CHILD ABUSE AND NEGLECT
USER MANUAL SERIES

The Role of Professional Child Care Providers in Preventing and Responding to Child Abuse and Neglect

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau
Office on Child Abuse and Neglect

The Role of Professional Child Care Providers in Preventing and Responding to Child Abuse and Neglect

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U.S. Department of Health and Human Services
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Table of Contents

APPENDICES:

Preface

Each day, the safety and well-being of some children across the Nation are threatened by child abuse and neglect. Intervening effectively in the lives of these children and their families is not the responsibility of any single agency or professional group, but rather is a shared community concern and responsibility.

The *Child Abuse and Neglect User Manual Series* has provided guidance on child protection to hundreds of thousands of multidisciplinary professionals and concerned community members since the late 1970s. The *User Manual Series* provides a foundation for understanding child maltreatment and the roles and responsibilities of various practitioners in its prevention, identification, investigation, assessment, and treatment. Through the years, the manuals have served as valuable resources for building knowledge, promoting effective practices, and enhancing community collaboration.

Since the last update of the *User Manual Series* in the early 1990s, a number of changes have occurred that dramatically affect each community's response to child maltreatment. The changing landscape reflects increased recognition of the complexity of issues facing parents and their children, new legislation, practice innovations, and system reform efforts, as well as increased knowledge of the importance of prevention and early intervention of maltreatment, especially in early brain development and attachment. Significant advances in research have helped shape new directions for interventions, while ongoing evaluations help to explain "what works."

The Office on Child Abuse and Neglect within the Children's Bureau of the Administration for Children and Families, U.S. Department of Health and Human Services, has developed this third edition of the *User Manual Series* to reflect increased knowledge and the evolving state of practice. The updated and new manuals are comprehensive in scope while succinct in presentation and easy to follow, and they address trends and concerns relevant to today's professional.

This manual, *The Role of Professional Child Care Providers in Preventing and Responding to Child Abuse and Neglect*, provides information on the roles and responsibilities of child care providers in preventing, recognizing, and reporting child abuse and neglect within and outside early childhood programs. The manual presents an overview of prevention efforts, reporting laws, caring for maltreated children, and ways to support parents and professionals who work with families. The primary audience for this manual includes early childhood professionals in a variety of settings, including private and public child care centers, Head Start programs, preschools, nursery schools, and family child care homes. It also includes early childhood instructors, home visitors, parent educators, program administrators, and trainers. In addition, other professionals and concerned community members

may consult the manual for a greater understanding of child abuse and neglect.

The Role of Professional Child Care Providers in Preventing and Responding to Child Abuse and Neglect builds on the information presented in *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*. Readers are encouraged to consult that manual as it provides a more in-depth understanding of what constitutes child abuse and neglect, its underlying causes, and how the child protection system works.

User Manual Series

This manual—along with the entire *Child Abuse and Neglect User Manual Series*—is available from Child Welfare Information Gateway. For a full list of available manuals and ordering information, contact:

Child Welfare Information Gateway
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
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Fax: (703) 385-3206
E-mail: info@childwelfare.gov

The manuals also are available online at **http://www.childwelfare.gov/pubs/usermanual.cfm**.

ACKNOWLEDGMENTS

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Rosemary Kendall, Ph.D., a senior associate with ICF International, has more than 30 years experience in early care and education and family education. She is currently an Information Specialist with the National Child Care Information and Technical Assistance Center. Dr. Kendall has written for publications on topics related to parent involvement, early literacy, and child abuse prevention. She has contributed throughout her career to collaborative community efforts, including serving on advisory and governing boards.

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Leslie Peterson, formerly a consultant with ICF International, and **Tracy Myers**, an associate who focuses on early education issues, have extensive experience and knowledge related to child care and were instrumental in guiding the development of this manual.

Acknowledgment of Prior Editions

This manual is an update of the 1992 publication, *Caregivers of Young Children: Preventing and Responding to Child Maltreatment*, by Derry Koralek. The first edition of the manual was published in 1979 as *Early Childhood Programs and the Prevention and Treatment of Child Abuse and Neglect* by Diane D. Broadhurst, Margaret Edmunds, and Robert A. MacDicken. The earlier works informed and contributed significantly to the content of this publication.

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Additional Acknowledgments

Information provided in this manual has been informed and augmented by other publications in the *User Manual Series*, particularly *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice* by Jill Goldman and Marsha K. Salus, *The Role of Educators in Preventing and Responding to Child Abuse and Neglect* by Cynthia Crosson, and *Supervising Child Protective Services Caseworkers* by Marsha K. Salus.

This manual in the *User Manual Series* was developed under the guidance and direction of Irene Bocella, Federal task order officer, Office on Child Abuse and Neglect, and Catherine Nolan, director, Office on Child Abuse and Neglect. Also providing input and review were Dr. Susan Orr, formerly associate commissioner of the Children's Bureau, and Cathy Overbagh, program analyst, Child Care Bureau.

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CHAPTER 1
Purpose and Overview

Certainly, most parents share a desire to provide the best for their children. Research shows that parents and other caretakers, including child care providers, who have resources and support are more likely to provide safe and healthy environments for children. Indeed, when children are surrounded by secure relationships and stimulating experiences, they can draw from that environment to become confident, caring adults.[1]

Child maltreatment, however, can and does still occur. Child abuse and neglect may be a single incident, such as a caregiver shaking an infant to try to stop its crying, or a pattern of behavior, such as a parent providing inadequate supervision or sexually abusing a child over several months or years. It is often difficult to recognize, particularly in young children who may not be seen regularly by anyone other than their parents or child care providers. Child care providers' regular contact with children places them in a key position to recognize suspected child maltreatment. They are also legally mandated to report it. (Chapter 3, *Reporting Suspected Child Abuse or Neglect*, discusses reporting issues in detail). In addition, their close relationship with families allows them to support prevention efforts by identifying high-risk situations and by actively supporting good parenting through discussions with parents, appropriate behavior modeling for parents that promotes protective factors, or providing referrals for family support services. Appendix D, *Handouts for Parents*, provides several guides and tip sheets that child care providers can use to educate the parents of children in their care, as well as their own staff.

Child care plays a significant role in the lives of American infants and young children and is provided by relatives and nonrelatives alike. Relatives include siblings, grandparents, and other family members; nonrelatives include in-home babysitters, nannies, friends, neighbors, family child care providers, and child care and early education teachers and staff. According to the U.S. Census Bureau, 11.6 million (63%) children younger than 5 years of age were in some type of child care arrangement during a typical week. Forty percent of all children younger than 5 years of age were watched by a relative at least once during the week, 35 percent were watched by a nonrelative, and 0.2 percent were categorized as self-care. Almost one-quarter of the children received care in some type of organized facility, such as a child care and early education center or a Head Start program, and almost 14 percent received care in the provider's or child's home.[2]

All child care providers have a responsibility to provide a safe, clean, and nurturing environment for children in their care and to support the children's healthy growth and development. The current emphasis on early brain development and the desire of communities to have children "ready to learn" when they start school means that child care providers must nurture positive social and emotional development, as well as promote early learning.

This manual examines the roles and responsibilities that all child care providers have in supporting families and in preventing and responding to allegations of child abuse and neglect, whether in a small family operation or a large child care center. Topics addressed include:

- Recognizing physical abuse, sexual abuse, psychological maltreatment, and neglect;
- Reporting child abuse and neglect;
- Minimizing the risk of maltreatment in child care programs;
- Preventing and responding to child abuse and neglect;
- Responding to allegations of child abuse or neglect perpetrated by child care providers;
- Caring for maltreated children and children at risk for maltreatment;
- Supporting parents.

While family child care providers will find material in each of the chapters that applies to their work with children and families, Chapter 5, *Preventing and Responding to Child Abuse and Neglect: The Role of Family Child Care Providers*, addresses some of the unique issues that apply to family child care.

Additionally, although this manual is intended principally for professional caregivers of children ranging in age from birth to age 6, much of the information also is relevant to the care of older children in after-school programs. Child care providers working with older children may want to read other manuals in the series, particularly *The Role of Educators in Preventing and Responding to Child Abuse and Neglect*, to understand how maltreatment can affect children at older developmental stages. To view that manual, visit **http://www.childwelfare.gov/pubs/usermanuals/educator/index.cfm**.

Various terms are used in the field for individuals who provide care to children, including child care providers, child care workers, teachers, early childhood educators, and child care staff. Similarly, individuals in charge of programs are referred to by a range of terms, including director, supervisor, and administrator. In most settings, however, little or no distinction is placed on these terms. For the sake of clarity and ease of understanding, this manual primarily uses "child care provider" or "caregiver" to describe the former and "directors" or "supervisors" to describe the latter. Similarly, this manual's use of "parent" encompasses birth parents, guardians, stepparents, foster parents, and any other adults who have the primary responsibility for caring for a child.

CHAPTER 2
Recognizing Child Abuse or Neglect

Child abuse and neglect is a problem that affects children, families, and communities throughout the United States and is an issue that child care providers may encounter in their work. According to the National Child Abuse and Neglect Data System (NCANDS), which provides the most current statistics on child abuse and neglect, in 2006:

- An estimated 905,000 children were victims of abuse or neglect.
- An estimated 3.3 million referrals of abuse or neglect, concerning approximately 6 million children, were received by child protective services (CPS), which is the agency designated to receive and to act upon reports of suspected child abuse and neglect in most States. About 62 percent of those referrals were accepted for investigation or assessment.
- Nationally, 66.3 percent of child victims experienced neglect (including medical neglect), 16.0 percent were physically abused, 8.8 percent were sexually abused, and 6.6 percent were psychologically maltreated. Additionally, 15.1 percent of victims experienced "other" types of maltreatment, including abandonment and threats of harm to the child. (Note: the percentages total more than 100 percent because a child may have experienced more than one type of maltreatment.)
- Child care providers reported nearly one percent of all child abuse and neglect cases.[3]

In addition to the initial harm, repeated maltreatment can have permanent effects on children as they mature, such as:

- Low self-esteem;
- Behavioral problems;
- Learning difficulties;
- Abusiveness toward others;
- Inability to establish healthy sexual relationships as an adult;
- Promiscuity or prostitution;
- Increased incidences of running away from home;
- Increased rates of suicide;
- Involvement in criminal activity.

Given that child care providers spend a large portion of their day with children, they are in a good position to observe potential indicators of maltreatment. They may notice bruises, signs of malnutrition, aggressive behaviors, or other physical or behavioral indicators. This chapter is intended to help child care providers recognize possible child abuse and neglect, as well as the cultural differences regarding maltreatment.

Child Welfare Legislation

Parents have a fundamental right to raise their children as they see fit, and society presumes that parents will act in their children's best interest. When parents fail to protect their children from harm or fail to meet their basic needs—as with cases of child abuse and neglect—society has a responsibility to intervene to protect the health and welfare of these children. Any intervention into private family life on behalf of young children must be guided by Federal and State laws, as well as sound professional and ethical standards.

The key principles guiding child protection are based largely on Federal statutes, primarily through the Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 93-247) and the Adoption and Safe Families Act (ASFA) (P.L. 105-89). CAPTA was signed into law in 1974 and has been reauthorized by Congress every 5 years. It was reauthorized most recently on June 25, 2003, as part of the Keeping Children and Families Safe Act of 2003 (P.L. 108-36). CAPTA provides definitions and guidelines regarding child maltreatment issues.

ASFA was signed into law in 1997 and built upon earlier laws and reforms to promote the safety and well-being of maltreated children. ASFA promotes three national goals for child protection:

- **Safety.** All children have the right to live in an environment free from abuse and neglect. The safety of children is the paramount concern that must guide child protection efforts.
- **Permanency.** Children need a family and a permanent place to call home. A sense of continuity and connectedness is central to children's healthy social, emotional, and physical development.
- **Child and family well-being.** Children deserve nurturing families and environments in which their physical, emotional, educational, social, and developmental needs are met. Child protection practices must take into account each child's individual needs and should promote the healthy development of family relationships.[4]

In addition, ASFA stresses the importance of the accountability of service delivery systems in achieving positive outcomes for children and families related to each of these goals.

Types of Maltreatment

There are four major categories of maltreatment: physical abuse, sexual abuse, psychological maltreatment, and neglect. Although each form of maltreatment can occur by itself, children are often the victims of more than one type of maltreatment. Maltreatment may result from extreme discipline or from punishment that is inappropriate for the child's age or condition or from parental immaturity or stress. When the caregiver knows a child's family is experiencing significant stressors, such information may be relevant and helpful to provide to CPS when maltreatment is suspected and a report made. The legal and professional requirements for making a report to CPS, as well as how to make a report, are discussed in Chapter 3, *Reporting Suspected Child Abuse or Neglect.*

Physical Abuse

Physical abuse of children includes any nonaccidental physical injury caused by the child's parent or a nonparental caregiver. It may include injuries sustained from being burned, beaten, kicked, punched, bitten, or hit, or from other types of physical attack. While the injury is not an accident, neither is it necessarily the intent of the child's parent or caregiver to injure the child. Children younger than 5 years of age are at the highest risk for injury

Note Regarding Possible Signs of Maltreatment

The signs of maltreatment discussed throughout this chapter are only indicators of possible maltreatment and do not necessarily signify that maltreatment has occurred. Only a thorough investigation by CPS or other authorities can determine if a case of maltreatment is founded. Additionally, it is important to remember that the possible signs of maltreatment also can be signs of other problems, such as a child's medical condition, a reaction to divorce, or the witnessing of domestic violence.

or death resulting from physical abuse because their bodies are not fully developed.[5]

Children typically receive bruises or other injuries during the normal course of play or while being active; additionally, some children are less coordinated than others and may have more bruises, cuts, or scrapes. The areas that are bruised *most commonly* during normal play include the leading or bony edges of the body, such as knees, elbows, forearms, or brows. The soft tissue areas, such as cheeks, buttocks, and thighs, are *not* normally injured in such circumstances. Additionally, bruises received during the normal course of childhood activity rarely are in distinct shapes, such as a hand, belt buckle, or adult teeth marks. Bruises in soft tissue areas or in distinct shapes may be indicative of physical abuse.[6]

There often are physical or behavioral cues that a child is being abused. The physical signs of possible physical abuse include:

- Extensive bruises, especially in areas of the body that are not normally vulnerable;
- Frequent bruises, particularly on the head or face, the abdomen, or midway between the wrist and elbow;
- Bruises in specific shapes, such as handprints or belt buckles;
- Marks that indicate hard blows from an object like an electrical cord;
- Bruises on multiple parts of the body;
- Bruises or welts in various stages of healing;
- Unexplained or repetitive dental injuries;
- Unexplained or multiple broken bones;
- Major head injuries (e.g., severe skull fracture);
- Extreme sensitivity to pain or complaints of soreness and stiffness;
- Bald spots from hair pulling;
- Adult-sized human bite marks;
- Burns from objects such as an iron, cigarettes, or rope;
- Immersion burns from having certain body parts held in very hot water (e.g., sock- or glove-like burns on the child's feet or hands).[7]

Abuse directed to the abdomen or the head often is undetected because many of the injuries or their effects, such as dizziness, internal bleeding, or swelling of the brain, may not be externally visible. For example, the effects of shaken baby syndrome, which is the violent shaking of a child, can cause severe damage in children, but may not be immediately apparent.

The behavioral signs that children possibly are being physically abused include:

- Being aggressive, oppositional, or defiant;
- Cowering or demonstrating fear of adults;
- Exhibiting destructive behaviors toward oneself or others;
- Repeatedly being reluctant to go home, which may indicate a possible fear of abuse at home;

- Being described as "accident prone;"
- Wearing clothing that may be inappropriate for the season (e.g., long-sleeve shirts and pants in summer) to conceal injuries;
- Having persistent or repetitive physical complaints, such as a headache or a stomachache, of an unclear cause;
- Disliking or shrinking from physical contact.[8]

Questions to Ask If Child Maltreatment Is Suspected

When making reports to CPS or law enforcement, child care providers should acknowledge if they have witnessed or know if any of the following behaviors have occurred:

- Does the family member's explanation conflict with the appearance of the child's injury?
- Does the family member give a reason for a suspicious event that is not consistent with the child's developmental level (e.g., that a 2-month-old crawled onto the stove-top and was burned)?
- Does the family member's description of the reasons for the injury not match with the child's disclosure?
- Does the family member change the story when giving reasons for the suspected abuse?
- Does the family member make multiple excuses for the child's injury or try to minimize it?
- Does the family member constantly belittle the child or criticize the child's behaviors?
- Does the family member not show concern for the child's injuries?
- Does the family member blame the child's siblings for the injury when they are developmentally incapable of it (e.g., stating that an infant inflicted a bruise on a 5-year old)?[9]

Case Example of Suspected Physical Abuse

Justin, aged 2 years, arrived at his child care program with multiple burn marks on his back and legs. Justin was active and occasionally came to child care with bumps and bruises. However, the burns were of particular concern because of their size and number. When the caregiver asked the father about the burns, he said that Justin bumped into the space heater at home, which caused the burn marks. The caregiver realized that the burns did not look like those that might have occurred from bumping into a space heater. Given the extensiveness of Justin's burns, the caregiver determined that a call must be made to CPS to report the suspected abuse.

Sexual Abuse

Sexual abuse is defined as adult sexual behavior with a child. It can include fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism, sexual exploitation, or exposure to pornography. Sexual abuse may be committed by a person younger than age 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over the child. Sexual abuse may take place within the family (referred to as incest), by a parent's

Case Example of Suspected Sexual Abuse

Cindy, a 4-year-old, often wants to play games involving sexual activities. Most recently, she sat on top of one of her classmates and imitated sexual intercourse. Her child care provider has noticed how often Cindy wants to play kissing games and doctor and nurse games, but initially thought that this was part of normal child curiosity. However, Cindy's sexual behavior continues to mimic that of adults and is becoming more aggressive. Cindy's child care provider is concerned that Cindy is being exposed to sexual activity or material or otherwise being sexually abused and reports the suspected abuse to CPS.

boyfriend or girlfriend, or by an adult caretaker outside the family (e.g., a family friend, a babysitter). Contrary to the common assumption that sexual abuse is perpetrated most often by strangers, the abusers usually are known to the children and have relationships with them.[10] Victims and perpetrators also come from all races, creeds, and socioeconomic backgrounds.

The impact of sexual abuse on a child depends upon many factors, such as the identity of the perpetrator, the amount of force or betrayal involved, the duration and the frequency of the abuse, and the child's age and individual personality. When children know the perpetrator, the feelings of betrayal when they realize that they have experienced abuse may be more disturbing than the abuse itself. Boys are as vulnerable to sexual abuse as girls, although they are not as likely to report the abuse.[11] One problem in detecting sexual abuse is that its warning signs also may be indicative of other issues, such as an illness or a response to a difficult family situation. There are a number of physical indicators of possible sexual abuse, including:

- Difficulty or pain in walking, running, or sitting;
- Recurrent urinary tract infections;
- Problems with urination;
- Frequent yeast infections;
- Pain, itching, bruises, bleeding, or discharges in the genital, vaginal, or anal areas;
- Venereal diseases;
- Unexplained gagging;
- Torn, strained, or bloody underwear.[12]

In addition to physical signs, there are a number of behavioral signs that might indicate possible sexual abuse in children, including:

- Compulsive interest in sexual activities;
- Exceptional secrecy;
- Being overly compliant or withdrawn;
- Engaging in destructive behavior to self or to others;
- Fear of the abuser or an inordinate fear of a particular gender;
- Regressive behaviors, such as bedwetting, soiling, and thumb sucking;
- Reported sleep problems or nightmares;
- Showing fear or resistance at naptime;
- Sudden fearful behavior;
- In-depth or unusual sexual knowledge or behavior with peers that is developmentally inappropriate;
- Self-mutilation.[13]

Other psychological and emotional symptoms common among children who have been sexually abused may include acting confused, withdrawn,

fearful, or depressed. Sexually abused children may complain of psychosomatic symptoms, such as headaches, stomachaches, or a lack of appetite, and they may exhibit extreme mood changes.

Child care providers should be aware of other indicators of possible sexual abuse, such as children drawing unusual pictures involving children with no mouths or hands or explicit drawings of genitalia or sexual acts. Additionally, many children are so overwhelmed in dealing with their conflicts over the abuse that they may lack the energy to play or to participate in normal activities.

