care, supervision, food, clothing, shelter, and education or medical care necessary for the child's well-being. A parent or other person exercising custodial control or supervision of the child legitimately practicing the person's religious beliefs shall not be considered a negligent parent solely because of failure to provide specified medical treatment for a child for that reason alone. This exception shall not preclude a court from ordering necessary medical services for a child.

KRS 600.020

Appendix B

Department for Community Based Services County Offices, Division of Protection and Permanency

Child Protection Hot Line: 1-800-752-6200 (Use this number before 9:00 am and after 5:00 pm.)

Adair (270) 384-4731	Gallatin (859) 567-7381	Martin (606) 298-7633
Allen (270) 237-3101	Garrard (859) 792-2186	Mason (606) 564-6818
Anderson (502) 839-5176	Grant (859) 824-3381	Meade (270) 422-3942
Ballard (270) 335-5173	Graves (270) 247-4711	Menifee (606) 768-2154
Barren (270) 651-8396	Grayson (270) 259-3184	Mercer (859) 734-5448
Bath (606) 674-6308	Green (270) 932-7484	Metcalfe (270) 432-2721
Bell (606) 337-6171	Greenup (606) 473-7366	Monroe (270) 487-6701
Boone (859) 371-8832	Hardin (270) 766-5099	Montgomery (859) 498-6312
Bourbon (859) 987-4655	Harlan (606) 573-4620	Morgan (606) 743-3158
Boyd (606) 920-2032	(606) 573-6334	Muhlenberg (270) 338-3072
Boyle (859) 239-7105	Harrison (859) 234-3884	Nelson (502) 348-9048
Bracken (606) 735-2195	Hart (270) 524-7111	Nicholas (606) 289-7123
Breathitt (606) 666-7506	Henderson (270) 826-6203	Ohio (270) 274-8996
Breckinridge (270) 756-2196	Henry (502) 845-2922	Oldham (502) 222-9472
Bullitt (502) 955-6591	Hickman (270) 653-4335	Owen (502) 484-3937
Butler (270) 526-3833	Hopkins (270) 824-7566	Owsley (606) 593-5191
Caldwell (270) 365-7275	Jackson (606) 287-7114	Pendleton (859) 654-3381
Calloway (270) 753-5362	Jefferson (502) 595-4550	Perry (606) 435-6060
Campbell (859) 292-6733	Jessamine (859) 885-9451	Pike (606) 433-7596
Carlisle (270) 628-3434	Johnson (606) 788-7118	Powell (606) 663-2881
Carroll (502) 732-6681	Kenton (859) 292-6340	Pulaski (606) 677-4086
Carter (606) 474-6627	Knott (606) 785-3106	Robertson 606-724-5413
Casey (606) 787-8369	Knox (606) 546-5154	Rockcastle 606-256-2138
Christian (270) 889-6503	Larue (270) 358-4175	Rowan 606-784-4178
Clark (859) 737-7771	Laurel (606) 330-2015	Russell 270-343-3512
Clay (606) 598-2027	Lawrence (606) 638-4360	Scott 502-863-0565
Clinton (606) 387-6655	Lee (606) 464-8801	Shelby 502-633-1892
Corbin (606) 528-4234	Leslie (606) 672-2313	Simpson 270-586-8266
Crittenden (270) 965-5246	Letcher (606) 633-0191	Spencer 502-477-8807
Cumberland (270) 864-3834	Lewis (606) 796-2981	Taylor 270-465-3549
Daviess (270) 687-7491	Lincoln (606) 365-3551	Todd 270-265-2543
Edmonson (270) 597-2163	Livingston (270) 928-2158	Trigg 270-522-3451
Elliott (606) 738-5167	Logan (270) 726-3516	Trimble 502-255-3236
Estill (606) 723-5146	Lyon (270) 388-2146	Union 270-389-2314
Fayette (859) 245-5258 (CPS)	McCracken (270) 575-7105	Warren 270-746-7447
(859) 245-5414 (APS)	McCreary (606) 376-5365	Washington 859-336-9395
(859) 271-2269 (L.O.)	McLean (270) 273-3599	Wayne 606-348-9361
Fleming (606) 845-2381	Madison (859) 986-8411	Webster 270-667-7043
Floyd (606) 889-1724	Magoffin (606) 349-3123	Whitley 606-549-4505
Franklin (502) 564-5390	Marion (270) 692-3135	Whitley 606-528-4234
Fulton (270) 472-1850	Marshall (270) 527-1354	Wolfe 606-668-3101
		Woodford 859-873-8041

Appendix C



Bend over Backwards to Minimize the Risk of Child Abuse and Neglect¹⁰

There are many things that you can do to reduce the risk of child abuse or neglect from occurring in your early care and education program. Some guidelines to follow are:

