Abuse Prevention Policy

3/2023

Keeping children safe and preventing harm is always our first priority. To prevent harm, all adults who care for children must continue to learn and to increase their knowledge and understanding of child development. Knowing more about what behaviors are expected or anticipated in young children improves appropriate practice, which in turn supports children's safe and healthy development.

Four Major Types of Maltreatment

<u>Physical Abuse</u> is a nonaccidental physical injury to a child caused by a parent, caregiver, or other person responsible for a child and can include punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise causing physical harm.

<u>Neglect</u> is the failure of a parent or other caregiver to provide for a child's basic needs, including physical, medical, educational, and emotional. Sometimes cultural values, the standards of care in the community, and poverty may contribute to what is perceived as maltreatment, indicating the family may need information or assistance. It is important to note that living in poverty is not considered child abuse or neglect. However, a family's failure to use available information and resources to care for their child may put the child's health or safety at risk, and child welfare intervention could be required.

<u>Sexual Abuse</u> includes activities by a parent or other caregiver such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials. Sexual Abuse does not include sexual harassment, which is another form of behavior which is prohibited by K-Prep Learning Center.

<u>Emotional Abuse</u> (or psychological abuse) is a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection as well as withholding love, support, or guidance.

Shaken Baby Syndrome/Abusive Head Trauma

Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT) is a serious brain injury that happens when an adult violently shakes a baby or young child, and/or when an adult causes blunt impact to the infant or young child's head, such as slamming a child's head against a hard surface. Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT) is a severe form of physical abuse. It is also the leading cause of child abuse deaths in the United States.

<u>Risk Factors</u> of a caregiver shaking/harming a baby/child include frustration or anger; being over-tired, stressed, and overwhelmed; having unreasonable expectations of young children; feelings of inadequacy, isolation, or depression; having limited anger management or coping skills; limited social supports; young age of caregiver; alcohol or substance misuse; unstable family environment; adverse childhood experiences, including neglect or abuse; being a victim or witness to intimate partner violence.

Caring for a group of infants, toddlers, and young children can be very stressful work, especially when one or more infants cries at the same time. Crying, including long stretches of inconsolable crying, is normal behavior for many infants. But it can be difficult to work with a baby that cries and cries and can't be soothed. It is very natural for an adult to feel stressed or frustrated when a baby won't stop crying, however, IT IS NEVER OK TO PHYSICALLY SHAKE OR HURT A CHILD.

Strategies for Coping With a Crying, Fussing or Distraught Child

- 1. Keep Yourself Calm- Babies can sense if you are upset, and they may respond to your stress with more crying. Remind yourself that crying is natural and normal for babies. A crying baby is communicating that she needs some help. First try to figure out what the baby needs and help her to solve the problem. Consult the child's family to find out how their baby likes to be comforted. What do they do at home that may help you during the day while you care for the child in your child care program? If no easy solution works, hold the baby and walk or sway. Many babies respond well to cuddling, soft singing or humming, or making a soft shhhhhhhh sound. Some babies like to be held cheek to cheek while others prefer lying in your arms. Observe carefully as you try different ways to soothe each crying baby to determine what each baby likes.
- 2. Have a Plan- It's important for the caregiver to have a plan for when they feel overwhelmed when caring for a crying infant. Plan "go-to" strategies to help you avoid a quick reaction that could be

- negative, such as yelling at or shaking a child. It's important to remember that it is OK to put a child in a safe place and step back or ask for help if another adult is available, particularly when the red light of anger and frustration is flashing. If a baby's crying makes you feel stressed or upset, ask a co-worker to give you a 'stress-relief' break, or put the baby in a safe place such as a crib and step back for a few minutes.
- 3. Reduce Your Own Stress- As an ECE professional, your stress becomes a serious workplace issue if it becomes difficult for you to sensitively and safely care for and respond to children. Stress can leave you short tempered. When you have more than one area of stress or many severe challenges in your life, stress can start to pile up. It is important for you as an ECE child care professional to practice self-care and build the skills to cope and bounce back from everyday challenges and stress, such as dealing with crying babies in your care.

Signs and Symptoms of Abuse

The first step in helping children who have been abused or neglected is learning to recognize the signs of maltreatment. The presence of a single sign does not necessarily mean that child maltreatment is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination.