Sexually abused children may keep the abuse secret for many reasons. Some victims, such as infants and toddlers, are so young that they cannot communicate anything about the abuse nor understand what is happening to them. Slightly older children may have better verbal skills, but may be so afraid, confused, or conflicted about the abuse that they are unsure of whom to tell or of what to say. Many times, the perpetrator may have threatened them, their families, or their pets. Finally, many children may not say anything because they feel they are to blame for the situation or fear that no one will believe them if they do say something.

Sexually abused children may "tell" of their abuse by sexually acting out. Children, even very young ones, who are being or have been sexually abused will sometimes be sexually inappropriate or abuse their peers or younger children. This may be their way of trying to make sense of the abuse they have received. They are mimicking the behavior they have learned. By learning that they can often receive attention through sexualized behavior, they may also approach adults in this manner by assuming that this is what all adults want from them.

Psychological Maltreatment

Psychological maltreatment, also called emotional abuse or maltreatment, includes belittling, rejecting, isolating, terrorizing, or ignoring a child.[14] When adults constantly criticize, stigmatize, or belittle their children, it can have a negative effect on the children's behaviors, feelings, and thoughts.[15] This type of maltreatment typically is accompanied by other types of maltreatment and rarely occurs as a one-time incident.[16] It is possible for some children to internalize psychological maltreatment so thoroughly that its effects show up through developmental lags, psychosomatic symptoms, phobias, and other effects, but psychological maltreatment is most often indicated by the children's behavior.

Some of the physical indicators of possible psychological maltreatment include:

- Eating disorders;
- Self-abusive behaviors (e.g., head banging, pulling one's hair);
- Sleep disorders (e.g., nightmares);
- Developmentally inappropriate bedwetting;
- Speech disorders;
- Ulcers;
- Failure to thrive due to nonmedical causes.

The behavioral indicators of possible psychological maltreatment may include:

- Extremes in behaviors (e.g., very aggressive or passive);
- Excessive dependence on adults;
- Fear of a parent or generalized fearfulness;
- Belief that the maltreatment is their own fault;
- Habit disorder (e.g., excessive sucking, biting, rocking);
- Depression or crying easily;
- Withdrawal or decreased social interaction with others;
- Numerous "I can't" statements;

- Running away from home;
- Aggression or unexplained temper tantrums;
- Blank or empty facial expression a great deal of the time.[17]

It is important to note that psychological maltreatment and poor parenting or caregiving are not the same.[18] Any parents and caregivers may behave at some point in a way that is psychologically hurtful to children in their care. Psychological maltreatment, however, usually occurs when the hurtful behavior becomes a consistent or chronic caregiving style.

Case Example of Suspected Psychological Maltreatment

Edward, a 3-year-old, recently started at a new child care program. His mother is 23 years old and single, and Edward is her only child. Each day when Edward's mother drops him off, she tells him to behave or else she will not pick him up in the afternoon. Also, while Edward was present, she recently told one of the child care providers that he must be "stupid" because she has tried to potty train him, but he "can't get the hang of it." She added that life would be so much better if Edward had never been born.

In this example, Edward's mother believes that he cannot do anything right. Edward runs the risk of developing depression and low self-esteem if other adults in his life do not intervene and assist the mother in understanding her behaviors and how they may affect her young son. The child care provider talked with the program director, and together they called a parenting education service provider to discuss how best to proceed with the mother.

The Impact of Domestic Violence on a Child

CPS is paying increased attention to children who witness or who are exposed to domestic violence. Some jurisdictions recognize and identify this as a form of child maltreatment. According to the National Center for Children Exposed to Violence, at least 3 million children each year witness domestic violence.[19] Research has shown that children exposed to domestic violence are at an increased risk of being abused or neglected. Although it can be difficult to detect a child's exposure to domestic violence, child care providers should be mindful of the following characteristics in a child:

- Changes in appetite;
- Sleep deprivation;
- Complaints of headaches or stomachaches without an apparent medical cause;
- Bullying;
- Fear of abandonment (e.g., being clingy);
- Regressive behaviors, such as age-inappropriate bedwetting or thumb sucking;
- Irritability, especially among infants.[20]

For more information on the relationship between child maltreatment and domestic violence, refer to the *User Manual Series* publication *Child Protection in Families Experiencing Domestic Violence* at **http://www.childwelfare.gov/pubs/usermanual.cfm**.

Neglect

Because neglect typically leaves no visible scars, it is more difficult to detect than physical abuse. Child neglect usually is defined as omissions in care resulting in significant harm or in the risk of significant harm to children.[21] Neglect involves the caregiver's inattention to the basic needs of a child, such as food, clothing, shelter, medical care, and supervision. While physical abuse tends to be episodic, neglect tends to be chronic. Neglect is the most common type of maltreatment that children experience and has consequences that can be just as serious as physical abuse.[22] Approximately two-thirds of maltreatment victims were neglected, and it is the leading cause of fatalities due to child maltreatment.[23] When children die from neglect, it is often because they have been without proper nourishment, medical treatment, or supervision.[24] Additionally, acute instances of neglect, such as leaving a young child unsupervised in a bath tub, near a pool, in a room with a loaded gun, or in some other potentially dangerous environment, may lead to a child's death.[25]

Caregivers may not provide proper care for a variety of reasons, including a lack of knowledge or understanding about meeting the child's needs, an inadequate bonding with the child, or an impairment due to substance abuse or mental illness. Although there are cases of co-occurring maltreatment and poverty, living in poverty, in and of itself, does not mean that a child is being neglected.

There are numerous categories of neglect, including physical, emotional, educational, developmental, medical, prenatal, environmental, or nutritional.[26] While most of these types of neglect are associated with parents or guardians, some types, such as environmental, also may be applicable to child care providers. Maltreatment in child care programs is addressed in more depth in Chapter 4, *Minimizing the Risk of Maltreatment in Child Care Programs*.

The physical signs of possible neglect include:

- Height or weight that is significantly below the accepted standards of physical development;
- Wearing inappropriate clothing for the weather;

Types of Neglect

- **Physical neglect.** The caregiver fails to meet the physical needs of the child. This may include abandonment, nutritional neglect, clothing neglect, or inadequate hygiene.
- **Medical neglect.** The caregiver fails to attend to the child's medical or dental needs when there are resources available.
- **Inadequate supervision.** The caregiver fails to provide appropriate supervision for the child, exposes the child to hazards, or leaves the child with an inappropriate caregiver.
- **Environmental neglect.** The caregiver does not protect the child from unsanitary or hazardous living conditions.
- **Emotional neglect.** The caregiver fails to meet the child's needs for attention and affection.
- **Educational neglect.** The caregiver does not attend to the educational needs of the child.
- **Newborns addicted or exposed to drugs.** Due to the mother's use of drugs during the pregnancy, the child is born addicted or exposed to drugs.[27]

- Poor physical hygiene;
- Scaly skin and dark circles under the eyes;
- Fatigue or listlessness.[28]

Behavioral signs of possible neglect include:

- Refusal to go home;
- Stealing, begging, or hoarding food;
- Dependency on teachers or alternate caregivers to meet basic needs;
- Withdrawal and depression;
- Intense feelings of inferiority, guilt, embarrassment, shame, or anger.

A specific category of physical neglect is nonorganic (i.e., no medical basis) failure-to-thrive. Nonorganic failure-to-thrive occurs when the parent or the caretaker fails to provide the nurturing atmosphere the child needs to grow and to do well.[29] Signs and symptoms that a child may have nonorganic failure-to-thrive include:

- Being thin and emaciated;
- Having limp, weak muscles;
- Having cold, dull, pale, or splotchy skin;
- Seeming to be tense and miserable or apathetic and withdrawn;
- Appearing to be insensitive to pain or having self-inflicted injuries;
- Wetting the bed at a developmentally inappropriate age;
- Eating or drinking from the garbage can, toilet bowl, or a pet's dish;
- Experiencing insomnia or disrupted sleep, typically due to hunger.[30]

Children with nonorganic failure-to-thrive may require repeated hospitalizations to determine whether they can gain weight and thrive when cared for by alternate caregivers, such as the hospital personnel. If the children are at risk for harm due to a lack of nourishment, they may be placed in foster care until the families can provide these basic needs.

For more information on neglect, refer to the user manual *Child Neglect: A Guide for Prevention, Assessment, and Intervention* at **http://www.childwelfare.gov/pubs/usermanual.cfm**.

Case Example of Suspected Neglect

Janet is 8 months old, and her child care provider has been increasingly concerned about Janet's diaper rash. Janet's mother has not provided diapers for Janet as required. In addition, the provider has noticed that Janet's diaper is very heavy when she is dropped off in the morning. For the past month, Janet has had a severe diaper rash that has not improved. When the child care provider discussed the diaper rash with Janet's mother, the mother replied that it would go away on its own and that she did not have the time or the money to treat it. When the diaper rash continued to get worse, the child care provider discussed the matter with her supervisor, and together they began to implement the established policies for reporting child abuse and neglect.

This example is a case of neglect in which the child's basic needs are not being met. Factors that may affect the mother's lack of attention to Janet's rash include: the mother may have a developmental delay, a mental illness, or a substance abuse problem; may never have learned how to care properly for her child; or may not have the money to pay for additional diapers or diaper rash ointment. After being contacted, CPS will meet with the mother to determine the cause of her inaction and provide services accordingly.

Cultural Differences

Some cultures follow practices that may physically hurt children to the point of what some might consider abuse. Many of these cultural practices are steeped in tradition and are considered normal by that culture. Cultural practices that may physically hurt children include moxibustion (an Asian folkloric remedy using a burning cone or stick that may cause the skin to burn) and coining (in which the body is rubbed vigorously with a coin, which causes bruising, in an effort to treat a particular illness).[31]

It is important that caregivers learn about any of the cultural groups represented in their homes or child care centers.[32] In responding to suspected physical abuse in ethnic minorities, caregivers and CPS caseworkers should take cultural practices into account. For example, a child in a family that recently immigrated to the United States might be disciplined by being struck in the back of the legs with a stick, which leaves a mark; this practice is common in the family's native country. In the United States, however, it is generally regarded as maltreatment —and should be reported as such—but other factors, such as the family's culture, ethnicity, awareness of the different standards of discipline and care, and openness to change, should be considered when determining which interventions are most appropriate.[33]

Even when cultural values conflict with State laws, the child care provider is still legally mandated to report the suspected abuse. Where certain culturally based behaviors are seen as abusive, it usually is the practice of CPS to try to educate the parents about the laws and to work with them. Since States vary in their view of certain cultural practices, it is the responsibility of the proper authority (e.g., CPS, law enforcement) to determine if a practice is defined as abuse.

For more information on cultural competency, visit Child Welfare Information Gateway at **http://www.childwelfare.gov/systemwide/cultural/**.

Case Example of Cultural Differences

Huong, a 4-year-old female of Malaysian descent, showed her child care provider the bruising pattern on her back from a recent coining. Huong told her that the coining was to help her heal from a stomach illness that she had recently. The caregiver was upset by the bruising, but understood and respected the cultural significance of coining. Because there was a concern about this practice hurting the child, however, the caregiver was legally mandated to report the case to CPS for a professional assessment.

Observation

Observation is basic to everything that child care providers do in their work. It helps them learn about children so that they can measure each child's progress and acquisition of skills.[34] Over time, the written records of these observations provide a history of the children's lives in child care, as well as an insight into their development, strengths, needs, and interests. If a child's behavior changes suddenly, reviewing the records might help the providers to understand the causes for this shift in behavior. Since these records can be subpoenaed if there is a child abuse or neglect investigation, they should be concise and objective.

Child care providers should observe the children at different times of the day, when the children are alone and with other children, and in different settings. Children may behave quite differently during a diaper change compared to when they are playing or listening to a song. When taking notes, the child care provider should be as objective as possible so that facts, rather than opinions, are recorded. Rather than writing, "Jill was very selfish when she stole Tammy's toy," the provider should note, "Jill took Tammy's stuffed animal while Tammy was playing with it." Although child care providers have busy schedules, it is important for them to find time to go over their observations and to discuss their thoughts and concerns with colleagues and supervisors.

In addition to being used in planning, in evaluating, and in reporting to parents the child's behavior and activities throughout the day, these records can be used to identify possible signs that a child has been abused or neglected. For example, if a child care provider observes potential signs of abuse or neglect, the provider can review notes from previous observations to see if the child's behaviors follow a certain pattern. This may also assist CPS, if it becomes involved.

In addition, caregivers may want to explore the causes of changes in behavior. For example, if a normally at-ease child recently has been throwing temper tantrums during mealtimes and cries hysterically during diaper changes, the caregiver might want to understand what may be happening at home that could cause this sudden change in behavior.

CHAPTER 3
Reporting Suspected Child Abuse or Neglect

Although no child care provider wants to be put in the situation of having to report a suspicion of child abuse or neglect, providers should be aware of their legal and professional responsibilities and know the protocols for making a report to child protective services (CPS). This chapter provides information on:

- Legal requirements of child care providers for making reports;
- Professional responsibilities of child care providers for making reports;
- Contents of the report;
- Reporting protocols for individual child care programs;
- Talking with the child about suspected child maltreatment;
- Talking with the parent about suspected child maltreatment;
- Difficulties encountered when making reports;
- Next steps after a report is made.

Legal Requirements

Every State, the District of Columbia, and the U.S. territories have designated individuals who are mandated by law to report child maltreatment. Who is included in this group of mandated reporters varies from State to State. Any person, however, may report incidents of maltreatment, and approximately 18 States and Puerto Rico require all citizens to report suspected abuse or neglect regardless of their professional background.[35] It is important for all mandatory reporters to be familiar with the statutes and the reporting laws in their State.

Mandated Reporters

Individuals usually designated as mandatory reporters include:

- Child care providers;
- Pediatricians and other health care workers;
- Law enforcement officers;
- Mental health professionals;
- Clergy;
- School personnel;
- Social workers.

As mandated reporters, all child care providers not only have the responsibility to report suspected abuse, but also to know how to make a report, to be familiar with their program and State's policies and reporting procedures, and to communicate with CPS.

In addition to the mandated reporting of suspected abuse or neglect, all States provide immunity from civil liability and criminal penalty for mandated reporters who report in good faith. This means that if a child care provider suspects that a child is being maltreated and makes a report to CPS, that provider will not experience negative legal consequences as a result of making a report.

When to Report

Although all States require the reporting of suspected abuse and neglect, there is no requirement that the reporter have proof that the abuse or neglect has occurred. Typically, a report must be made when the reporter suspects or has reasons to suspect that a child has been abused or neglected.[36] Waiting for absolute proof may result in significant risk to the child. It is not the caregiver's job to validate the abuse; this is the job of CPS caseworkers or law enforcement officers who have been trained to undertake this type of investigation.

How and Where to Report

The majority of States require that reports of child abuse or neglect be made orally, either in person or by telephone, to the specified authorities. Some States require that a written report follow the oral report, but, in some jurisdictions, this is only required of mandated reporters. In other States, written reports are required only upon request. Some States allow professionals to report via the Internet.

Depending on the State, reports of allegations of abuse or neglect perpetrated by nonrelated caregivers, such as child care providers, foster parents, or teachers, may need to be filed with both CPS and a law enforcement office. In most States, there are statutes that require cross-system sharing and reporting procedures between social service agencies, law enforcement departments, and prosecutors' offices.[37] In addition to assessing and to investigating the case, CPS caseworkers may be involved in the intervention with the affected families.

Failure to Report

Professionals or mandated reporters may fail to report cases of suspected child maltreatment. As a result, almost every State, the District of Columbia, and U.S. territories have enacted statutes specifying the penalties for failing to report child abuse or neglect.[38] Failure to report is classified as a misdemeanor in approximately 35 States, American Samoa, Puerto Rico, and the U.S. Virgin Islands; in Arizona, Florida, and Minnesota, misdemeanors are upgraded to felonies for failure to report more serious situations; and in Illinois and Guam, second or subsequent violations are classified as felonies. Some States also have fines for failing to report suspected maltreatment.

False Reports

There also are penalties for making knowingly false reports of child abuse or neglect. Approximately 30 States have statutes specifying penalties for false reports. The penalties are similar to those for the

Reporting Child Abuse and Neglect

See Appendix C, *State Telephone Numbers for Reporting Child Abuse*, for a list of State telephone numbers for reporting suspected maltreatment, or call the Childhelp® National Child Abuse Hotline at 1-800-4-A-CHILD. This hotline is available 24 hours a day, 7 days a week.

State Reporting Laws

To review reporting laws by State, including penalties for failure to report and for false reports, visit the State Statutes section of the Child Welfare Information Gateway website at **http://www.childwelfare.gov/systemwide/laws_policies/state/**.

failure to report. The majority of States classify false reporting as a misdemeanor, while a few States classify it as a felony. False reports should not be confused with cases that are found to be unsubstantiated by CPS. Those cases are ruled out due to insufficient evidence that was provided in good faith, as opposed to false reports where incorrect information is provided knowingly.

Professional Responsibilities

Professional standards related to child abuse and neglect also may be relevant for child care providers. For example, the Ethics Commission of the National Association for the Education of Young Children (NAEYC), a national accreditation body for early childhood programs, developed a Code of Ethical Conduct for professionals who work directly with children and families.[39] The code addresses four areas of professional responsibility: children, families, colleagues, and the community and society. The following are samples of principles from the code:

- "We shall be familiar with the symptoms of child abuse, including physical, sexual, verbal, and emotional abuse, and neglect. We shall know and follow State laws and community procedures that protect children against abuse and neglect."
- "When we have reasonable cause to suspect child abuse or neglect, we shall report it to the appropriate community agency and follow up to ensure that appropriate action has been taken. When appropriate, parents or guardians will be informed that the referral has been made."
- "We shall involve the family in significant decisions affecting their child."[40]

In addition to the NAEYC code, Head Start provides ongoing, comprehensive child development services and has its own policy for professionals for identifying and for reporting child abuse and neglect. In 2006, the Head Start program, which is administered by the Head Start Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, served more than 909,000 children.[41]

The following are the basic tenets of the Head Start policy on identifying and reporting child abuse and neglect:

- Head Start agencies and delegate agencies must report child abuse and neglect in accordance with the provisions of applicable State or local law.
- Head Start agencies and delegate agencies will preserve the confidentiality of all records pertaining to child abuse and neglect in accordance with applicable State or local law.
- Head Start programs will not treat cases of child abuse and neglect on their own. Rather, they will cooperate fully with CPS in their communities.
- Head Start agencies and delegate agencies shall provide orientation and training for staff on the identification and the reporting of child abuse and neglect.[42]

Contents of the Report

Although the specific content of a report to CPS may vary, it typically includes the following information:

- Name of the child who is the alleged victim;
- Age of the child;

- Home address or address where the child can be reached;
- Parents' names, phone numbers, and addresses, if known;
- Type of suspected abuse;
- Alleged perpetrator, if known;
- Specific physical and behavioral indicators of the maltreatment;
- Opinion of whether the child is in imminent danger;
- Name, phone number, and address of the reporter.[43]

Some States accept anonymous reports, but knowing the name and the phone number of the reporter allows the State agency to obtain additional information if necessary. The agency staff taking the information for the report will ask for as many details about the maltreatment as the reporter can give. A reporter should refer to any notes or documentation about the incident when making a report. This will help to ensure that all known details are reported to CPS. (See Appendix E, *Sample Report of Suspected Child Abuse or Neglect,* for a sample reporting protocol.)

Reporting Protocols for Child Care Programs

Policies for making a report should cover more than the procedures that should be followed at the time a report is made. As with planning for an emergency or a fire, early childhood programs should have protocols defining the duties and the responsibilities of all staff when child abuse or neglect is suspected. These protocols should be well thought out and should include the actions to be taken in the anticipation that a report may have to be made, the actions to be taken at the time that there is a suspicion of abuse or neglect, and the follow-up actions. Family child care providers also need clearly defined protocols that take into account the circumstances in home-based care. See Exhibit 3-1 for a list of items that should be included in comprehensive protocols.

Staff members should review their programs' policies and procedures regularly so they will be clear about their responsibilities. Also, if a report is ruled out or unsubstantiated, child care providers may need to continue to document and to report any subsequent behavior in that child that may warrant another referral. Sometimes CPS simply does not have sufficient information to investigate a report or to substantiate a case; however, that does not necessarily mean that the maltreatment did not occur.