1. **Provide adequate supervision and maintain staff to child ratios** (see Appendix D, pg. 21). Arrange the space so that children can be seen at all times (no hidden or blind spots). Never leave children unattended.
2. **Maintain health and safety standards.** Health and safety standards are designed to help protect children and to keep them safe while they are in your program. All licensed and certified child care programs must follow Kentucky's health and safety regulations.¹¹ Failure to keep children safe (e.g., a child puts a metal object into an unprotected electrical outlet, etc.) could be viewed as child neglect.
3. **Know who is authorized to pick-up children.** Ensure that each child's parent or guardian specifies in writing who is authorized to drop off and pick up their child. Do not release the child to anyone who is not authorized by the parents. If you do not know or recognize the person authorized to pick up the child, you should ask for picture identification prior to releasing the child.
4. **Create a “touch policy”¹².** Your policy should specify between appropriate and inappropriate touches. For example, appropriate touches might include patting a child on the back or having a child sit on your lap while reading a story. Inappropriate touches include any form of physical punishment. Also, be aware of and respect children’s physical space. Let a child know that you are about to touch him or her. For example, before wiping a toddler’s face you might make eye contact and say, “I am going to wipe your face now.” Instituting a “no touch” policy is not appropriate. Being held and touched are necessary for optimal child growth and development.
5. **Manage your own stress level.** Caring for and educating young children can be stressful. First, focus on managing the stress in your environment. For example, ensure you have adequate space, adequate supplies, regularly planned breaks, a daily schedule and a planned program of activities. If a child is doing something that causes you to feel frustrated or angry, try counting to ten and breathing deeply before speaking to or touching the child. If you are concerned that you may hurt a child, call someone to help you. You can also call the Prevent Child Abuse Kentucky Parent Helpline at 1-800-432-9251.

¹⁰ Training Into Practice Project (2003)

¹¹ The health and safety standards for Type I and Type II licensed programs are described in 922 KAR 2:120. *Child care facility health and safety standards*. The standards for certified family child care homes are described in 922 KAR 2:100. *Certification of family child care homes*.

¹² National Association for the Education of Young Children (1996)

Appendix D

SAMPLE FORM

Child Abuse and Neglect Report Form

In the instance where an ECE professional must report suspicion of abuse, the following information will need to be considered when making the report.

Child's Name: _____ Age: _____

Address: _____ (Street/no PO Box)
City State/Zip

Parent/Guardian Name: 1. _____ 2. _____

Please document the disclosure statement as stated in the child's words:

Date of disclosure: _____ Time: _____

What steps were taken after disclosure? _____

Date DCBS contacted: _____ Time: _____

Name of DCBS contact: _____

List all staff informed of incident: 1. _____ 2. _____
3. _____ 4. _____

Was all staff present during reporting process? _____ If not, why? _____

What was reported? _____

DCBS response: _____

Please note: A reporting source can call back after 24 hrs. to request an update on the report made; however, no specific information will be shared only that the report has been processed.

Contributed 12-09 by Rashmi Adi-Brown, MS, Counseling Psychologi

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Orientation: Child Abuse

Appendix E



The law states...

(1) Any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report to be made to a local law enforcement agency or the Department of Kentucky State Police; the cabinet or its designated representative; the Commonwealth's attorney or the county attorney; by telephone or otherwise. Any supervisor who receives from an employee a report of suspected dependency, neglect, or abuse shall promptly make a report to the proper authorities for investigation. If the cabinet receives a report of abuse or neglect allegedly committed by a person other than a parent, guardian, or person exercising custodial control or supervision, the cabinet shall refer the matter to the Commonwealth's attorney or the county attorney and the local law enforcement agency or the Department of Kentucky State Police. Nothing in this section shall relieve individuals of their obligations to report.

(2) Any person, including but not limited to a physician, osteopathic physician, nurse, teacher, school personnel, social worker, coroner, medical examiner, child-caring personnel, resident, intern, chiropractor, dentist, optometrist, emergency medical technician, paramedic, health professional, mental health professional, peace officer, or any organization or agency for any of the above, who knows or has reasonable cause to believe that a child is dependent, neglected, or abused, regardless of whether the person believed to have caused the dependency, neglect, or abuse is a parent, guardian, person exercising custodial control or supervision, or another person, or who has attended such child as a part of his or her professional duties shall, if requested, in addition to the report required in subsection (1) of this section, file with the local law enforcement agency or the Department of Kentucky State Police or the Commonwealth's or county attorney, the cabinet or its designated representative within forty-eight (48) hours of the original report a written report containing:

(a) The names and addresses of the child and his or her parents or other persons exercising custodial control or supervision;

(b) The child's age;

(c) The nature and extent of the child's alleged dependency, neglect, or abuse, including any previous charges of dependency, neglect, or abuse, to this child or his or her siblings;

(d) The name and address of the person allegedly responsible for the abuse or neglect; and (e) Any other information that the person making the report believes may be helpful in the furtherance of the purpose of this section.

(3) Neither the husband-wife nor any professional-client/patient privilege, except the attorney-client and clergy-penitent privilege, shall be a ground for refusing to report under this section or for excluding evidence regarding a dependent, neglected, or abused child or the cause thereof, in any judicial proceedings resulting from a report pursuant to this section. This subsection shall also apply in any criminal proceeding in District or Circuit Court regarding a dependent, neglected, or abused child.

(4) The cabinet upon request shall receive from any agency of the state or any other agency, institution, or facility providing services to the child or his or her family, such cooperation, assistance, and information as will enable the cabinet to fulfill its responsibilities under KRS 620.030, 620.040, and 620.050.

(5) Any person who intentionally violates the provisions of this section shall be guilty of a:

(a) Class B misdemeanor for the first offense;

(b) Class A misdemeanor for the second offense; and

(c) Class D felony for each subsequent offense.

KRS 620.030

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