Type of Abuse	Signs and Symptoms of child	Signs and Symptoms of Guardian
Physical Abuse	Unexplained injuries, such as burns, bites, bruises, broken bones, or black eyes; Fading bruises or other noticeable marks after an absence from school; Seems scared, anxious, depressed, withdrawn, or aggressive; Seems frightened of his or her parents and protests or cries when it is time to go home; Shrinks at the approach of adults; Shows changes in eating and sleeping habits; Reports injury by a parent or another adult caregiver; Abuses animals or pets	Offers conflicting, unconvincing, or no explanation for the child's injury or provides an explanation that is not consistent with the injury; Shows little concern for the child; Sees the child as entirely bad, burdensome, or worthless; Uses harsh physical discipline with the child; Has a history of abusing animals or pets
Neglect	Is frequently absent from school; Begs or steals food or money; Lacks needed medical care (including immunizations), dental care, or glasses; Is consistently dirty and has severe body odor; Lacks sufficient clothing for the weather; Abuses alcohol or other drugs; States that there is no one at home to provide care	Appears to be indifferent to the child; Seems apathetic or depressed; Behaves irrationally or in a bizarre manner; Abuses alcohol or other drugs
Sexual Abuse	Has difficulty walking or sitting; Experiences bleeding, bruising, or swelling in their private parts; Suddenly refuses to go to school; Reports nightmares or bedwetting; Experiences a sudden change in appetite; Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior; Becomes pregnant or contracts a sexually transmitted disease, particularly if under age 14; Runs away; Reports sexual abuse by a parent or another adult caregiver; Attaches very quickly to strangers or new adults in their environment	Tries to be the child's friend rather than assume an adult role; Makes up excuses to be alone with the child; Talks with the child about the adult's personal problems or relationships
Emotional Abuse	Shows extremes in behavior, such as being overly compliant or demanding, extremely passive, or aggressive; Is either inappropriately adult (e.g., parenting other children) or inappropriately infantile (e.g., frequently rocking or headbanging); Is delayed in physical or emotional development; Shows signs of depression or suicidal thoughts; Reports an inability to develop emotional bonds with others	Constantly blames, belittles, or berates the child; Describes the child negatively; Overtly rejects the child
Shaken Baby Syndrome / Abusive Head Trauma	Becomes unconscious or unresponsive; Lethargy or inability to be awakened; Vomiting (more than usual, for no apparent reason); Seizures; Difficulty breathing; No smiling or vocalization; Inability to eat, nurse; Decreased muscle tone; Extreme irritability and inability to be consoled; Significant changes in sleeping pattern; Head or forehead appears larger than usual or soft spot on head appears to be bulging; Inability to lift head; Inability of eyes to focus or track movement; Unequal size of pupils; Grabtype bruises	

Reporting Abuse

It is important to recognize high-risk situations and the signs and symptoms of maltreatment. If you suspect a child is being harmed, reporting your suspicions may protect him or her and help the family receive assistance. Any concerned person can report suspicions of child abuse or neglect; mandated reporters are those people who are required by law to report suspected child abuse. As a child care teacher YOU ARE A MANDATED REPORTER. Professionals who come into contact with children (i.e., mandated reporters) are required to report when they have reasonable cause to suspect that a child under the care, supervision, guidance or training of that person or of their agency, institution or organization is an abused child. Mandated reporters are held to a higher standard of responsibility and may receive serious consequences for not reporting suspected abuse. If you are a mandated reporter, you must report suspected abuse immediately, either by phone or electronically. Reporting your concerns is not making an accusation; rather, it is a request for an investigation and assessment to determine if help is needed.

Reporting Abuse By Phone:

Call ChildLine at 1-800-932-0313. ChildLine is available 24 hours a day/ 7 days a week. As a mandated reporter, you must provide your name and contact information when making the call. After making the call, mandated reporters must follow up with an electronic report or written report completed on the CY-47 form within 48 hours of making the oral reports. Copies of the blank form may be requested from the local county agency, ChildLine or at the following link:

http://keepkidssafe.pa.gov/cs/groups/webcontent/documents/form/c 137044.pdf

Report Abuse Electronically:

The report is submitted directly to ChildLine via the Child Welfare Information Solution portal: www.compass.state.pa.us/CWIS

You will need to include your name, telephone number and email address. You will also need to include any other actions you have taken. You will receive email confirmation that your report has been received; you should print and keep this confirmation for your records.

Retaliation Prohibited

We prohibit any retaliation against anyone, including an employee, volunteer, or client, who in good faith reports abuse, alleges that it is being committed or participates in the investigation. Intentionally false or malicious accusations of abuse are prohibited. Anyone who improperly retaliates against someone who has made a good faith allegation of abuse, or intentionally provides false information to that effect, will be subject to discipline, up to and including termination.

ACKNOWLEDGMENT OF RECEIPT OF ABUSE POLICY

I acknowledge that I have received and read the abuse policy immediately preceding my signature below. I understand that I am bound to follow the policy and understand the consequences in the event that I fail to do so.

Print Name of Employee/Volunteer:	
Signature	Date