Talking with the Child

Even though CPS or law enforcement has the responsibility to assess and to investigate allegations of abuse or neglect, there are times when they may request that the child care provider speak with the child to gather more information in order to meet statutory guidelines for accepting a report. The primary purpose of the discussion is to obtain enough information from the child for an informed report to CPS or to law enforcement, and it should occur only after the agency has requested clarification or additional information. The child care provider should keep in mind that this conversation is not an interrogation, and the purpose is not to prove that abuse or neglect occurred. During these discussions, or when a child discloses maltreatment to a caregiver, it is important to remember that:

- The child may be fearful of others learning about the abuse or neglect. The child care provider should assure the child that the information will not be shared with other children or with anyone who does not need to know. The child care provider should acknowledge that in order to help the child, it may be necessary to discuss these issues with other child care personnel or other adults who are in a position to help. It is vital that the child care provider abide by the promise to protect the child's right to confidentiality.

Exhibit 3-1
Protocols for Reporting Child Maltreatment

Note: Though the following protocols are intended to be helpful for all child care providers, some may be more applicable to larger child care centers than to family child care providers.

The protocols to prepare for the need to report child maltreatment should:

- Reference the State law that requires child care providers who suspect that a child is being abused or neglected to report such suspicion to the local CPS agency;
- Identify the indicators or the clues that suggest possible child abuse or neglect;
- Designate a coordinator for child maltreatment issues;
- Describe how a relationship with CPS or law enforcement is to be established and maintained;
- Describe the professional obligation and procedures for maintaining the confidentiality of the child, the child's family, and the accused caregiver, including who has a "need to know," the procedures for keeping reports confidential, and filing reports in a file separate from the child's regular file;
- Specify procedures for record keeping and record destruction;
- Describe how the protocols for preventing and for reporting child abuse and neglect will be communicated to all staff and volunteers during orientation and regular in-service training;
- Include the written policy in the staff handbook;
- Include information in the parent handbook about the mandated reporting of suspected child abuse or neglect;
- Describe the screening of staff and volunteers;
- Schedule a regular review of the protocols and staff trainings. It may be helpful to invite a CPS worker to help train on child maltreatment and mandatory reporting.

The protocols for making reports of child maltreatment and for follow-up should:

- Identify whom the child care provider should notify within the child care program if there are suspicions (e.g., the director or another coordinator of child maltreatment issues);
- List the specific information that the child care provider needs in order to make a report;
- Describe how the report is to be made, including who is to make the report to CPS;
- List any other program personnel who should be involved or be notified if a report is made (e.g., the program director, the agency director, the owner, the board of directors);
- State who will talk with the children or the parents after consultation with CPS or when a report is filed;
- Specify who will submit documentation, such as observation notes or anecdotal records, to CPS or other agencies;
- State who will be responsible for monitoring or receiving communication or feedback from CPS once the report has been filed;
- State who is responsible for communicating with the media, if necessary, for cases where a child fatality or a child abuse accusation has been in the press;
- Identify plans for the alternative placement of accused staff while an investigation is taking place;
- Specify support for staff if the accusation of abuse or neglect is unsubstantiated or unfounded;
- Detail support for staff who are requested to testify in court;
- State who will follow up to determine the outcome of the report.

- The caregiver should not display anger, shock, disapproval, or other strong emotions toward either the alleged perpetrator or the child for any action disclosed as it may affect the child's comfort level or willingness to continue talking.
- The child care provider should be careful of what she says or implies about a suspected abuser in order not to influence a child's report unduly or to inhibit disclosure, especially if the child is attached to or has positive feelings toward the alleged abuser.
- The caregiver should use language that is developmentally appropriate for and easily understandable to the child.
- The child should be made as comfortable as possible under the circumstances. The conversation should be conducted in a quiet, private, nonthreatening place that is familiar to the child. The child care provider should sit near the child, not behind a desk or a table. In nice weather, a pleasant spot outdoors can be appropriate.
- The caregiver should ask for clarification if she does not understand what the child is saying.
- Let the child tell the story without probing for information that the child is reticent or unwilling to give. The child should be reassured that if a question has to be repeated, it is not because he gave a wrong answer.
- During the interview, there only should be one caregiver talking to the child. Optimally, the person who talks to the child should be someone with whom the child feels comfortable and trusts.
- The child may be afraid to tell the whole truth because of:
  - Fear of being hurt further by the alleged abuser for disclosing the maltreatment;
  - Belief that the alleged abuser may go away or go to jail;
  - Fear of being removed from the home;
  - Feelings of loyalty or attachment to the alleged abuser no matter how bad the situation might be.
- The child may think that the abuse or neglect is normal.
- Children often feel or are told that they are to blame for their maltreatment or for bringing "trouble" to the family. It is important, therefore, to reassure the child that he is not at fault.
- If the child is volunteering information, the caregiver can praise the child for taking the difficult step of talking about what happened. It is not up to the caregiver to determine if the child is completely accurate.
- The caregiver should not ask the child to remove any clothing to show evidence of abuse.
- The child may disclose information in bits and pieces rather than all at once. This is particularly true for very young children, who have short attention spans and may get anxious or fatigued quickly. If the child care provider becomes impatient, the child either may push herself too hard for answers or give up too easily.
- Some children have an easier time drawing or acting out an incident rather than verbalizing what occurred.

Child care providers can harm subsequent CPS or legal processes by probing excessively for answers, by asking leading questions (i.e., questions that attempt to guide the child's response), or by supplying children with terms or information. Courts have dismissed several child sexual abuse cases because it was believed that the initial interviewers biased the children by such actions.

Child care providers must be sensitive to the safety of the child following the disclosure. The child might be

subject to further abuse if she goes home and mentions talking with someone about the alleged abuse. If a child care provider feels that the child is in danger, CPS should be contacted immediately to help protect the child. A CPS caseworker may need to interview the child at the program. If so, the program should provide a private place for the interview that does not alert other staff and children to the presence of a CPS caseworker. If it is necessary for the caseworker to remove the child from the child care program for a medical examination, the program should consider releasing a staff member to accompany the child so that the child feels safe in a strange and potentially medically invasive situation.

If further action is to be taken, the child should be told what will happen, where, and when. The child care provider should assure the child of support and assistance throughout the process and should follow through on any assurances. No responsibility should be placed on the child, nor should the child be asked to conceal from the parents that the conversation has taken place or that further action is contemplated.

Talking with the Parent

Although some caregivers may feel that it is important to contact the parents to inform them that the program has made a report of suspected child maltreatment, it is rarely appropriate. In fact, it can have a significant, negative impact on the investigation or on the child's safety. CPS caseworkers and law enforcement are trained and are primarily responsible for contacting and for discussing these concerns with parents. The following issues may arise if caregivers talk with parents before CPS contacts them:

- The danger to the child may increase, particularly if the child disclosed the maltreatment and the parent is the alleged perpetrator.
- The parent may try to have the child recant upon learning that the child has told someone about the maltreatment.
- The parent may flee or may withdraw the child from the program.

There may be instances when parents contact a program or a provider regarding a report made to CPS. Many programs designate one point of contact to handle CPS reports, such as the director, the center nurse, or the social worker. The child care provider should listen to the parents and refer them to that point of contact. In talking with the parents, the child care provider should respond in a professional, direct, and honest manner without displaying anger, shock, or an insinuation of guilt. It is critical to remember that the child care provider should not reveal any information pertinent to the report made to CPS or law enforcement. Child care providers of young children should avoid prying into family matters and never should betray the child's confidence to the parents (e.g., "Your child said..."). The parents also should be informed about any limitations to confidentiality of the present discussion. Further threats or revelations of maltreatment typically require the child care provider to reveal to a third party (e.g., CPS) what was discussed.

Parents who have been reported need to hear that they and their child will continue to be supported throughout this difficult time. The child care provider should let the parents know that child care staff care about them and their child and that the staff will continue to provide the same high-quality care. Staff members should be careful not to alienate the family since they will be more open to assistance if they know others are willing to help. However, child care providers must remember that the child's safety is paramount.

Parents often feel less alienated if they have been informed of the program's legal responsibility to report suspected abuse and neglect. This policy should not only be in all of the handbooks distributed to parents but also should be discussed at enrollment. The child care provider or director then can refer parents to that section of the handbook.

Dealing with an Angry Parent

Even though a CPS caseworker is mandated by law not to reveal the name of the referral source, the parent often suspects the source of the report. Occasionally, an angry parent will come to the program or the family child care home demanding to know why someone is "telling me how to raise my children." The parent may feel betrayed or that someone has "gone behind his back" because he was not contacted by the program, and it must be remembered that the allegations may not be true. If an angry parent appears at the child care setting, the provider should attempt to defuse the situation by remaining calm and by maintaining a professional demeanor. The child care provider should be mindful of her own safety, as well as the safety of others, if the parent is threatening or violent. The program's policy should delineate who needs to be contacted immediately in potentially dangerous situations, such as the program director. The child care provider should not feel that she must handle such volatile situations alone. An angry parent will usually calm down to a reasonable degree if he feels listened to and is treated with respect.

Parents not involved in allegations of abuse or neglect, but who become aware of allegations involving someone else's child in the program, also may need to be reassured and supported. A protocol should be established for contacting these parents in such situations. Even though a report may have no direct involvement for their own children, many parents understandably become curious, protective, and concerned about any potential risk or secondary impact it may have. For instance, the parents may feel the need to explain the situation to their children and may experience feelings of uncertainty about how best to handle it. Naturally, if the maltreatment occurred at the center, parents are likely to consider placing their children in another program and may express significant fear and concern for their children's safety. Child care providers play a critical role in presenting information about steps being taken to ensure the safety of all the children in the program, and they should be patient with and supportive of the parents.

Difficulties Encountered When Reporting

The process of reporting child abuse or neglect does not always proceed smoothly. There are many obstacles that child care providers may encounter when preparing to report suspected maltreatment, and they may feel discouraged from making future reports. These obstacles often are associated with their personal feelings, the program policies and procedures, and the relationships with the family and perhaps with CPS as well.

Personal Feelings

Sometimes, the reporter's feelings may be ambiguous or conflicted. Some common feelings that may dissuade a child care provider from reporting child abuse or neglect include:

Confidentiality

Child care providers must be cautious about the information they present to parents—those who are suspected of maltreatment and other parents who bring their children to the center—about cases of suspected maltreatment. The provider should work with CPS to develop a clear written statement to give to the parents to reassure them that the safety of their children is paramount, but also respects the confidentiality rights of the alleged perpetrator and victim.

- Fear of being wrong about the suspected maltreatment;
- Fear of making an inaccurate report, which may be due to the lack of a visible physical injury to the child or no evidence beyond the child's self-report of maltreatment;
- Fear of negative reactions by coworkers, parents, or others;
- Concern that CPS or law enforcement does not generally provide sufficient help to maltreated children;
- Fondness for the parents and a belief that they would not hurt their own child;
- Belief that reporting abuse or neglect will bring only negative consequences for the child and family;
- Fear of misinterpreting cultural disciplinary styles;
- Apprehension about becoming involved;
- Dissatisfaction arising from prior experiences with reporting;
- Concern about becoming entangled in legal proceedings.[44]

Charges of abuse and neglect are serious, so experiencing fear or concern when a report may be necessary is not unusual. Child care providers, however, must overcome such feelings because, in their position and profession, they are legally mandated to report suspected maltreatment and are ethically required to protect children. It also is appropriate to acknowledge certain fears or uncertainties with CPS or law enforcement when making a report so they can take those factors into consideration.

Program Policies and Procedures

A significant barrier to reporting occurs when early childhood education programs do not train staff on their responsibilities to recognize, to report, or to prevent child maltreatment. All programs should ensure that staff are trained both in preventing and in reporting child abuse and neglect. Training information and materials should be updated annually, and appropriate training opportunities or options should be provided on an ongoing basis.

Though most directors will provide the necessary support to report cases of suspected maltreatment, some program directors occasionally may place obstacles in the way of reporting abuse and neglect. They might discourage staff involvement by refusing to take their reports seriously or by failing to make an official report of maltreatment once the situation has been brought to their attention. Directors may be reluctant because they fear that the report may be false or may lack irrefutable evidence. Directors who refuse to report or who make it difficult to report cause numerous problems for their staff. Not only does the child care provider feel unsupported or even undermined, but both parties may be held liable for the unreported maltreatment. Thus, the child care provider must choose to be vulnerable to legal sanction, and possibly further endanger the child, or bypass the director.[45]

In these cases, providers should try to alert the directors to the reporting requirements and the need to ensure the safety of the child. Providers also can seek the advice and assistance of other staff (e.g., a nurse, another administrator) to help determine a collaborative solution and meet as a group with the director. It is also possible that the director or other designated staff may have dealt with overzealous reports in the past; they may see this as an opportunity to screen for inappropriate reports and use this as a time to educate the worker on the legal definitions of child maltreatment in their particular State or county.

Relationships with the Family

Parents and child care providers have special relationships that may make professionals reluctant to report suspected cases of child maltreatment.

The child care provider may be very fond of the parents and family, making it difficult to take action if maltreatment is suspected. Child abuse and neglect often is hidden, so indicators of it may come as a complete surprise to a child care provider who previously has witnessed only appropriate and good-natured interactions between the parent and the child.

The livelihood of early childhood programs is dependent upon the attendance of children. These programs may fear that reporting will harm their reputations, lead to a decline in enrollment, or both. Even when caregivers might suspect child maltreatment, they may give parents the benefit of the doubt or may fear that confronting the parents would result in a hostile or distressed reaction or in retaliation. In these instances, the caregiver should remember that failure to report not only is illegal, but may further endanger the child. Reports can and should be made in the spirit of care and concern.

Providers may be able to alleviate some of this concern by presenting the program's child maltreatment reporting policy to parents as a part of the initial orientation to the center and in the parent handbook. Parents may be more understanding of the process if they are aware of the provider's legal and professional responsibility to report and that the provider is acting to ensure that the child is safe.

Next Steps

When a report of child maltreatment is filed, CPS makes several decisions. First, CPS must decide if the report meets the statutory criteria for child abuse or neglect. If the report does not meet those criteria, the CPS agency may refer the family to various other services, formal or informal, that would provide support, such as a local parenting skills class or Parents Anonymous.

The CPS Investigation

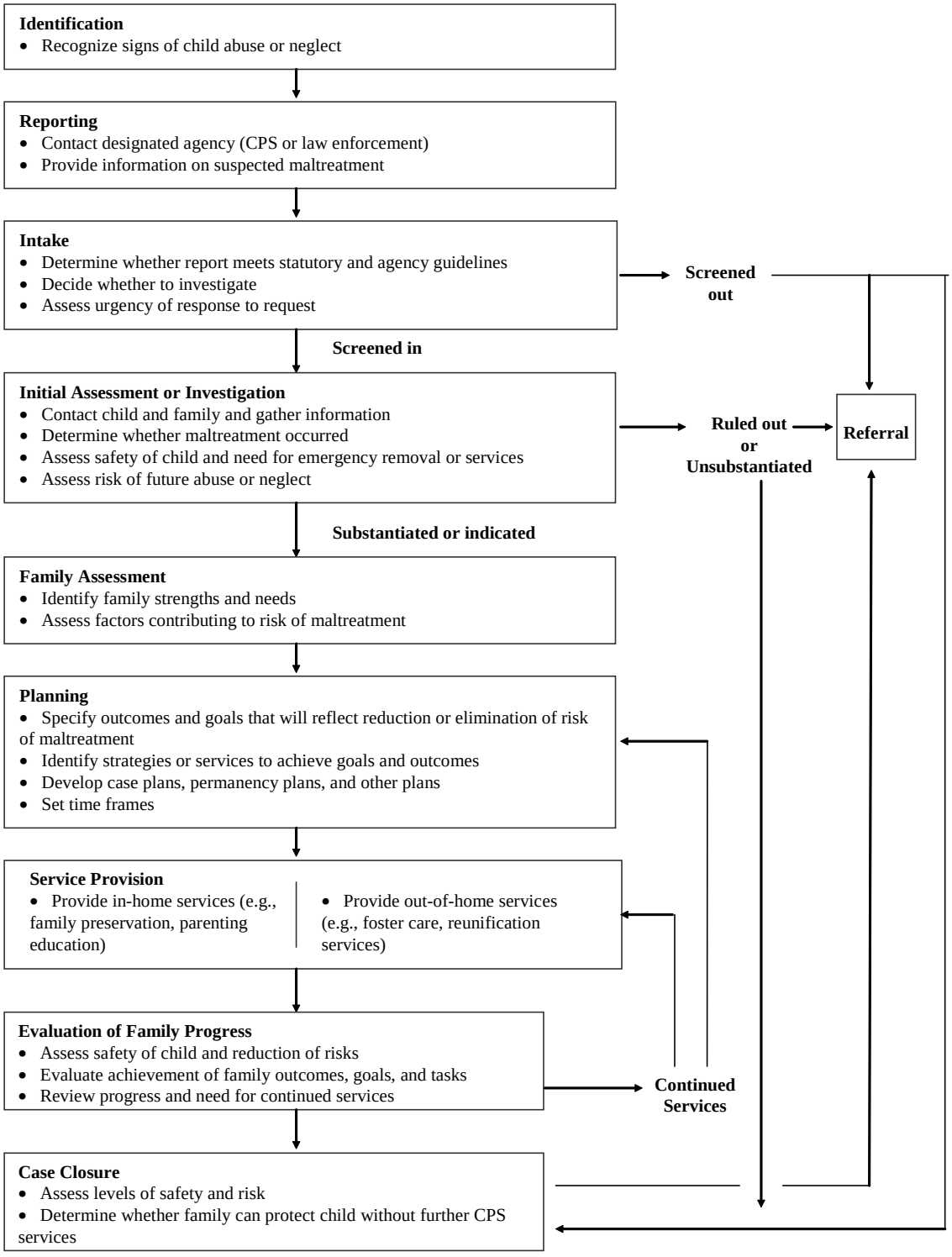
If the report does meet the statutory criteria for child maltreatment, CPS must investigate to determine if the abuse or neglect can be substantiated. It will interview the child if the child is old enough to respond to questions. CPS then will contact the family and others, including the child care provider, who may have additional information. CPS typically will make one of two findings—substantiated or unsubstantiated. A substantiated finding means that there is sufficient evidence to prove that an incident of abuse or neglect occurred. A finding of unsubstantiated means there is insufficient evidence to conclude that a child was abused or neglected. Some States have a third category, inconclusive or unable to determine. CPS also determines if the child is safe in the home and, if not, explores the least intrusive interventions to ensure the child's safety. CPS also determines if there is a risk of future maltreatment, and, if such a risk exists, CPS must offer services to reduce that risk. For an overview of the CPS process, see Exhibit 3-2.

Court Involvement

In some States, the court system may become involved, particularly if the child is removed from the home. A juvenile or family court usually is responsible for cases involving child maltreatment. In cases of sexual abuse, extreme physical abuse, or death, however, complaints increasingly are filed in criminal court. In some instances, a child care provider may be asked to appear in court as a witness, usually regarding the child or to present a more complete picture of the family's situation. Exhibit 3-3 offers some guidelines for child care providers appearing in court.

Reporters of child maltreatment often want to know the result of an investigation. Some State and local child welfare agencies will inform mandated reporters of the outcome of a report.[46] In most States, CPS sends letters to mandated reporters and also may call them. A family's right to privacy, however, supersedes

Exhibit 3-2
Overview of the CPS Process



mandated reporters being privy to confidential investigations. Therefore, the reporter may not be informed of the investigation's findings and may never learn the results from the report.

Exhibit 3-3
Tips for Child Care Providers Appearing in Court

- Determine if the child care program has access to legal counsel.
- Ask the CPS caseworker or attorney if there will be a briefing before the court appearance. If not, consider requesting one.
- Write down dates, facts, and other information relevant to the testimony. Usually, it is permitted to take a paper or a note card to the stand.
- Take your time and think through each question before answering.
- Speak slowly, concisely, and loudly enough for the testimony to be heard by the court recorder.
- Speak only when spoken to and answer only the questions that are asked.
- Remember that the court is interested in facts, not opinions, unless it instructs otherwise.
- If the answer to a question is not known, say so; do not guess.
- Try not to be flustered, particularly by the cross-examination.
- Do not be afraid to call the CPS caseworker or attorney after the hearing to inquire about the outcome.[47]

CPS Procedures After a Report Is Made

For more information about how the child welfare system operates, visit the Child Welfare Information Gateway website at **http://www.childwelfare.gov/pubs/factsheets/cpswork.cfm**.

CHAPTER 4

Minimizing the Risk of Maltreatment in Child Care Programs

Although the majority (86.6 percent) of reported child maltreatment incidents are perpetrated by family members, less than one percent are reported to have occurred in child care settings, including family, friend, and neighbor care outside the home, as well as in child care centers and family child care homes. Based on data gathered in 2006 from 39 States, 5,321 child daycare providers were found to be perpetrators of abuse or neglect. Of those child care providers found to be perpetrators, 14 percent of the cases involved physical abuse only; 53.8 percent involved neglect only; 21.9 percent involved sexual abuse only; 3.5 percent involved psychological maltreatment only, other, or unknown; and 6.7 percent involved multiple types of maltreatment.[48] Therefore, it is important for early child care settings to establish policies and practices to protect children while they are in the child care environment.

Defining High-quality Child Care

High-quality child care programs have characteristics such as:

- Staff and directors with formal education and specialized early childhood training;
- Developmentally appropriate environments with age-appropriate and child-initiated activities;
- Child-centered physical environments that promote learning;
- Appropriate staff-to-child ratios and group sizes;
- Staff who interact sensitively, not harshly, with children;
- Strong health and safety provisions for children, including nutrition and food services;
- Excellent relationships with families.[49]

For additional information about high-quality child care, visit the National Child Care Information and Technical Assistance Center (NCCIC) website at **http://nccic.acf.hhs.gov/topics/topic/index.cfm?topicId=5**.

Staff Selection Procedures

There are no Federal laws that regulate licensing for workers in child care programs. In order to receive Child Care and Development Fund support from the U.S. Department of Health and Human Services, however, States must certify that they have established safety and health requirements, as well as procedures to ensure that providers comply with these requirements.[50] In addition, federally funded Head Start programs have to abide by the Head Start Program performance standards, which include policies regarding reference and criminal background checks.[51] Each State develops its own minimum standards for licensing early childhood programs. States use various methods to screen new child care workers, such as criminal records checks, child abuse and neglect clearances, and fingerprint records. They may require one, all, or a combination of these screening methods. Obtaining the results of these screenings can take from several days to many weeks. New employees for whom criminal background checks have not been completed should be placed with children only if a cleared staff person is within sight and is supervising the new employee at all times. In State-funded pre-kindergarten programs, if the teachers are public school employees, they are screened the same as any other public school teachers; if the funding goes to a local child care program, State child care licensing requirements apply.

Even with rigorous standards, it is not easy to predict which staff may maltreat children. However, child care programs need to take steps to minimize the possibility of such individuals being hired to care for children. The National Association for the Education of Young Children (NAEYC) has developed guidelines for screening and selecting appropriate individuals as staff, substitutes, or volunteers to work with children. The association recommends the following guidelines for screening, recruiting, and retaining staff:

- A basic screening should be conducted on all staff members, direct core staff, substitutes, managers, and volunteers, including bus drivers, janitors, cooks, and administrative assistants. The basic screening should include:
  - A signed, written application;
  - A careful review of the employment record;
  - A check of personal and professional references;
  - A personal interview.
- All potential employees and volunteers must be required to disclose any previous convictions, especially whether they have ever been convicted of any crime against children or of a sexual assault, which would preclude their being hired in a child care setting.
- All potential employees and volunteers should be required to provide at least three references from previous employers, parents of children served, or educational institutions. Child care programs should check these references carefully.
- All new employees and volunteers should be required to complete a supervised, mandatory probation period.
- Child care programs should have policies in place that are designed to retain competent staff and to remove others as necessary. Programs that provide competitive salaries, good benefits and working conditions, and regular opportunities for advancement are more likely to recruit and to retain competent staff.
- Clear procedures should be in place for responding to an allegation of abuse or neglect in the program. These procedures should address steps to protect children and to provide due process for the accused. Parents and staff should be informed of these procedures in the parent and staff manuals.[52]

Screening Mechanisms for Child Care Providers

The American Bar Association's Center for Children and the Law has identified several potential screening mechanisms for child care providers, including:

- Personal interviews;
- Reference checks—previous employers and personal contacts;
- Confirmation of educational status;
- Observations of applicant in position;
- Criminal background checks—local, State, and FBI;
- State central child abuse registry check;
- Motor vehicle records check;
- State sex offender registry check;
- Alcohol or drug testing;
- Questions regarding any psychiatric history (standard on many employment applications);
- Home visits of potential workers;
- Psychological testing.[53]

Staff Retention

Staff retention is important in building a high-quality program. Staff who stay on the job benefit from supervision and development opportunities and gain experience that enhances their expertise. When a program has low turnover rates, children and their families are able to develop supportive, positive relationships with providers. Child-caregiver relationships evolve similarly to the attachments that children form with their parents. After children interact regularly with the same caregivers, the children often will seek contact or interaction with them when they are distressed. Distress can be caused by something minor, such as having a toy taken away by another child, or by something serious, such as maltreatment. Children prefer consistency in caregivers, and the stability of care is an important factor in children's development. Therefore, children in centers with high staff turnover rates often have a harder time attaching to new caregivers and establishing a secure child-caregiver relationship.[54]

Policies to Prevent Child Maltreatment

NAEYC has outlined policies that early childhood programs can implement in order to prevent child maltreatment, including:

- Employing an adequate number of qualified staff to work with the children;
- Providing adequate supervision of program staff and volunteers;
- Designing the program's physical environment (both the indoor and the outdoor areas) to reduce the possibility of private, hidden locations in which maltreatment may occur;
- Setting clear policies and procedures for maintaining a safe, secure environment;
- Assigning qualified personnel to supervise staff on an ongoing basis;
- Encouraging parents to spend time at the program.[55]

Staff Training and Development

One of the roles of the director is to provide or to oversee ongoing training programs to ensure that all staff continue to learn about young children, as well as to develop and to refine their caregiving skills. Providers having specialized training in child-related fields has been directly linked to improved quality in child care centers.[56] Relevant, regular, and well-executed training also can affect staff retention positively, which benefits the program and the children.

Training in child care can be offered in many different ways. There is preservice training, which is provided before entering the field; orientation training when the employee first begins the job; and ongoing training that is recommended for staff to attend periodically. In addition to workshops and courses in child care and child development, training may include self-instructional curricula, conferences, or the use of an early childhood resource library. Training should be provided by specialists with extensive experience in child maltreatment prevention and intervention.

Many States require a certain number of hours of training for staff in licensed child care programs. The National Health and Safety Performance Standards, which are prepared jointly by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education (with funding from the Maternal and Child Health Bureau, U.S. Department of Health and Human Services), offer guidelines for the topics and for the amount of training for child care providers.[57] They suggest that all directors and caregivers should have at least 30 hours per year of continuing education during their first year of providing child care. Of those hours, 16 should be in child development programming, and 14 should be in health and safety practices. After the first year of employment, directors and staff should have 24 hours of applicable continuing education per year depending on individual competency needs.

The Child Development Associate (CDA) is a nationally recognized, competency-based training and credentialing program.[58] In order to be considered for CDA credentialing and accreditation, an applicant must have 480 hours of experience working with

Training in Recognizing and in Responding to Child Abuse and Neglect

The Center for Child Protection and Family Support developed the following goals for staff training in order to reduce the risk of child maltreatment:

- Help establish an organizational culture or climate that understands child protection to be one of its most important roles;
- Educate staff about the legal obligation to report suspected abuse or neglect;
- Increase staff familiarity with organizational policies and procedures relating to child disciplinary practices, supervision and care responsibilities, and personnel policies and procedures;
- Ensure that staff understand which child-rearing or care practices may be considered abusive;
- Provide practical advice and guidance regarding defensive strategies for avoiding unfounded allegations.[59]

children within the past 5 years and have completed 120 hours of training, with at least 10 hours in each of the eight CDA training areas. Training about the recognition and the prevention of child abuse and neglect is included in two of the training areas.

Indicators of Quality Child Care: Research Update

A more in-depth discussion of child care training is presented in *13 Indicators of Quality Child Care: Research Update*, which is available at **http://aspe.os.dhhs.gov/hsp/ccquality-ind02**.

For additional information, visit the National Resource Center for Health and Safety in Child Care and Early Education, which is funded through the U.S. Department of Health and Human Services, at **http://nrc.uchsc.edu**.

Staff Supervision and Support

Effective staff supervision can help prevent abuse and neglect in child care settings. A director's ongoing, active participation in the daily operations of the program and the continual monitoring of adult-child ratios help to ensure that children are receiving quality care from skilled and caring staff. Caring for children can be a stressful job, and child care providers who are overwhelmed can lose control and lash out at children. As a result, the role of the child care providers' supervisor in preventing maltreatment includes identifying and alleviating some of the stressors in the workplace.

Program Characteristics That Can Lead to Stress and Burnout

Staff stress and burnout can be affected by personal traits and by the work environment. It may be difficult or impossible for a director to alter or to address a caregiver's traits or personal stressors. However, program characteristics, such as the following, typically can be addressed:

- Lack of program structure;
- High caregiver-child ratio;
- Long hours of direct work with children;
- Lack of regular staff meetings with open communication;
- Lack of participation and influence in decision-making;
- Inadequate space and materials with which to work;
- Inadequate facilities for children with special needs;
- Performance expectations that differ from the training and direction provided;
- Poor compensation;
- Inconsistent or unclear methods of performance evaluation;
- High staff turnover;
- Pressure from the director or the administration to achieve or to expand continuously the scope of the caregiver's responsibilities.

Reducing Stress in the Workplace

Some examples of ways in which directors can create and maintain work environments that reduce, rather than contribute to, stress for employees include:

- Providing written job descriptions and personnel policies so that staff are clear about the program's policies, the performance expectations, and their own responsibilities;
- Maintaining a roster of qualified, available substitutes so that staff do not come to work sick because they fear that no one will be available to take care of the children;
- Monitoring the classrooms continuously to ensure that caregiver-child ratio targets are met;
- Using regular staff meetings as opportunities to discuss concerns of staff in order to help them feel supported and empowered;
- Including staff in decision-making, when appropriate, so that they can provide input regarding how the program operates and can gain greater control over their work environment;
- Recruiting, training, and scheduling volunteers (e.g., parents, retired caregivers) to assist during the busiest times of the day so that staff can provide individual attention to the children, plan classroom activities, and receive breaks;

- Creating mentoring relationships in which novice child care providers are paired with veteran colleagues who can offer advice and direction about handling stressful situations;
- Advocating for improved wages, paid overtime, 8-hour workdays, and additional benefits so that staff will be compensated adequately;
- Showing respect and regularly acknowledging accomplishments of staff in order to demonstrate that they are valued;
- Making sure there is always someone on call so that staff who recognize that they are feeling overwhelmed can take a break from being with the children;
- Providing a pleasant, comfortable place with adult-sized furniture for staff to use on breaks so that time away from the children can be relaxing and rejuvenating.

Supervisors also can help the staff to identify and to develop satisfying and rewarding features of their job, such as:

- Observing the children's developmental or behavioral progress;
- Identifying the positive relationships they build with the children in their care;
- Acknowledging the challenges of the work;
- Taking pride in providing a needed service;
- Noting meaningful relationships with the parents;
- Receiving recognition from colleagues and supervisors for good performance.

Recognizing the Potential to Maltreat

There is no single, known cause of child maltreatment, nor is there a single description of either those who maltreat or those who are victims of child maltreatment. Child maltreatment occurs across all socioeconomic, religious, cultural, racial, and ethnic groups. Individuals who have the potential to maltreat children may be educated or have received training in the early childhood field, but many have unrealistic expectations about what children are able to do at various stages of development. They either have little knowledge of child development or do not apply the knowledge they have. They may have strong beliefs that the only way to get children to do what they are supposed to do is to punish or to threaten them. Often, abusive or neglectful caregivers use harsh discipline techniques or always use the same technique regardless of the child's age or of the specific situation.

When supervisors witness inappropriate behaviors during formal and informal observations of staff, they should take objective notes that state exactly what the person did and said rather than paraphrasing, summarizing, or making judgments. If possible, they should write down direct quotes of what the adult and the child said. The supervisor should promptly schedule a time to meet with the individual to provide feedback related to the observation. During the feedback session, the supervisor and the staff member can jointly develop a plan for improving the quality of the individual's interactions with children. The supervisor should continue to observe this staff member and to look for signs of improvement. If the staff member's skills do not improve after repeated observations and feedback sessions, the supervisor must use professional judgment to determine whether this staff member should be terminated. Termination is an appropriate response when the staff member has clearly violated program policies and when it is clear that the behavior is detrimental to the children. This decision should be made based on objective information and observations.

At times, supervisors may witness staff behaviors, such as slapping or punching a child, which not only are clear infractions of the program's policies regarding staff and child interactions, but also are grounds for immediate termination. In these instances, the program should follow established procedures for

Risk Behaviors

As supervisors observe staff interaction with children, they should take note of behaviors that may be signs that the individual has the potential to maltreat, including:

- Yelling or screaming at children;
- Forcing children to hug or to kiss them;
- Grabbing or jerking children;
- Hitting or slapping children;
- Stifling or preventing children from speaking;
- Constantly controlling activities without allowing children to make choices about what they want to do or about what materials they want to use;
- Expecting behaviors that are not appropriate for a child's developmental age (e.g., insisting that a 1-year old must be potty trained);
- Showing satisfaction when winning a power struggle with a child;
- Standing apart from the children rather than interacting with them;
- Relating poorly to adults and preferring the company of children;
- Taking an unusual or an inappropriate interest in a specific child;
- Showing no respect for children's rights to privacy or to not being touched by an adult.

terminating employment. Some of these infractions also may be considered abuse or neglect legally and, therefore, must be reported to the appropriate authority, such as child protective services (CPS) or law enforcement.

Operational Policies

Many early childhood education programs have adopted the following policies and practices in order to minimize the risk of child maltreatment occurring in the program:

- Providing open access to parents;
- Minimizing opportunities for adults to be alone with children;
- Preventing unauthorized access to the center and the children;
- Preparing written accident reports;
- Establishing written policies about how to discipline children;
- Establishing written policies about the appropriate and the inappropriate touching of children;
- Developing written policies for reporting suspected child abuse or neglect;
- Communicating policies with parents;
- Networking with early childhood and family support professionals;
- Providing a daily program that supports positive social and emotional development for children.

Providing Open Access to Parents

Most early childhood education programs encourage parents to make unannounced visits at any time during daily operations. In larger centers, parents should be required to check in with the director or supervisory staff before visiting the center, including their children's classrooms, the outdoor play area, and the other activity rooms in the center or home. In smaller or family child care centers, parents should make sure that the director or other staff are aware they are visiting. In addition, programs should emphasize that parents and early childhood education professionals are partners in keeping children safe and in promoting their growth and development. Programs should provide many opportunities for parents to become actively involved. In addition, the local phone number for reporting suspected child abuse and neglect should be posted prominently on the parent bulletin board.

Minimizing Opportunities for Adults to Be Alone with Children

The program facility can be designed to minimize opportunities for adults to be alone with children in hidden areas and to reduce the risk for maltreatment. Because many reported instances of sexual abuse in child care facilities occur during toilet training, many programs are redesigning bathrooms so they are no longer private, enclosed areas where children might be isolated with an abusive adult. Some centers have removed or minimized the doors and partitions. New centers typically design bathrooms as open areas. As a further precaution, when children come in from outdoors to use the toilet, programs require them to be accompanied or supervised by an adult. In rooms where infants and toddlers receive care, the diapering areas are positioned so that they are visible to all the adults in the room.

Other design changes that minimize opportunities for adults to be alone with children include removing curtains, shades, or inside locks on closets or workrooms. When centers have outdoor storage areas, they should be visible from the main building. In some centers, to ensure that parents and supervisors can observe staff while they are caring for children, classrooms have windows or other means of viewing activities from the outside and the hallways. These windows must be left uncovered, with no artwork, draperies, or blinds that hamper viewing.

If a caregiver is left alone with children, recommended maltreatment prevention procedures suggest that the single-caregiver location be visited on an unannounced basis by another staff member (administrative or caregiving) during operating hours. Centers may choose to add cameras or convex or concave mirrors to assist in continuously monitoring the classrooms. Additionally, many programs establish rules that prohibit staff members and volunteers from taking children from the center without a parent's written permission except for a pre-approved group activity or an approved medical visit.

Preventing Unauthorized Access to the Center and the Children

To provide adequate supervision, it is necessary to control access to the center by individuals who are not staff or parents. Centers should establish rules, such as:

- All visitors and volunteers must sign in and sign out when visiting the center, and visitors must be escorted.
- The use of name tags by staff and authorized adults should be required. Staff should be encouraged to question adults who are not wearing name tags.
- Friends or family members of staff may not be present in the center unless they are approved volunteers or have permission to visit.
- A staff member must be present at the main entrance at all times to monitor the exit and the entry of adults and children.
- The entry through secondary entrances should be monitored.

Preparing Written Accident Reports

No matter how stringent a program's safety precautions, children can have accidents while they are in child care. The accidents may be minor and involve scratches or small bruises or they may be serious enough to require medical attention. Regardless of how severe the child's injury, the program should notify the parents immediately and complete an accident report with a copy provided to the parents. The accident report will provide some protection against parent allegations that their child was maltreated while at the program.

In addition to accident reports, programs should conduct daily screenings as children arrive in the morning and before the parents leave. During these screenings, the child care provider should check for and record any illnesses or unusual marks or bruises. These records can document that a child arrived with the injury and that the injury did not occur at the program. Staff also should discuss with the child how any unusual marks or injuries were sustained. (For more information on this topic, see Chapter 3, *Reporting Suspected Child Abuse or Neglect*.)

Establishing Written Policies About Disciplining Children

Written policies related to appropriate discipline techniques are useful tools for informing parents and staff of the program's philosophy for guiding children's behavior and should serve as part of the framework for staff training. The policies should be included in the parent handbooks and distributed to new staff as part of the orientation process. Some agencies require new staff to sign a statement indicating that they have read and understand the policies, as well as understand the consequences of not complying.

Written discipline policies should:

- Provide a statement of the program's philosophy regarding guiding children's behavior;
- Give examples of positive guidance techniques for children of different ages;
- Include guidelines in accordance with any laws regarding the use of corporal punishment;
- Indicate who will discipline children and under what conditions;
- Provide examples of inappropriate children's behaviors that are not tolerated;
- Identify the point at which parents will be asked to participate in planning strategies to help children overcome troublesome behaviors (e.g., biting or having tantrums);
- Address how staff will assess the effectiveness of the discipline techniques used.

Establishing Written Policies About Appropriate and Inappropriate Touching of Children

An essential part of providing care for young children is holding, hugging, and otherwise touching them in a positive, affectionate manner. A program's touch policy can be very brief and to the point, such as, "Children may be touched when it is appropriate and respectful and makes the children feel good, but they will be left alone when they prefer not to be touched." It is inappropriate for staff to force children to have physical contact. It is very important for programs to make it clear to staff and to parents that, except in situations where safety is an issue, children always have the option of indicating that they do not want to be picked up, to be hugged, to have their back rubbed, or to have their hand held. Child care providers need to understand that they must never touch children for their own personal satisfaction. (See Appendix F, *Risk Indicators: Touch Policy*, for more information on this topic.)

Developing Written Policies for Reporting Suspected Child Abuse or Neglect

Written policies should describe the program's guidelines about who reports, when to report, and how to report suspected child abuse or neglect. Staff should become familiar with these policies during their orientation, and they should review them during regularly scheduled training on the recognition and on the prevention of child abuse and neglect. Written policies should be reviewed periodically by the director to make sure they reflect current best practices. Important issues to consider in designing these policies are included in Chapter 3, *Reporting Suspected Child Abuse or Neglect*.

Communicating Policies with Parents

Child care providers should have clear, written policies to share with parents when an agreement is reached to provide child care. Both the parent and the provider should sign a simple contract that lists the program's policies. This protects both the program and the parent. While this contract may not be legally binding, it makes clear at the beginning of the relationship what the expectations are for the parents and the providers. This agreement also can be the basis for resolving later disputes. The contract should note:

- Hours of service;
- Parental visitation policy;
- Consequences for the late pickup of children;
- Agreement about who is allowed to pick up the child;
- Information about the daily health screening of children;
- Legal mandate of the child care provider to report any suspicion of child abuse or neglect.

Signing the contract also provides a good opportunity for programs to share their discipline policies with parents.

Networking with Early Childhood and Family Support Professionals

Professional organizations, such as the National Association for Family Child Care, NAEYC, or networks for family child care providers (such as those supported by the military) offer opportunities for networking and training. Providers can meet with peers, learn strategies, explore professional and ethical responsibilities, and create relationships that will help providers who are working with a child who has been maltreated. Professional organizations also may offer discounted rates for professional insurance.

Health and Safety Issues Forms

Child care programs should have forms that are used routinely to report health and safety issues. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, Second Edition,* which includes information about how to make child care centers and family child care homes safe for children, provides sample forms that child care providers can use to document health situations.[60] The document is available from the National Resource Center for Health and Safety in Child Care and Early Education at **http://nrc.uchsc.edu/CFOC**.

Resources

Child care providers should maintain a listing of resources for themselves and for the children and families in the program. The following can be placed in a resource guide:

- **Childhelp USA** provides hotline crisis counseling and referrals related to abuse and neglect reporting issues at 1-800-4-A-CHILD (1-800-422-4453), 24 hours a day, 7 days a week.
- Referrals to **a local CPS agency** can be obtained from Child Welfare Information Gateway at 1-800-394-3366.
- A list of **State child care licensing agencies** is available from NCCIC at **http://www.nccic.org/statedata/dirs/display.cfm?title=licensing**.
- **Child Find** is a component of the Individuals with Disabilities Education Act (IDEA) and requires States to identify, to locate, and to evaluate all children with disabilities, aged birth to 21, who are in need of early intervention or of special education services. Information about contacts in each State can be found at **http://www.childfindidea.org**.
- The **Special Supplemental Food Program for Women, Infants and Children (WIC)**, is sponsored by the U.S. Department of Agriculture and provides food supplements and nutrition education to pregnant and breastfeeding women, infants, and young children who are considered to be at nutritional risk due to their level of income or to evidence of inadequate diet. Local health departments administer this program; contact information can be found at **http://www.statepublichealth.org/?template=directory.php**.
- The **State Children's Health Insurance Program (SCHIP)** helps children in low-income families obtain health insurance. State contact information is available at **http://www.cms.hhs.gov/home/schip.asp**.
- The phone number of a local **medical consultant** (e.g., a pediatrician or a public health nurse) who can answer routine health questions.
- A librarian at **the local library** can be an excellent resource for publications for professionals, parents, and children on preventing and on responding to child abuse and neglect.

Providing a Daily Program That Supports Positive Social and Emotional Development

Child care providers should offer a predictable daily routine that includes active and quiet activities and healthy nutrition. They should plan activities that are appropriate and stimulating and that meet the individual needs of the children in their care. Planning should cover all areas of child development, including positive social and emotional development and early learning. Since research shows that television and videos can support both social and antisocial behaviors, providers should be thoughtful in the use of television and videos. The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) develops and disseminates evidence-based, user-friendly information to help early childhood educators meet the needs of the growing number of children with challenging behaviors and with mental health needs in child care and Head Start programs.

This information is especially important to providers because some studies show these children to be at a higher risk of child abuse and neglect.[61] For more information, visit the CSEFEL website at **http://www.vanderbilt.edu/csefel/**.

Another way to help prevent or to respond to child abuse and neglect is by having children's books available that encourage positive, caring behavior and that teach children to respect themselves and their bodies. The local children's librarian can be an excellent resource for identifying which books are appropriate for children of different ages and situations. Providers should share information about these books with parents and select books that are acceptable to all their families. Providers also can use children's books to conduct early education activities with children and their parents to facilitate early learning and to support school readiness.

Susceptibility to Maltreatment

Some children are more susceptible to being maltreated than others. In general, children who are perceived by their parents as "different" or who have special needs—including premature babies or children with disabilities, chronic illnesses, Attention Deficit and Hyperactivity Disorder, or difficult temperaments—may be at greater risk of maltreatment.[62] National studies have found that children with disabilities were 1.7 times more likely to be maltreated than children without disabilities.[63] They also may be more vulnerable to repeated maltreatment because they may not understand that the abusive behaviors are inappropriate or because they may be unable to escape or to defend themselves. Various researchers and advocates have suggested that some societal attitudes, practices, and beliefs that devalue and depersonalize children with disabilities sanction abusive behavior and contribute to these children's higher risk of maltreatment.[64] See Appendix G, *Risk Indicators: Developmental Expectations of Children, Particularly Those with Special Needs*, for information on how to assess whether child care providers have inappropriate developmental expectations of children with special needs.

The *Good Start, Grow Smart* Initiative

Early childhood generally refers to the period from birth through age 5. A child's early cognitive development, including skills such as pre-reading, language, vocabulary, and numeracy, begins from the moment a child is born. Developmental scientists have found that in the first year of life, even before a child can speak, the brain acquires a tremendous amount of information about language. A strong connection exists between the development a child undergoes early in life and the level of success that the child will experience later in life.[65]

When young children are provided with an environment rich in language and literacy interactions and opportunities to listen to and to use language constantly, they can begin to acquire the essential building blocks for learning how to read. A child who enters school without these skills runs a significant risk of starting behind and of staying behind. The Bush Administration's early childhood initiative, *Good Start, Grow Smart,* helps States and local communities strengthen early learning for young children in order to ensure that they are equipped with the skills needed to start school ready to learn.[66] For more information on *Good Start, Grow Smart*, visit **http://www.whitehouse.gov/infocus/earlychildhood/earlychildhood.html**.

Exhibit 4-1 provides a quick guide on how various types of risks can be minimized through effective procedures in both centers and family child care homes.

Exhibit 4-1
Topical Guide to Organizational Risk Assessment[67]

Strategies	Risk Reducers
Screening and Selection Procedures for Staff and Volunteers	• Perform criminal background checks (State/local/national) • Perform employer and personal reference checks • Conduct a screening during the interview • Evaluate the average level of academic and on-the-job preparation
Staff Training	• Train staff on how to identify and to report maltreatment • Teach acceptable disciplinary practices • Institute strategies for toilet training and other high-risk situations • Establish risk-reduction policies and procedures • Conduct frequent refresher training
Written Policies and Procedures	• Establish a policy on corporal punishment (whether allowed or not) • Institute a parental visitation policy • Create maltreatment reporting policies • Outline clear personnel policies • Establish allegations and incident reporting policies • Monitor high-risk events
Physical Environment and Program Factors	• Ensure compliance with licensure or regulatory agencies • Increase the ease of informal observation • Make unauthorized access difficult • Segregate children by age, if appropriate (e.g., to keep infants from harm in a room where older, larger children are running around) • Accommodate any special needs • Minimize the reliance on volunteers • Recognize that the direct oversight of staff and volunteers is not always possible
Child and Parent Prevention Programs and Parental Involvement	• Offer parents materials and educational programs on abuse and neglect • Provide a sexual abuse prevention education program for children • Strengthen provider-parent relationships and communication • Encourage parental involvement in special programs
Community Network of Integrated Services and Resources	• Provide screening and other services for children with special needs • Deliver early intervention services for children with special needs • Offer family support and crisis intervention services for parents and families

CHAPTER 5

Preventing and Responding to Child Abuse and Neglect: The Role of Family Child Care Providers

The role of family child care providers in preventing and in responding to child abuse and neglect is similar in many ways to that of staff in other child care programs. Family child care providers also are mandated to report suspected child abuse or neglect and, therefore, have the same need for training in its recognition and reporting. Additionally, many of the strategies for caring for maltreated children or for children at risk of maltreatment and for supporting their parents are the same whether the child is in a center-based program or in a family child care home.

Family child care providers are often more likely than center staff to form close relationships with parents or they may even be related to the children in their care. They also may reside in the same community or neighborhood as the children and their families. Because of this close contact, providers may know more about a family's situation than a center's providers would. These personal relationships may help family child care providers offer parents needed preventive or early intervention supports. While personal relationships can help providers detect possible abuse or neglect, they also can make it more difficult to report.

Family child care providers can protect the children in their care by being knowledgeable about and by following any applicable licensing or other regulations, by receiving appropriate training, and by incorporating sound child care practices.

Licensing and Regulations

State licensing regulations list rules about how to keep children safe while they are in nonparental care. Regulations cover issues ranging from the child-adult ratios, the requirements for criminal records checks, the pretraining and ongoing training requirements, and other issues, ranging from the use of kiddy pools to putting infants on their backs to sleep. Family child care providers should consult with their State licensing agency to find out which regulations apply to them. A list of State licensing agencies is available from the National Child Care Information and Technical Assistance Center (NCCIC) at **http://www.nccic.org/statedata/dirs/display.cfm?title=licensing**.
The licensure regulations from the 50 States and the District of Columbia also are available on the website for the National Resource Center for Health and Safety in Child Care and Early Education at **http://nrc.uchsc.edu**.

Accreditation is available to family child care providers through the National Association for Family Child Care (NAFCC). NAFCC accreditation standards cover the following content areas: relationships, environment, activities, developmental learning goals, safety and health, and professional and business practices.

Tip for Parents: Checking Family Child Care Provider Backgrounds

In 48 States, including the District of Columbia, family child care providers are licensed.[68] States vary on which providers are required to be licensed, usually depending on the number of children in care. In some of the States that license family child care providers, providers are required to have background checks, but in States where some providers are not required to be licensed, parents have fewer assurances that the providers have no previous abuse or neglect convictions or criminal records. For families that use family child care providers, it is the parents' responsibility to make sure the providers meet licensing and registration requirements, check the provider's references, and monitor the care children receive.

Training

In many States, family child care providers are required to have regular training in preventing, recognizing, and reporting child abuse and neglect and in working with families after a report has been made. This training usually is available from a variety of resources, including child care licensing agencies, child protective services (CPS), child care resource and referral agencies, colleges and universities, and professional organizations. Although family child care providers may be required to have training, they generally are responsible for finding and for paying for it themselves.

Family Child Care Practices

Many of the procedures listed in Chapter 4, *Minimizing the Risk of Maltreatment in Child Care Programs*, will be useful to family child care providers. There are, however, additional considerations for family child care providers about how they run their businesses.

Keeping the home safe. Since care is provided in homes, family providers need to plan strategies to meet the challenges of keeping the environment safe for children, both in terms of adequate supervision and in limiting the access of anyone not associated with the actual care of the children.

Developing relationships with community resources. In a center, the directors or the family services workers are likely to develop a relationship with the community programs that provide support for parents; in family child care homes, this responsibility falls directly on the family child care providers.

Reducing stress and preventing burnout. Because there may be no other adult caregivers around, family child care providers should take steps to reduce stress and to avoid burnout that could lead to the abuse or neglect of children in their care, especially those with challenging behaviors. To decrease the risk of abuse or neglect in their homes, providers should identify supports that reduce their isolation and that provide resources. In addition, family care providers need to have a plan for backup support to care for the children in emergencies or when the provider is ill.

Establishing policies and procedures. Family providers who are accused of abuse or neglect are in a more difficult, vulnerable position than those in other centers. While there may be no witnesses to corroborate the accusations, there also might be no witnesses to protect the providers. One form of protection is to have policies and procedures in place that demonstrate that high-quality care is planned and to document activities throughout the day. Depending on the jurisdiction, a family child care provider who is accused of child abuse or neglect will be investigated by either CPS or the police. This is a serious situation, and providers should obtain legal counsel. Chapter 6, *Responding to Allegations of Child Maltreatment in Child Care Programs*, describes how

centers should respond to accusations and also applies to family child care providers.

Dealing with threats to safety. Family child care providers who are confronted by an angry parent have fewer protections than a provider in a center. If family child care providers feel that they or the children in their care are being threatened, they should make sure that the children are safe and contact the local law enforcement agency.

Assisting maltreated children. The challenging behaviors of maltreated children may cause problems for family child care providers who may have little professional support or respite in managing the behavior of children who are acting out because of abuse or neglect. However, a family child care home where there are fewer children and more individual attention may be the environment in which these children thrive.

Faith-based Child Care

Building on their personal and professional commitments, some child care providers believe their faith plays an important role in their efforts to support and to protect children and families. Some child care providers choose to work in religiously affiliated organizations that provide child care services. According to one report, nearly 1 out of 6 child care centers is housed in a religious facility.[69] These programs offer a broad range of service options from a Parents' Day Out, which provides "drop-off" child care to anyone in the neighborhood who needs it for several hours once a week, to a fully licensed preschool utilizing a curriculum.

Many of the largest denominations' child care centers rival corporate centers in the size of the facilities, the number of children enrolled, and the services offered. Licensing requirements for faith-based providers vary from State to State; however, all child care providers are mandated by law in every State to report any suspected child maltreatment.

For more information on faith-based child care, visit the NCCIC website at **http://www.nccic.org/poptopics/faithbased-res.html**.

CHAPTER 6

Responding to Allegations of Child Maltreatment in Child Care Programs

Prior to the 1980s, there was no systematic examination of maltreatment in child care settings[70]. Since then, however, public and professional concern about abuse or neglect in child care facilities has increased significantly, with public officials, educators, and parents examining allegations of child abuse and neglect more fully.

Child abuse or neglect can occur in any child care setting.[71] Even when early childhood professionals implement policies and procedures to minimize the risk of child maltreatment occurring in their program, there is still the possibility that a staff member might mistreat a child. Sometimes the maltreatment is intentional; however, child care providers, like any caregivers, can be accused of maltreatment in situations when they had no intention of hurting a child. Stress or the lack of appropriate skills, for example, can cause a child care provider to lash out at a child and cause an injury. Just as agencies develop plans for fire emergencies and other disasters, programs need a plan for responding to an allegation of child maltreatment by program staff or volunteers. While the child's well-being should be the top priority, the rights of the caregiver also must be protected, and the appropriate reporting agency will know how to ensure both.

How the program responds to an allegation will depend on the situation. A parent's call to the director to mention a concern about how a caregiver handled a child's misbehavior will be handled differently than a report by a parent or other staff member to child protective services (CPS) alleging that a staff member abused a child. The following information provides guidance to the director and to the accused individual when there are allegations of maltreatment.

The Director's Response

The director of a child care center or a designated staff member often takes the lead in responding to accusations or reports of suspected maltreatment. For smaller or family child care providers, the director is usually also the primary child care provider. The following sections discuss the director's response to these occurrences.

Before a Report of Maltreatment Is Made

If a parent or staff member voices concern to a director about a caregiver's handling of a child, even if the situation is not considered to be possible maltreatment, the director needs to respond quickly. The director should follow several steps, including:

- Meet with the parent to hear the concerns and to collect details about the incident. Document what is said and agreed upon during this meeting, and let the parent know what steps will be taken.
- If appropriate, meet with the child to discuss what took place. The director should be very general

and low-key and should use open-ended, rather than leading, questions (e.g., "How did you hurt your arm?" rather than "Did your teacher grab your arm too hard when you wouldn't listen?").

- Meet with the staff person separately to hear the account of what took place. If this is a case of inappropriate, but not abusive, caregiving, the director should review the program policies and set goals for providing appropriate care. It is important to define the consequences that will occur if the caregiver's behavior does not improve during a specified period of time. The director should then observe the individual's behavior over time, document improvements or the lack thereof, and respond accordingly.

- If appropriate, arrange separate meetings with the staff person and the parent to review each account of the incident and to clear up any miscommunications or misunderstandings. The director, the caregiver, and the parent should reach some agreement on how the child's behavior will be handled in the future.

- Make a report to CPS if the director suspects at any time during these discussions that maltreatment has occurred.

If the parent or a staff member, however, alleges that any sexual abuse or serious physical abuse took place, the director must report this to CPS and should not talk with the alleged perpetrator.

After a Report of Maltreatment Is Made

Once a report of suspected child abuse or neglect by a child care provider has been filed with CPS or with other authorities by a parent, child care staff, or the director, the director should respond as follows:

- Cooperate fully with the investigation and respond quickly to the authorities' requests for information.

- Work with CPS or law enforcement to decide when to talk with the staff person who has been accused of abuse or neglect. Despite feelings of loyalty to staff, it is crucial that the director remember she is not trained in how to investigate allegations, and any involvement by the director or other staff could jeopardize the investigation by CPS or law enforcement. For instance, while the rights of the accused must be protected, if another staff member notifies the alleged perpetrator of an impending accusation, it may provide enough time to hide possible evidence or to pressure a colleague or a child to recant.

- Advise program staff, including the accused, to cooperate fully with CPS and to provide the requested information. All staff should be reminded about professional practices and program policies regarding confidentiality and should be instructed not to discuss the specific allegations with the media, with parents, or with others. Doing so may affect the case, for example, by creating rumors.

- As program policy requires, place the accused staff person on administrative leave or reassign her to tasks that do not involve direct contact with children.

- Have the accused staff member refer all questions about the allegation from non-CPS sources (e.g., the media) to the director.

- Talk with the CPS caseworker to find out if the agency is notifying other parents of children in the program about the case. CPS may do so in order to determine if other children make or corroborate claims of maltreatment.

- Handle all media requests for information and explain to the staff how the requests will be managed. This should occur in consultation with CPS in order not to jeopardize the investigation or to break confidentiality. The report of alleged child abuse or neglect within a child care center is newsworthy, and the director should cite the organization's policy about protecting the

confidentiality rights of the child, the child's family, and the accused staff member. The director also should be prepared to give information about how the safety of all the children in the program is being protected.

- Follow the program policy regarding contacting other staff, the board of directors, the program's sponsoring organization, and the organization's attorney to keep them apprised of the situation.
- Notify the State child care licensing agency about the allegation within 24 hours or as dictated by that State's statutes.
- Keep CPS authorities informed and pass on any pertinent information received from staff, parents, or other children.
- Offer or provide counseling or support services to other staff members during the investigation.

The Accused Person's Response

A child care provider who is accused of maltreating a child should take the following steps:

- Document immediately any pertinent information, including a description of the incident and a list of witnesses.
- Ask others who were present to document their accounts of what happened, but take care not to pressure others to recant or to alter their accounts.
- Write a description of the relationships with the child, the family, or the colleague making the accusation. For instance, have there been previous disagreements over caregiving practices? Has the family expressed concern about the care the child has received?
- Keep a copy of these statements and give one to the director.
- Prepare to meet with the representatives of the agencies involved, which may include CPS, law enforcement, and licensing authorities. It may be necessary for the staff person to hire legal counsel.
- Clarify her job status during the investigation. If the program policy is to place an accused staff member on administrative leave, the caregiver should find out from the director when or under what circumstances she will be allowed to return.

There also are situations when a parent or staff member suspects the director of child maltreatment. In such instances, the concerned parent or staff member should contact CPS or law enforcement. In child care center settings, it may be appropriate for the person reporting the alleged maltreatment to notify the director's supervisor or manager that a report has been made.

After the Investigation Is Completed

Once the investigation has been completed by the authorities, the results may indicate that maltreatment occurred, may clear the accused staff member, or may be inconclusive. If the CPS investigation clearly indicates that maltreatment occurred, the program's response must be to terminate the staff member's employment. If the results are inconclusive, the program will have to make a judgment based on the children's well-being, the concerns of parents and staff, and the program's liability if allegations are made in the future. If the staff member is cleared of any wrongdoing, the program will need to support the individual upon returning to work with the children and families.

CHAPTER 7
Caring for Maltreated and At-Risk Children

Child care programs can be a refuge for children who are being abused or neglected at home. Providers can offer such children positive, safe experiences that also are developmentally appropriate. Just as child care providers help with the social, emotional, cognitive, and physical development of children, they can help maltreated children overcome fears, behavior problems, and other issues that may result from abuse or neglect. It is important that child care providers understand the kinds of developmental and emotional stress that maltreated children typically experience and learn what techniques are most effective for supporting these children.

Needs of Maltreated Children

The specific difficulties that a child care provider may see in a child who has been maltreated will vary depending upon the nature, the intensity, the duration, and the timing of the abuse or neglect, as well as the characteristics of the individual child. Some children will have obvious and profound problems, while other children may exhibit subtle behaviors. Many of the following characteristics may be indicative of child abuse or neglect, but they also may signal other problems unrelated to maltreatment. Regardless, they can be "red flags" that alert the provider to the child and family's needs for intervention or support:

- **Developmental delays**. Lack of consistent and enriching experiences in early childhood can result in delays in motor, language, social, and cognitive development.
- **Eating behaviors.** Odd eating behaviors (e.g., hoarding or hiding food) may occur, especially in children experiencing severe neglect.
- **Soothing behaviors.** Some children may use unusual soothing behaviors, such as head banging, rocking back and forth, scratching, or cutting themselves. These behaviors may increase during times of distress or threat.
- **Emotional problems.** A range of emotional problems is common in maltreated children and may include depression and anxiety. In addition, these children may become attached to adults very quickly, often due to a need to feel safe.
- **Inappropriate modeling behaviors.** Children may model adult behavior that is abusive or highly sexualized. They often learn that abusive behavior is the "right" way to interact with others.
- **Aggression.** Maltreated children may exhibit aggressive or cruel behaviors. Due to the abuse or neglect, they may lack empathy, impulse control, or the ability to understand the impact their behavior has on others.[72]

It is important that providers understand the effects of child abuse and neglect and their role during and after an investigation. In order to be effective in supporting

the positive growth and development of the child and good parenting by the parent, providers should team with other helping professionals involved with the family. To assist the child and family effectively, all service providers should work together so that they deliver consistent messages and coordinated assistance. In this way, child care providers can do their part to help the child practice coping strategies successfully.[73]

Caregiving Skills and Techniques

Children generally are resilient, and some have the capacity to overcome the hurts and fears associated with maltreatment, regardless of the extent of the abuse or neglect. A positive relationship with a supportive adult, such as a child care provider, may enhance the resiliency of children who have been maltreated; are at risk for maltreatment; or live in a home where no maltreatment occurs, but the family experiences other problems, such as substance abuse or domestic violence. Some ways in which child care providers can help children who have been abused or neglected include:

- **Nurturing these children.** These children may need to be held, rocked, or cuddled in a nonthreatening and nonsexual way. For many of these children, being touched is associated with pain, torture, or other forms of abuse. Due to past negative associations with physical contact, it is very important to take their cues about being touched so that they are not uncomfortable.

- **Trying to understand behaviors before imposing punishment or consequences.** When neglected children hoard food, for example, it should not be viewed necessarily as stealing, but as a common result of being food-deprived. Punishment actually may increase the child's sense of insecurity and distress. Physically abused children may hit, kick, or bite, so the provider should be aware of noncorporal discipline alternatives.

- **Caring for these children based on emotional age.** Abused and neglected children often will be delayed emotionally and socially. These children may not be able "to act their age" because they are fearful or frustrated. Providers should care for these children based on their emotional age and needs and not on their chronological age.

- **Modeling and teaching appropriate social behaviors.** Many abused or neglected children do not know how to interact with other people. One of the best ways to teach them is to model positive behaviors, such as open communication, respect, and appropriate physical contact.

- **Listening to and talking with these children.** When a caregiver is gentle and consistent with an abused or neglected child, the child may begin to share feelings and to trust that caregiver.

- **Taking care of oneself.** Caring for maltreated children requires extra effort. Caregivers cannot provide the consistent, predictable, enriching, and nurturing care these children need if they are depleted physically and emotionally. They need to make sure they get rest and support.[74]

The National Association for the Education of Young Children developed guidelines for ways in which child care providers can help children deal with maltreatment. Although they cannot cure all of the hurts experienced by children, child care providers can make a difference by:

- Organizing their schedules and their time with children so that they can provide as much consistency as possible;

- Providing structure and clear expectations, which is particularly important for children who come from chaotic environments;

- Offering children many appropriate opportunities to express themselves (e.g., through play).[75]

It also is important that child care programs provide opportunities for children to develop meaningful

relationships with caring and knowledgeable adults. These relationships can show a child that there are people in the world who can be of help. Physical and emotional availability are among the best caregiving qualities to offer children who have been maltreated or are at risk for maltreatment.

Training About Child Maltreatment

In order to provide high-quality child care, caregivers need professional training that will help them face the many challenges involved in caring for maltreated and at-risk children. Caregivers need:

- Additional skills in working with children who have developmental problems as a result of abuse or neglect;
- Increased training and professional support to provide parents with resources for counseling, stress management, and child management education;
- Additional training and supportive assistance from supervisors, child protection agencies, and trained consultants in order to prevent burnout.[76]

In center-based programs, it is the responsibility of the director or the supervisor to implement a staff development plan that includes adequate training on caring for maltreated and at-risk children. Directors and family child care providers also can contact their local child protective services agency for information about training in their area. In addition, the Child Welfare Information Gateway website features child welfare workforce and training resources. The website has links to materials about curricula and other training materials for trainers, practitioners, and other professionals on topics such as prevention, family support, and mandatory reporting. This resource is available at **http://www.childwelfare.gov/systemwide/workforce/**.

Child Abuse Prevention: Personal Safety Programs for Children

One of the primary responsibilities of child care providers is to protect young children from harm. For this reason, many programs include personal safety education in the curriculum to help young children learn ways to cope in potentially harmful situations. Children learn that they have a right to privacy and that they do not have to allow adults to touch them if they would prefer not to be touched. Children also learn to express their feelings appropriately and to discuss their experiences. While such programs do not eliminate all possibilities of abuse or neglect, they may help children to develop a sense of when adult behavior is inappropriate. It is important to stress that personal safety education should not give children the impression that they are responsible for their own safety. Instead, it should help children to learn, in developmentally appropriate ways, how to seek help from caring adults.

At a basic level, personal safety education can teach children their telephone numbers, how to dial the operator or 911, how to get help if they get lost at the store, and what kinds of places to avoid (e.g., alleys, garages, parked cars). This kind of knowledge about the world does not make children fearful; children may feel more in control if they are aware of potential dangers and how to handle them.[77] Personal safety education also addresses more specific topics, such as "good or nurturing" versus "bad or harmful" touches, how to say "no" to requests by adults to touch them or otherwise invade their privacy, and telling someone what has happened even when another adult tells them that they must keep it a secret. It also should be made

very clear to the children that the responsibility for protecting themselves is not entirely theirs. It is the adults' responsibility to make sure children are safe.

For information about how to assess a child care provider's prevention curriculum, see Appendix H, *Risk Indicators: Child Abuse Prevention Curriculum*.

CHAPTER 8
Supporting Parents

Quality child care depends on a strong partnership between the child care provider and the parents.[78] Good working relationships with the families enable the provider to be more responsive to each child's needs. When parents and child care providers work as a team, they can share information and discuss ways to provide consistent care at home and in the child care setting. Providers also are in a unique position to support families when they may be under stress. For example, child care providers are recognized as professionals in child development and behavior management. They can serve as a sounding board for parents, make suggestions for positive parenting, and offer encouragement. In doing so, they play a vital role in supporting the quality of parental care and in preventing child maltreatment.

Offering Ongoing Support for Parents

Many people undertake the job of parenting with little preparation beyond their own experiences growing up. The parenting style and beliefs they experienced may affect significantly how they rear their own children. Even for those fortunate enough to have received a nurturing upbringing, their experiences may be insufficient to meet the parenting needs of their children, especially if the children have special needs or exhibit challenging behaviors. Parents who are isolated from friends or family, who are potential sources of helpful advice and assistance, may find it particularly difficult to cope.

Supportive relationships with child care providers enable parents to be more responsive to the needs of their children and to increase their abilities to care for them. A partnership between child care providers and parents is strengthened by continuous communication and by appreciation for each other's role in caring for the children. The partnership also strengthens as the child care providers and parents see how the children benefit from their teamwork (e.g., a child no longer whines when both parents and caregivers consistently use a system of positive reinforcement, such as saying, "I can hear you only when you speak in your 4-year-old voice.")

The National Association for the Education of Young Children developed a list of program policies that promote partnerships between child care providers and families. The following are examples of these policies:

- The programs should encourage and provide ample opportunities for family participation.
- The family members should have access, after first checking in with the center, to any part of the center, the school, or the family child care home to which children have access.
- Any field trips should include parents, when possible.

- The programs should require in writing that children be released only to parents, to legal guardians, or to those persons authorized by their parents or guardians.
- The programs should inform parents of the child protection practices and procedures that will be taken in response to a complaint.[79]

The following are additional suggestions for maintaining a strong partnership between child care providers and parents:

- Respond promptly to parents' concerns or questions about their children.
- Help parents focus on their children's accomplishments rather than comparing them to other children the same age.
- Help parents understand the developmental stages through which children progress.
- Tell parents about the good things that happen each day.
- Acknowledge events and transitions in the children's and parents' lives (e.g., a work promotion, a new home).
- Be sensitive to normal feelings of guilt parents may have about leaving their children at child care.
- Keep in touch when the child is absent or ill.
- Maintain confidentiality when parents share sensitive or private information.[80]

In addition, child care providers may be able to suggest community resources where the parent can receive assistance in a variety of areas, such as child development, health issues, and positive parenting strategies.

Methods for Building Strong Families

Child care providers have a role in preventing child maltreatment and in helping to build strong families by:

- Developing parental resilience to stress by helping parents build trusting relationships with child care staff who are trained to look for early signs of distress;
- Increasing social connections among parents through activities, such as potlucks, classes, and field trips;
- Sharing knowledge about parenting and child development using information gathered from classroom observations, support groups, home visits, and lending libraries;
- Offering parents concrete support in times of need, such as family illness, job loss, and housing problems;
- Building the social and emotional competence of the children by helping them to articulate their feelings and to develop problem-solving skills.[81]

Responding to Families in Crisis

Crisis intervention is a short-term, carefully planned, and focused service that addresses the immediate needs of the family. When intervening with a family in crisis, it is important to assess the strengths that the family possesses. A strengths-based orientation provides the opportunity for families to develop or to build upon existing competencies to respond to crisis. Research on family strengths has identified core qualities that help families cope with stress and crisis, as well as meet the needs of each member. See Exhibit 8-1 for a list of those core qualities. Although it is unlikely that every family possesses strengths in all of these areas, it is important for child care providers to help a family in crisis focus on their strengths and resources.

Exhibit 8-1
Core Set of Family Qualities for Coping with Stress and Crisis

The qualities that assist a family in coping with stress and crisis, as well as in meeting the needs of each member, include:

- A belief in and a commitment to promoting the well-being and the growth of the individual family members and the family unit;
- An appreciation and a recognition of the small and the large things that individual family members do well;
- A concentrated effort to spend time and to do things together as a family, regardless of how formal or informal the activity or the event;
- An agreement among family members regarding the value and the importance of assigning time and energy to meet family needs;
- The ability to communicate in a way that emphasizes positive interactions;
- A clear set of family rules, values, and beliefs that establishes expectations about acceptable and age-appropriate behaviors;
- A range of coping strategies that promote positive functioning when dealing with stressful life events;
- The ability to engage in problem-solving activities designed to explore ways to meet needs and to obtain resources;
- The ability to be positive and to see the positive in many aspects of their lives, including the ability to view crises and problems as an opportunity to learn and to grow;
- The ability to remain flexible when assessing solutions to family concerns;
- A balance between the use of internal and external family resources for coping and adapting to life events and for planning for the future.[82]

Keeping in mind that families do have strengths in responding to crisis and stress, Head Start developed an extensive training guide for responding to families in crisis, including the following eight basic steps for crisis intervention:

- **Decide on the role of staff.** The staff's primary response to a family in crisis should be to refer the family to a program providing the needed services, which may include a crisis intervention program or a family support program in the community.
- **Assess the situation.** Ask a series of questions about what happened, if anyone is in danger, who is involved, what triggered the crisis, what the family's immediate needs are, and what to do next.
- **Form a family partnership rapidly.** Families in crisis are more likely to be open to an intervening individual whom they already know and trust, such as a child care provider.
- **Examine contributing elements.** Explore the stress-producing situation, the coping strategies (e.g., denial, blaming others), the unmet family responsibilities (e.g., parents not able to pick up children from child care, children left unattended at home), or the lack of support to get through the crisis (e.g., no assistance from community agencies, no other family or friends who can assist).
- **Assess family strengths and coping strategies.** The intervening individual may identify and reinforce family strengths and resources (e.g., the family has resolved a similar issue in the past), explore the family's current strategies and alternatives for coping with stress (e.g., seeking the assistance of friends and neighbors), and clarify family priorities for reducing stress (e.g., "What do you want to change?").
- **Take action.** Develop and implement an action plan in response to the family's chosen priorities (e.g., finding the appropriate resources and referrals for the family in crisis).

Crisis Intervention Scenario

The following is a scenario of how a child care provider might use Head Start's recommended eight steps to support a family during a crisis.

A mother arrives to pick up her children from the center. The child care provider notices that the mother is distraught and asks if everything is okay. The mother explains that she was recently laid off from her long-time job and is not sure how she will be able to pay her bills. She feels totally overwhelmed, and although she has not maltreated her children, she knows she has been taking out her frustrations on them. The child care provider lets the mother know that she wants to work together with the family to help resolve the problem. After talking about the situation, the child care provider realizes that the mother has avoided telling family and friends about her problems because she does not want to burden them. The child care provider knows that the mother's family and friends have helped her in the past with other problems, such as illnesses. She encourages the mother to use this important resource and also provides her with some stress management materials from the center's resource library. She also lets the mother know that she can refer her to a community job placement center that the child care center has worked with in the past. The following week, the provider checks in with the mother, who has used the job placement center to find a new job, tried to use some of the stress management techniques, and is feeling a little more at ease at home. The provider writes herself a note to continue to check in with the mother.

- **Prepare for the termination of crisis intervention services**. The intervening individual needs to inform the family that crisis intervention services are both intensive and short-term.

- **Follow up**. Follow-up ensures that the type, the quality, and the timeliness of the services received through referrals met the family's expectations and circumstances. The child care staff can ask the family if the services met their needs and if there is any other assistance they need.[83]

Head Start also has developed techniques for defusing a crisis, including active listening, information sharing, modeling a sense of humor and fun, showing enthusiasm, and instilling realistic hope. For more information on supporting families in crisis, visit the Head Start website at **http://www.headstartinfo.org/publications/supportingfam_crisis/mod3.htm**.

Providing Parent Education and Information About Community Resources

Early childhood care providers should *not* be expected to function as social workers or as therapists to the families they serve. However, they are in a good position to establish strong working alliances with the children's parents. These alliances can be used to refer parents to community- and faith-based programs, clinics, or self-help groups for appropriate support, guidance, or therapy.

To enhance parenting skills and to prevent child abuse and neglect, parents can benefit from various instructional and support services. Parent education may include group classes or one-on-one conversations between parents and child care providers. The specific content and structure for parent education programs will vary depending on the sponsoring agency or institution. The basic goals for parent education programs include:

- Increasing a parent's knowledge of the stages of child development and the demands of parenting;

- Enhancing a parent's skill in coping with the stresses of child care;

- Enhancing parent-child bonding, emotional ties, and communication;

- Increasing a parent's knowledge about how to manage a home and children;

- Reducing the demands of caring for a child by providing respite for the parents (e.g., hiring a babysitter for the evening);

- Increasing access to social and health services for all family members.[84]

Parent education may be offered by a number of organizations and institutions, such as hospitals, universities, community- and faith-based programs, employee assistance programs, and high schools offering adult education classes. Child care providers can help parents access these programs by spreading the word about them and by encouraging parents to attend. Providers also can support parent education by modeling developmentally appropriate practices for interacting with and for taking care of children.

For additional information about how child care providers can support parents and families, see Appendix I, *Family Support Strategies*. For handouts that providers can give to parents seeking or needing additional information about effective parenting, see Appendix D, *Handouts for Parents*. An additional resource on strengthening families and on preventing child maltreatment is the Child Welfare Information Gateway prevention site at **http://www.childwelfare.gov/preventing/**, which features *Promoting Healthy Families in Your Community: 2008 Resource Packet*.

Making a referral for services can require skill and patience. Child care programs can have a list of resources readily available in case a family needs assistance beyond what can be offered by the child care provider. Directors and staff at child care programs may want to establish personal contacts with individuals in various community agencies so that the referral process can proceed as smoothly and as quickly as possible.

Conclusion

Child care providers can perform an essential role in the prevention and the reporting of child maltreatment. With their near-daily contact with both the children and the parents in the families with which they work, they are in a unique situation in the community to detect problems and to provide assistance and support. In order to serve families effectively, child care providers should educate themselves and receive training on child abuse and neglect topics. Program directors should ensure that proper protocols are in place to manage any issues that may arise and that these protocols are known and understood by their staff. Child care programs also can work in conjunction with other community agencies and organizations, including CPS and service providers, to develop a network of support for families at risk of child maltreatment.

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APPENDIX A
Glossary of Terms

Adjudicatory Hearings – held by the juvenile and family court to determine whether a child has been maltreated or whether another legal basis exists for the State to intervene to protect the child.

Adoption and Safe Families Act (ASFA) – signed into law November 1997 and designed to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. The law requires CPS agencies to provide more timely and focused assessment and intervention services to the children and families that are served within the CPS system.

CASA – court-appointed special advocates (usually volunteers) who serve to ensure that the needs and interests of a child in child protection judicial proceedings are fully protected.

Case Closure – the process of ending the relationship between the CPS worker and the family that often involves a mutual assessment of progress. Optimally, cases are closed when families have achieved their goals and the risk of maltreatment has been reduced or eliminated.

Case Plan – the casework document that outlines the outcomes, goals, and tasks necessary to be achieved in order to reduce the risk of maltreatment.

Case Planning – the stage of the CPS case process where the CPS caseworker develops a case plan with the family members.

Caseworker Competency – demonstrated professional behaviors based on the knowledge, skills, personal qualities, and values a person holds.

Central Registry – a centralized database containing information on all substantiated/founded reports of child maltreatment in a selected area (typically a State).

Child Abuse Prevention and Treatment Act (CAPTA) – see Keeping Children and Families Safe Act.

Child Protective Services (CPS) – the designated social services agency (in most States) to receive reports, investigate, and provide intervention and treatment services to children and families in which child maltreatment has occurred. Frequently, this agency is located within larger public social service agencies, such as Departments of Social Services.

Concurrent Planning – identifies alternative forms of permanency by addressing both reunification or legal permanency with a new parent or caregiver if reunification efforts fail.

Cultural Competence – a set of attitudes, behaviors, and policies that integrates knowledge about groups of people into practices and standards to enhance the quality of services to all cultural groups being served.

Developmentally Appropriate – term used as defined by the National Association for the

Education of Young Children. Programs, services, interactions, and curricula that support the age and stage of a young child's development with respect to individual patterns, families, and cultural diversity. Developmentally appropriate programs consist of both child-initiated and adult-initiated activities that promote social, physical, cognitive, and emotional development.

Differential Response – an area of CPS reform that offers greater flexibility in responding to allegations of abuse and neglect. Also referred to as "dual track" or "multi-track" response, it permits CPS agencies to respond differentially to children's needs for safety, the degree of risk present, and the family's needs for services and support. See "dual track."

Dispositional Hearings – held by the juvenile and family court to determine the disposition of children after cases have been adjudicated, such as whether placement of the child in out-of-home care is necessary and what services the children and family will need to reduce the risk of maltreatment and to address the effects of maltreatment.

Dual Track – term reflecting new CPS response systems that typically combine a nonadversarial service-based assessment track for cases where children are not at immediate risk with a traditional CPS investigative track for cases where children are unsafe or at greater risk for maltreatment. See "differential response."

Evaluation of Family Progress – the stage of the CPS case process where the CPS caseworker measures changes in family behaviors and conditions (risk factors), monitors risk elimination or reduction, assesses strengths, and determines case closure.

Family Assessment – the stage of the child protection process when the CPS caseworker, the community treatment provider, and the family reach a mutual understanding regarding the behaviors and conditions that must change to reduce or eliminate the risk of maltreatment, the most critical treatment needs that must be addressed, and the strengths on which to build.

Family Group Conferencing – a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model brings the family, extended family, and others important in the family's life (e.g., friends, clergy, neighbors) together to make decisions regarding how best to ensure the safety of the family members.

Family Unity Model – a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model is similar to the Family Group Conferencing model.

Full Disclosure – CPS information to the family regarding the steps in the intervention process, the requirements of CPS, the expectations of the family, the consequences if the family does not fulfill the expectations, and the rights of the parents to ensure that the family completely understands the process.

Guardian ad Litem – a lawyer or lay person who represents a child in juvenile or family court. Usually this person considers the "best interest" of the child and may perform a variety of roles, including those of independent investigator, advocate, advisor, and guardian for the child. A lay person who serves in this role is sometimes known as a court-appointed special advocate or CASA.

Home Visitation Programs – prevention programs that offer a variety of family-focused services to pregnant mothers and families with new babies. Activities frequently encompass structured visits to the family's home and may address positive parenting practices, nonviolent discipline techniques, child development, maternal and child health, available services, and advocacy.

Immunity – established in all child abuse laws to protect reporters from civil law suits and criminal prosecution resulting from filing a report of child abuse and neglect.

Initial Assessment or Investigation – the stage of the CPS case process where the CPS caseworker determines the validity of the child maltreatment report, assesses the risk of maltreatment, determines

if the child is safe, develops a safety plan if needed to ensure the child's protection, and determines services needed.

Intake – the stage of the CPS case process where the CPS caseworker screens and accepts reports of child maltreatment.

Interview Protocol – a structured format to ensure that all family members are seen in a planned strategy, that community providers collaborate, and that information gathering is thorough.

Juvenile and Family Courts – established in most States to resolve conflict and to otherwise intervene in the lives of families in a manner that promotes the best interest of children. These courts specialize in areas such as child maltreatment, domestic violence, juvenile delinquency, divorce, child custody, and child support.

Keeping Children and Families Safe Act – The Keeping Children and Families Safe Act of 2003 (P.L. 108-36) included the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA) in its Title I, Sec. 111. CAPTA provides minimum standards for defining child physical abuse and neglect and sexual abuse that States must incorporate into their statutory definitions in order to receive Federal funds. CAPTA defines child abuse and neglect as "at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm."

Kinship Care – formal child placement by the juvenile court and child welfare agency in the home of a child's relative.

Liaison – the designation of a person within an organization who has responsibility for facilitating communication, collaboration, and coordination between agencies involved in the child protection system.

Mandated Reporter – individuals required by State statutes to report suspected child abuse and neglect to the proper authorities (usually CPS or law enforcement agencies). Mandated reporters typically include professionals, such as educators and other school personnel, health care and mental health professionals, social workers, childcare providers, and law enforcement officers. Some States identify all citizens as mandated reporters.

Multidisciplinary Team – established between agencies and professionals within the child protection system to discuss cases of child abuse and neglect and to aid in decisions at various stages of the CPS case process. These terms may also be designated by different names, including child protection teams, interdisciplinary teams, or case consultation teams.

Neglect – the failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional. *Physical neglect* can include not providing adequate food or clothing, appropriate medical care, supervision, or proper weather protection (heat or coats). *Educational neglect* includes failure to provide appropriate schooling, failure to address special educational needs, or allowing excessive truancies. *Psychological neglect* includes the lack of any emotional support and love, chronic inattention to the child, exposure to spouse abuse, or drug or alcohol abuse.

Out-of-Home Care – child care, foster care, or residential care provided by persons, organizations, and institutions to children who are placed outside their families, usually under the jurisdiction of juvenile or family court.

***Parens Patriae* Doctrine** – originating in feudal England, a doctrine that vests in the State a right of guardianship of minors. This concept has gradually evolved into the principle that the community, in addition to the parent, has a strong interest in the care and nurturing of children. Schools, juvenile courts, and social service agencies all derive their authority from the State's power to ensure the protection and rights of children as a unique class.

Parent or Caretaker – person responsible for the care of the child.

Physical Abuse – the inflicting of a nonaccidental physical injury upon a child. This may include, burning, hitting, punching, shaking, kicking, beating, or otherwise harming a child. It may, however, have been the result of over-discipline or physical punishment that is inappropriate to the child's age.

Primary Prevention – activities geared to a sample of the general population to prevent child abuse and neglect from occurring. Also referred to as "universal prevention."

Protective Factors – strengths and resources that appear to mediate or serve as a "buffer" against risk factors that contribute to vulnerability to maltreatment or against the negative effects of maltreatment experiences.

Protocol – an interagency agreement that delineates joint roles and responsibilities by establishing criteria and procedures for working together on cases of child abuse and neglect.

Psychological Maltreatment – a pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value to meeting another's needs. This can include parents or caretakers using extreme or bizarre forms of punishment or threatening or terrorizing a child. The term "psychological maltreatment" is also known as emotional abuse or neglect, verbal abuse, or mental abuse.

Response Time – a determination made by CPS and law enforcement regarding the immediacy of the response needed to a report of child abuse or neglect.

Review Hearings – held by the juvenile and family court to review dispositions (usually every 6 months) and to determine the need to maintain placement in out-of-home care or court jurisdiction of a child.

Risk – the likelihood that a child will be maltreated in the future.

Risk Assessment – evaluating and measuring, frequently through the use of checklists, matrices, scales, and other methods, the likelihood that a child will be maltreated in the future.

Risk Factors – behaviors and conditions present in the child, parent, or family that will likely contribute to child maltreatment occurring in the future.

Safety – absence of an imminent or immediate threat of moderate-to-serious harm to the child.

Safety Assessment – a part of the CPS case process in which available information is analyzed to identify whether a child is in immediate danger of moderate or serious harm.

Safety Plan – a casework document developed when it is determined that the child is in imminent danger or at risk of serious harm. In the safety plan, the caseworker targets the factors that are causing or contributing to the risk of imminent serious harm to the child, and identifies, along with the family, the interventions that will control the safety factors and ensure the child's protection.

Secondary Prevention – activities targeted to prevent breakdowns and dysfunctions among families who have been identified as at risk for abuse and neglect.

Service Agreement – the casework document developed between the CPS caseworker and the family that outlines the tasks necessary to achieve goals and outcomes necessary for risk reduction.

Service Provision – the stage of the CPS casework process when CPS and other service providers deliver specific services geared toward reducing the risk of maltreatment.

Sexual Abuse – inappropriate adolescent or adult sexual behavior with a child. It includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism, sexual exploitation, or exposure to pornography. To be considered child abuse, these acts have to be committed by a person responsible for

the care of a child (for example, a babysitter, a parent, or a daycare provider) or related to the child. If a stranger commits these acts, it would be considered sexual assault and handled solely by the police and criminal courts.

Substantiated – an investigation disposition concluding that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. A CPS determination means that credible evidence exists that child abuse or neglect has occurred.

Tertiary Prevention – treatment efforts geared to address situations where child maltreatment has already occurred, with the goals of preventing child maltreatment from occurring in the future and of avoiding the harmful effects of child maltreatment.

Treatment – the stage of the child protection case process when specific services are provided by CPS and other providers to reduce the risk of maltreatment, support families in meeting case goals, and address the effects of maltreatment.

Universal Prevention – activities and services directed at the general public with the goal of stopping the occurrence of maltreatment before it starts. Also referred to as "primary prevention."

Unsubstantiated (not substantiated) – an investigation disposition that determines that there is not sufficient evidence under State law or policy to conclude that the child has been maltreated or is at risk of maltreatment. A CPS determination means that credible evidence does not exist that child abuse or neglect has occurred.

APPENDIX B

Resource Listings of Selected National Organizations Concerned with Child Care and with Child Maltreatment

Listed below are representatives of the many national organizations and groups dealing with various aspects of child care and of child maltreatment. Visit **http://www.childwelfare.gov/** to view a more comprehensive list of resources and visit **http://www.childwelfare.gov/organizations/index.cfm** to view an organization database. Inclusion on this list is for information purposes and does not constitute an endorsement by the Office on Child Abuse and Neglect or the Children's Bureau.

National Organizations

American Academy of Pediatrics

address: 141 Northwest Point Blvd.
Elk Grove Village, IL 60007-1098

phone: (847) 434-4000

fax: (847) 434-8000

e-mail: kidsdocs@aap.org

Web site: http://www.aap.org

Dedicated to preparing its members with the tools, skills, and knowledge to be the best qualified health professionals: 1) to advocate for infants, children, adolescents, and young adults and provide for their care; 2) to collaborate with others to ensure child health; and 3) to ensure that decision-making affecting the health and well-being of children and their families is based upon the needs of those children and families.

Children, Youth, Families Education and Resource Network

phone: (612) 624-8181

e-mail: cyf@umn.edu

Web site: http://www.cyfernet.org

A Web-based research tool designed to be used by anyone who needs comprehensive child, youth, or family information, including educators, researchers, parents, youth agency staff, community members, human services and health care providers, students, policymakers, youth, or media.

Military HOMEFRONT

address: Crystal Square 4,
Suite 302, Room 309
241 18th Street
Arlington, VA 22202-3424

phone: (703) 602-4964

fax: (703) 602-0189

Web site: http://www.militaryhomefront.dod.mil/

The official Department of Defense website for reliable quality of life information. It is designed to help troops and their families, leaders, and service providers.

National After School Association
(Formerly the School-Age Care Alliance)

address: P.O. Box 34447
Washington, DC 20043

phone: (888) 801-3NAA (3622)

fax: (888) 568-6590

Web site: www.naaweb.org

Represents public, private, and community-based providers of after-school programs and seeks to develop, support, and promote quality after-school programs for children and youth. Promotes national standards of quality school-age care for children and youth aged 5–14 years and grants accreditation to programs meeting these standards.

National Association of Child Care Resource and Referral Agencies

address: 3101 Wilson Blvd.
Suite 350
Arlington, VA 22201

phone: (703) 341-4100

fax: (703) 341-4101

Web site: http://www.naccrra.org

A national network of more than 850 child care resource and referral centers located in every State and most communities across the United States.

National Association for the Education of Young Children

address: 1313 L Street, NW, Suite 500
Washington, DC 20005

phone: (202) 232-8777
(800) 424-2460

fax: (202) 328-1846

e-mail: naeyc@naeyc.org

Web site: http://www.naeyc.org

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, it seeks to improve professional practice and working conditions in early childhood education and to build public support for high-quality early childhood programs.

National Association for Family Child Care

address: 1743 Alexander Street
Salt Lake City, Utah 84119

phone: (800) 359-3817
(801) 886-2322

fax: (801) 886-2325

e-mail: nafcc@nafcc.org

Web site: http://www.nafcc.org

Provides technical assistance to family child care associations by developing leadership and professionalism, addressing issues of diversity, and promoting quality and professionalism through its Family Child Care Accreditation.

National Center for Cultural Competence

address: Georgetown University Center for Child & Human Development
Box 571485
Washington, DC 20057-1485

phone: (202) 687-5387
(800) 788-2066
(202) 687-5503 (TTY)

fax: (202) 687-8899

e-mail: cultural@georgetown.edu

Web site: http://www11.georgetown.edu/research/gucchd/nccc/

Seeks to increase the capacity of health and mental health programs to design, implement, and evaluate culturally and linguistically competent service delivery systems.

National Center for Education in Maternal and Child Health

address: Georgetown University
Box 571272
Washington, DC 20057-1272

phone: (202) 784-9770

fax: (202) 784-9777

e-mail: mchgroup@georgetown.edu

Web site: http://www.mchlibrary.info/

Provides national leadership to the maternal and child health community in the areas of program development, education, and state-of-the-art knowledge.

National Child Care Association

address: 2025 M Street, NW, Suite 800
Washington, DC 20036-3309

phone: (202) 367-1133
(800) 543-7161

fax: (202) 367-2133

e-mail: info@nccanet.org

Web site: http://www.nccanet.org

A professional trade association focused exclusively on the needs of licensed, private child care and education programs. Promotes the growth and safeguards the interest of quality child care and education.

National Dissemination Center for Children with Disabilities

address: P.O. Box 1492
Washington, DC 20013-1492

phone: (800) 695-0285

fax: (202) 884-8441

e-mail: nichcy@aed.org

Web site: http://www.nichcy.org

Provides information about programs and services for infants, children, and youth with disabilities, as well as research-based information on effective practices for children with disabilities.

National Maternal and Child Health Clearinghouse
Human Resources and Services Administration (HRSA) Information Center

address: HRSA Information Center
P.O. Box 2910
Merrifield, VA 22116

phone: (888) ASK-HRSA (275-4772)
(877) 4TY-HRSA (TTY/TDD)

fax: (703) 821-2098

e-mail: ask@hrsa.gov

Web site: http://www.ask.hrsa.gov/MCH.cfm

The clearinghouse has merged into the HRSA Information Center. It seeks to promote and improve the health of our Nation's mothers, infants, children, and adolescents, including low-income families, those with diverse racial and ethnic heritages, and those living in rural or isolated areas without access to care.

ZERO TO THREE

address: 2000 M Street, NW, Suite 200
Washington, DC 20036

phone: (202) 638-1144

fax: (202) 638-0851

Web site: http://www.zerotothree.org/

Supports the healthy development and well-being of infants and toddlers by informing, educating, and supporting the adults who influence their lives.

For the General Public

Childhelp

address: 15757 North 78th Street
Scottsdale, AZ 85260

phone: (800) 4-A-CHILD (child abuse hotline)
(800) 2-A-CHILD (TDD child abuse hotline)
(480) 922-8212

fax: (480) 922-7061

Web site: http://www.childhelp.org

Provides crisis counseling to adult survivors and child victims of child abuse, offenders, and parents and operates a national hotline.

National Center for Missing and Exploited Children

address: Charles B. Wang International Children's Building
699 Prince Street
Alexandria, VA 22314-3175

phone: (800) 843-5678 (24-hour hotline)
(703) 274-3900

fax: (703) 274-2220

Web site: http://www.missingkids.com

Provides assistance to parents, children, law enforcement, schools, and the community in recovering missing children. Raises public awareness about ways to help prevent child abduction, molestation, and sexual exploitation.

Parents Anonymous

address: 675 West Foothill Blvd., Suite 220
Claremont, CA 91711

phone: (909) 621-6184

fax: (909) 625-6304

e-mail: parentsanonymous@parentsanonymous.org

Web site: http://www.parentsanonymous.org

Leads mutual support groups to help parents provide nurturing environments for their families.

Prevention Organizations

Chadwick Center for Children and Families

address: 3020 Children's Way
MC 5016
San Diego, CA 92123

phone: (858) 966-5814

fax: (858) 966-8535

e-mail: chadwickcenter@chsd.org

Web site: http://www.chadwickcenter.org/

Strives to protect children and strengthen families through excellence in prevention, treatment, education, public policy, advocacy, and research.

Prevent Child Abuse America

address: 500 N. Michigan Avenue, Suite 200
Chicago, IL 60611

phone: (312) 663-3520

fax: (312) 939-8962

e-mail: mailbox@preventchildabuse.org

Web site: http://www.preventchildabuse.org

Conducts prevention activities such as public awareness campaigns, advocacy, networking, research, and publishing. Also provides information and statistics on child abuse.

Shaken Baby Syndrome Prevention Plus

address: P.O. Box 205
Groveport, OH 43125

phone: (800) 858-5222

fax: (614) 836-8359

e-mail: sbspp@aol.com

Web site: http://www.sbsplus.com

Develops, studies, and disseminates information and materials designed to prevent shaken baby syndrome and other forms of physical child abuse and to increase positive parenting and child care.

Child Welfare Organizations

American Professional Society on the Abuse of Children (APSAC)

address: 350 Poplar Avenue
Elmhurst, IL 60126

phone: (630) 941-1235
(877) 402-7722

fax: (630) 359-4274

e-mail: apsac@apsac.org

Web site: http://www.apsac.org

Provides professional education, promotes research to inform effective practice, and addresses public policy issues. Professional membership organization.

AVANCE Family Support and Education Program

address: 118 N. Medina
San Antonio, TX 78207

phone: (210) 270-4630

fax: (210) 270-4612

Web site: http://www.avance.org

Operates a national training center to share and disseminate information, material, and curricula to service providers and policymakers interested in supporting high-risk Hispanic families.

Center for Child Protection and Family Support

address: 714 G Street, SE
Washington, DC 20003

phone: (202) 544-3144

Web site: http://www.stopchildabusenow.org/

Seeks to ensure that all children—particularly inner-city and disadvantaged children—have an opportunity to grow up healthy and safe within a nurturing family and supportive community. The center focuses on parent education, youth violence prevention, therapeutic services, and professional training.

Center for Faith-Based and Community Initiatives

address: U.S. Department of Health and Human Services (HHS)
200 Independence Avenue, SW, Room 120F
Washington, DC 20201

phone: (202) 358-3595

fax: (202) 401-3463

e-mail: CFBCI@hhs.gov

Web site: http://hhs.gov/fbci

Seeks to create an environment within HHS that welcomes the participation of faith-based and community-based organizations as valued and essential partners assisting Americans in need. It leads HHS efforts to better utilize faith-based and community-based organizations in providing effective human services.

Child Welfare League of America

address: 2345 Crystal Drive, Suite 250
Arlington, VA 22202

phone: (703) 412-2400

fax: (703) 412-2401

Web site: http://www.cwla.org

Provides training, consultation, and technical assistance to child welfare professionals and agencies while educating the public about emerging issues affecting children.

National Black Child Development Institute

address: 1313 L Street, NW, Suite 110
Washington, DC 20005-4110

phone: (202) 833-2220

fax: (202) 833-8222

e-mail: moreinfo@nbcdi.org

Web site: http://www.nbcdi.org

Operates programs and sponsors a national training conference through Howard University to improve and protect the well-being of African-American children.

National Indian Child Welfare Association

address: 5100 SW Macadam Avenue, Suite 300
Portland, OR 97239

phone: (503) 222-4044

fax: (503) 222-4007

Web site: http://www.nicwa.org

Disseminates information and provides technical assistance on Indian child welfare issues. Supports community development and advocacy efforts to facilitate tribal responses to the needs of families and children.

For More Information

Child Care Bureau

address: U.S. Department of Health and Human Services
Administration of Children, Youth and Families
Child Care Bureau
370 L'Enfant Promenade, SW
Washington, DC 20447

phone: (202) 690-6782

fax: (202) 690-5600

Web site: http://www.acf.hhs.gov/programs/ccb

Dedicated to enhancing the quality, affordability, and availability of child care for all families. It administers Federal funds to States, territories, and tribes to assist low-income families in accessing quality child care for children.

Child Welfare Information Gateway

address: 1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024

phone: (800) 394-3366
(703) 385-7565

fax: (703) 385-3206

e-mail: info@childwelfare.gov

Web site: http://www.childwelfare.gov/

Collects, stores, catalogs, and disseminates information on all aspects of child maltreatment and child welfare to help build the capacity of professionals in the field. A service of the Children's Bureau.

National Child Care Information and Technical Assistance Center

address: 10530 Rosehaven Street, Suite 400
Fairfax, VA 22030

phone: (800) 616-2242
(800) 516-2242 (TTY)

fax: (800) 716-2242

e-mail: info@nccic.org

Web site: http://nccic.org

A national clearinghouse and technical assistance center linking parents, providers, policy makers, researchers, and the public to early care and education information.

APPENDIX C

State Telephone Numbers for Reporting Child Maltreatment

Each State designates specific agencies to receive and investigate reports of suspected child abuse and neglect. Typically, this responsibility is carried out by child protective services (CPS) within a Department of Social Services, Department of Human Resources, or Division of Family and Children Services. In some States, police departments also may receive reports of child abuse or neglect.

Many States have local or toll-free telephone numbers, listed below, for reporting suspected abuse. **The reporting party must be calling from the same State where the child allegedly is being abused or neglected for most of the following numbers to be valid.**

For States not listed, or when the reporting party resides in a different State from the child, please call **Childhelp, 800-4-A-Child** (800-422-4453), or your local CPS agency. States may occasionally change the telephone numbers listed below. To view the most current contact information, including State Web addresses, visit **http://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=11-11172**.

Alabama (AL)
334-242-9500

Alaska (AK)
800-478-4444

Arizona (AZ)
888-SOS-CHILD
(888-767-2445)

Arkansas (AR)
800-482-5964

Colorado (CO)
303-866-5932

Connecticut (CT)
800-842-2288
800-624-5518 (TDD)

Delaware (DE)
800-292-9582

District of Columbia (DC)
202-671-SAFE (7233)

Florida (FL)
800-96-ABUSE
(800-962-2873)

Hawaii (HI)
808-832-5300

Idaho (ID)
800-926-2588

Illinois (IL)
800-252-2873
217-524-2606

Indiana (IN)
800-800-5556

Iowa (IA)
800-362-2178

Kansas (KS)
800-922-5330

Kentucky (KY)
800-752-6200

Maine (ME)
800-452-1999
800-963-9490 (TTY)

Massachusetts (MA)
800-792-5200

Mississippi (MS)
800-222-8000
601-359-4991

Missouri (MO)
800-392-3738
573-751-3448

Montana (MT)
866-820-KIDS (5437)

Nebraska (NE)
800-652-1999

Nevada (NV)
800-992-5757

New Hampshire (NH)
800-894-5533
603-271-6556

New Jersey (NJ)
877-652-2873
800-835-5510 (TDD/TTY)

New Mexico (NM)
800-797-3260
505-841-6100

New York (NY)
800-342-3720
518-474-8740
800-369-2437 (TDD)

Oklahoma (OK)
800-522-3511

Pennsylvania (PA)
800-932-0313

Puerto Rico (PR)
800-981-8333
787-749-1333

Rhode Island (RI)
800-RI-CHILD
(800-742-4453)

South Carolina (SC)
803-898-7318

Tennessee (TN)
877-237-0004

Texas (TX)
800-252-5400

Utah (UT)
800-678-9399

Vermont (VT)
800-649-5285 (after hours)

Virginia (VA)
800-552-7096
804-786-8536

Washington (WA)
866-END-HARM
(866-363-4276)
800-562-5624 (after hours)
800-624-6186 (TTY)

West Virginia (WV)
800-352-6513

APPENDIX D

Handouts for Parents

The following are handouts that child care providers can give to parents who are seeking or need information about effective parenting:

- Tips for Being a Nurturing Parent
- Understanding Your Child's Behavior
- Soothing a Crying Infant
- Surviving Toilet Training
- "Healthy Dozen" List for Toddlers
- Dealing with Temper Tantrums
- Time Out
- The Power of Choice.

Tips for Being a Nurturing Parent[1]

A healthy, nurturing relationship with your child is built through countless interactions over the course of time. It requires a lot of energy and work, but the rewards are well worth it. When it comes to parenting, there are few absolutes (one, of course, being that every child needs to be loved), and there is no one "right way." Different parenting techniques work for different children under different circumstances. These tips provide suggestions as you discover what works best in your family. Do not expect to be perfect; parenting is a difficult job.

Help Your Children Feel Loved and Secure

We can all take steps to strengthen our relationships with our children, including:

- Make sure your children know you love them, even when they do something wrong.
- Encourage your children. Praise their achievements and talents. Recognize the skills they are developing.
- Spend time with your children. Do things together that you both enjoy. Listen to your children.
- Learn how to use nonphysical options for discipline. Many alternatives exist. Depending on your child's age and level of development, these may include simply redirecting your child's attention, offering choices, or using "time out."

Realize That Community Resources Add Value

Children need direct and continuing access to people with whom they can develop healthy, supportive relationships. To assist this, parents may:

- Take children to libraries, museums, movies, and sporting events;
- Enroll children in youth enrichment programs, such as sports or music;
- Use community services for family needs, such as parent education classes or respite care;
- Communicate regularly with childcare or school staff;

  Participate in religious or youth groups.

Seek Help If You Need It

Being a parent is difficult. No one expects you to know how to do it all. Challenges such as unemployment or a child with special needs can add to family tension. If you think stress may be affecting the way you treat your child, or if you just want the extra support that most parents need at some point, try the following:

- **Talk to someone.** Tell a friend, healthcare provider, or a leader in your faith community about what you are experiencing. Or, join a support group for parents (e.g., Circle of Parents, Parents Anonymous).

[1] U.S. Department of Health and Human Services, Administration for Children and Families (ACF). (2006). *Safe children and healthy families are a shared responsibility: 2006 community resource packet* [On-line]. Available: http://www.childwelfare.gov/preventing/pdfs/prev_packet_2006_en.pdf.

- **Seek respite care when you need a break.** Everyone needs time for themselves. Respite care or crisis care provides a safe place for your children so you can take care of yourself.
- **Call a helpline.** Most States have helplines for parents. Childhelp offers a national 24-hour hotline (1-800-4-A-CHILD) for parents who need help or parenting advice.
- **Seek counseling.** Individual, couple, or family counseling can identify and can reinforce healthy ways to communicate and parent.
- **Take a parenting class.** No one is born knowing how to be a good parent. It is an acquired skill. Parenting classes can give you the skills you need to raise a happy, healthy child.
- **Accept help. You do not have to do it all.** Accept offers of help from trusted family, friends, and neighbors. Do not be afraid to ask for help if you feel that you need it.

Understanding Your Child's Behavior[1]

All parents struggle with some of the things their children do. While there is no magic formula that will work in all situations, it is helpful to understand the kinds of issues that affect a child's behavior. If you understand these issues and know what to expect at different developmental stages, your reactions will be wiser, and it will be easier to create an environment that supports and nurtures your child.

When your child's behavior is troubling, ask yourself:

1. **Is this a growth or developmental stage?** Each new phase of growth or development brings challenges for the child and the child's caregivers. For example, growing independence in the child's second year is often accompanied by challenging behavior (such as the "No!" phase). Feeding and sleeping problems may occur during developmental transitions, and it helps if caregivers are extra patient and loving in their responses. It's best to give the child choices, to use humor, and to be firm but supportive.

2. **Is this an individual or temperament difference?** Not all children of a certain age act the same way. Some progress developmentally at different rates, and all have their own temperaments that may account for differences in behavior. Being aware of a child's tendency to be shy, moody, adaptable, or inflexible will help you to understand better the child's behavior in a specific situation and will affect the way you approach the behavior.

3. **Is the environment causing the behavior?** Sometimes the setting provokes a behavior that may seem inappropriate. An overcrowded living or childcare arrangement coupled with a lack of toys can increase aggression or spark jealousy. Look around your home to evaluate it in light of your child's behaviors and see the environment from a child's viewpoint.

4. **Does the child know what is expected?** If a child is in a new or unfamiliar territory or is facing a new task or problem, he may not know what behavior is appropriate and expected. Perhaps this is the first time a two-year old without siblings has been asked to share a toy. Developmentally he does not truly understand the concept of sharing, so it is up to the parent to explain calmly how other children will react and why we share. Patience and repeating the message are necessary as children rarely learn or master a new response on the first try.

5. **Is the child expressing unmet emotional needs?** Emotional needs that are unmet are the most difficult cause of behavior to interpret. If a particular child needs extra love and attention, rather than withhold that from him, it will be helpful to find ways to validate and acknowledge the child more frequently.

[1] U.S. Department of Health and Human Services, Administration for Children and Families (ACF). (2006). *Safe children and healthy families are a shared responsibility: 2006 community resource packet* [On-line]. Available: http://www.childwelfare.gov/preventing/pdfs/prev_packet_2006_en.pdf; Reinsberg, J. (1999). Understanding behavior: A key to discipline. *Young Children, 54*(4), 54–57.

Soothing a Crying Infant[1]

One of the most stressful experiences for new parents is dealing with a crying baby. Babies cry for all sorts of reasons, and it's sometimes difficult to figure out why your baby is crying and how to soothe her. It's important to remember that crying is one of the main ways that babies communicate, and their crying can mean lots of different things. With a new baby, it may be difficult to distinguish different types of crying; as babies get older, parents may be able to tell "wet diaper" crying from "I'm hungry" crying.

Here are some things to check for in a crying baby:

- Is the baby sick? Take the baby's temperature, and call a health care provider if there is a fever or if you're not sure about any other symptoms. If your baby cries for hours at a time, be sure to have her checked out by a pediatrician.
- Is the baby hungry? Try feeding the baby. Newborns like to eat frequently. Even if the baby isn't hungry, she may respond to sucking on a pacifier.
- Is the diaper wet or dirty? This is a common cause for crying.
- Is the room too hot or cold, or is the baby overdressed or underdressed?
- Is the baby lonely or afraid? Try holding the baby and comforting her.
- Is the baby overstimulated? Try turning down the lights and the noise level.

Calming the baby. Often a parent has made sure that the problem is not hunger, or sickness, or a wet diaper—but the baby is still crying! Here are some other ways to calm a crying baby:

- Swaddle the baby in a soft blanket, and hold the baby next to you.
- Sing or hum to the baby.
- Rock the baby in a chair or swing, or gently sway your body while holding the baby close.
- Take the baby for a ride in the stroller or the car. Motion often puts a baby to sleep.
- Distract the baby by making faces or quiet noises.
- Give the baby a warm bath to relax her.
- Use some "white noise," such as running a vacuum cleaner or hair dryer, to help lull the baby to sleep.

Calming yourself. There are few things more stressful than a crying baby. It is normal for babies to cry—sometimes as much as 2 to 4 hours a day—and sometimes nothing parents try to soothe the baby will work. Coupled with a parent's own lack of sleep and the general adjustment to having a new baby in the house, a crying baby can seem overwhelming. There are some things parents can do to maintain control over the situation, even when the baby continues to cry:

[1] U.S. Department of Health and Human Services, Administration for Children and Families (ACF). (2006). *Safe children and healthy families are a shared responsibility: 2006 community resource packet* [On-line]. Available: http://www.childwelfare.gov/preventing/pdfs/prev_packet_2006_en.pdf.

- Take a break. Put the baby safely in a crib, and take a few minutes for yourself in another room.
- Call a friend or relative who will listen to your problem and be sympathetic.
- Ask a trusted friend or neighbor to watch your child while you take a short break or a brief nap.
- If you feel as though you are losing control and might hurt your child, call a hotline, such as the 24-hour National Child Abuse Hotline (1-800-4-A-CHILD) offered by Childhelp.

It's normal for babies to cry sometimes, and it's certainly normal for parents to feel frustrated by the crying. Different babies respond to different soothing techniques, and parents will eventually learn what works best with their baby. In the meantime, it's helpful for new parents to have some support in the form of friends, relatives, and neighbors who can lend a sympathetic ear or even some babysitting help!

For more information about soothing infant crying, visit the National Center on Shaken Baby Syndrome website at **www.dontshake.com**.

Surviving Toilet Training[1]

Most children are ready for toilet training sometime between their second and third birthdays. This is the same time that they are experiencing what many parents call "the terrible twos"—a time when the children are having their first experiences with the word "No!" and with exerting their own will and making their own opinions known. As wonderful and funny as 2-year-olds can be, their willfulness and independence can make toilet training a real trial for their parents.

What can parents do to survive toilet training? The first thing is to realize that almost everyone becomes toilet trained eventually, unless there are medical or developmental issues present. Your child will, too. The second thing to remember is that toilet training does not occur at the same time for every child. Your child will be ready when she is developmentally ready, and this may be different than the child next door or your child's brother or sister. If you try to pressure your child into toilet training before she is ready, this could result in a stressful situation for both of you.

What are some signs that a child is ready for toilet training?

- An interest in wearing underpants instead of diapers;
- The ability to stay dry for several hours at a stretch;
- An interest in being clean and dry;
- The ability to undress and dress oneself.

What are some tips for making toilet training easier? Remember that you are dealing with a 2- or 3-year-old who likes to believe that she is controlling the situation. It is better to let the child have some choices. Parents generally have better success when they are not forcing the toilet training. The following are some tips for easing the stress of toilet training:

- Let the child choose some of the equipment she will need, for instance, underpants, a potty seat, or a book or a video about toilet training.
- Make full use of those props—the books or videos or dolls that drink and wet.
- Make it easy for your child by having potties that are readily accessible.
- While you can suggest that your child may want to try the toilet, it is difficult to force the child to actually use it.
- Aim for consistency in toilet training among caregivers, for instance, with your daycare provider or babysitter.
- When you are out, be especially patient. You will soon learn where the closest restroom is in every grocery store, restaurant, and mall.

[1] U.S. Department of Health and Human Services, Administration for Children and Families (ACF). (2006). *Safe children and healthy families are a shared responsibility: 2006 community resource packet* [On-line]. Available: http://www.childwelfare.gov/preventing/pdfs/prev_packet_2006_en.pdf.

Expect mistakes! Toilet training generally takes several weeks or more for the child who is ready. If it is taking longer, maybe your child isn't yet ready, and you should try again in a few weeks. Even for the child who is making progress, there will be plenty of mistakes. Be prepared to accept them with good humor and to appreciate that this is just part of normal toilet training. Reward your child with praise and congratulations when she uses the potty, and be sympathetic when there are mistakes. (Children who are punished for toileting mistakes may end up becoming more resistant to using the toilet altogether.) Finally, congratulate yourself on your patience, and celebrate with your child when you make it through the first "dry" day.

For more information about toilet training and other child development topics, visit the websites for the American Academy of Pediatrics (**www.aap.org**) or the National Association for the Education of Young Children (**www.naeyc.org**).

"Healthy Dozen" List for Toddlers[1]

As part of "The Year of the Healthy Child," former U.S. Surgeon General Richard H. Carmona, M.D., M.P.H., outlined a dozen tips for parents to help keep toddlers safe and healthy. Excerpts are below. For the full text, go to **www.surgeongeneral.gov/pressreleases/sg05192005.html**.

1. **Teach healthy eating.** Provide three nutritious meals supplemented with two to three healthy snacks daily. Feed toddlers at the same time as other family members, and allow them to grow into feeding themselves. Offer children nutritious foods, and let them decide how much to eat. Avoid foods and drinks that are high in sugar.

2. **Begin a habit of good oral health.** Brush your child's teeth twice a day with a soft toothbrush. Begin brushing for your child when his or her teeth first appear, and continue until age 3 or 4 when you can start teaching your child how to brush.

3. **Don't smoke.** And don't allow anyone else to smoke around your child. Second-hand smoke can have a harmful effect on your child's breathing and can have long-term respiratory consequences like impaired lung growth, chronic coughing, and wheezing. Diseases of the respiratory system (aggravated by second-hand smoke) are the leading causes of child hospitalization and one of the leading causes of toddler doctor visits.

4. **Give positive feedback.** Praise good behavior and accomplishments. This begins to ensure a healthy bond between parent and child. Also, make sure that your child's caregiver agrees with your point of view.

5. **Always use a car safety seat.** Be sure your child rides in an age- and weight-appropriate child safety seat, correctly installed in the back seat, *every* time she is in the car.

6. **Safety-proof your house.** To prevent accidental poisoning, move all medications and cleaning products to high shelves. To prevent burns, set the temperature of your hot water heater to 120 degrees Fahrenheit. To prevent choking, be sure that any toys your child plays with do not have parts that are small enough to choke on. Do not give toddlers younger than age 2 foods that may cause choking, like hard candy, large pieces of raw vegetable or fruit, or tough meat. To prevent drowning, install a toilet lid lock on every toilet in the home.

7. **Never leave your toddler unattended.** As a child grows, so does his natural curiosity to explore. It takes only a few seconds for a toddler to get into a dangerous situation.

8. **Make sure your child has a primary health care provider.** Before your child has an illness, injury, or developmental delay that requires medical care, make sure that your child has a primary health care provider, such as a pediatrician or family practitioner, who knows your child.

9. **Fully immunize your child.** Make sure your child gets all immunizations on time.

[1] U.S. Department of Health and Human Services, Administration for Children and Families (ACF). (2006). *Safe children and healthy families are a shared responsibility: 2006 community resource packet* [On-line]. Available: http://www.childwelfare.gov/preventing/pdfs/prev_packet_2006_en.pdf.

10. **Learn child first aid and CPR.** Be prepared. Know how to call for help, including poison control. The national toll-free line for poison control is 1-800-222-1222.

11. **Practice prevention and safety.** Teach your child safety tips, including always swimming with a buddy and wearing a bicycle helmet. Be sure your older toddler knows his name, his parents' names, and his phone number. Get your child's fingerprints taken, and keep a recent photograph, updating it every few months.

12. **Have fun.** Hug, talk, read, explore, and play together. All parents sometimes feel overwhelmed as they tackle the challenges of parenting. If you feel so stressed that you feel unable to cope with the demands of parenting, get help.

For more information on "The Year of the Healthy Child" visit **http://www.surgeongeneral.gov/healthychild/**.

Dealing with Temper Tantrums[1]

Almost every parent of a toddler has experienced the frustration of dealing with a child throwing a floor-thumping, hair-pulling temper tantrum. Even though this can be embarrassing and challenging for parents, this is normal behavior for most young children.

Why do they do it? Toddlers are not yet able to use words to express their feelings and emotions. When they are tired, frustrated, or angry and unable to express themselves with words, they may throw a temper tantrum. Some children throw tantrums because their emotions run out of control, and they aren't yet old enough to know how to contain them. Some children continue to throw tantrums if they are rewarded for doing so (that is, if they learn that parents will give them what they want to stop the tantrum).

How can parents prevent tantrums? It is often easier to prevent tantrums than to deal with them once they have begun. Parents may notice some signals that children give as a warning that a tantrum may be brewing. If a parent suspects that a tantrum is coming or if a child gets in the habit of having a tantrum after a particular experience or at a particular time of day, here are some prevention tips to keep in mind:

- Distract or redirect your child's attention to something else.
- Use a sense of humor to distract your child. This may help you cope, too.
- Give your child control over small things by giving him a choice.
- Take your child to a quiet place and speak softly to him.
- Encourage your child to express emotions and feelings with words.
- Stick to a daily routine that gives your child enough rest and enough activity.
- Reward your child when he requests something without having a tantrum.

How can parents deal with tantrums, especially public temper tantrums? Parents can be caught off guard when a child throws a tantrum in public. It can be embarrassing, and parents may be tempted to give in to the child just to stop the tantrum. But giving in just teaches the child that "tantrums work." Instead, try some of the following tips to deal with tantrums that happen in the home or in public:

- Remain calm. Don't lose control because your child has lost control. Instead, try to model behavior that is calm and controlled.
- Hugging or holding your child until the tantrum subsides may help a younger child through a tantrum.
- Put the child in "time out" or in a quiet place (even strapped in to a stroller) where he can calm down. Time out should be one minute for each year of the child's age.

[1] U.S. Department of Health and Human Services, Administration for Children and Families (ACF). (2006). *Safe children and healthy families are a shared responsibility: 2006 community resource packet* [On-line]. Available: http://www.childwelfare.gov/preventing/pdfs/prev_packet_2006_en.pdf.

- Older children who throw tantrums may be seeking attention. Try ignoring them until the tantrum is over.

What can parents do after the tantrum? As children get older, they will grow out of temper tantrums! In the meantime, try to take some time and talk over the experience with your child after it happens. Helping your child identify and talk about feelings will help her to express feelings with words rather than with tantrums. Finally, congratulate yourself for getting through your child's tantrum while remaining calm. A calm parent provides a child with a great behavior model for the child to follow.

For more information about dealing with temper tantrums and other parenting resources, visit the Circle of Parents website (**www.circleofparents.org**).

Time Out[1]

"Time out" can be a valuable tool for disciplining a child. As we go about the business of teaching our children proper behavior, there are times when emotions threaten to get out of control. When this happens, it's wise to separate yourself from your child so that you can both cool off. Time out can be used as an effective, positive tool. There are three different ways to use time out, each having a different purpose.

1. **To give the child time and space to cool off and to calm down.** The key here is in the attitude of the parent. In advance, let your child know that when her behavior is out of control she'll be asked to go to her room. Tell her that when she is calm and under control she may join the family. How she chooses to use the time is her business, as long as it is respectful of people and property. Screaming or pounding on the door is not acceptable, but reading a book or other activities are fine. This is a valuable life skill that will prevent your child from "flying off the handle" and saying and doing things she might regret later.

   Never drag a child to his time out. This robs you of the upper hand and makes you look foolish. Let him know in advance that when asked to remove herself she needs to do so immediately. If she does not, he'll be choosing to give up a privilege (one you have specified in advance), in addition to time out.

2. **To give the parent time and space to cool off and to calm down.** There are times when we get so angry at our children that we want to scream, hit, or ground them for life! This is the time to use a four-letter word: E X I T. Make a brief statement, "I'm so angry, I need a minute to think." Then go to your room or send the child to her room so that you can calm down and regroup. This will help you get yourself under control, and it provides good modeling for your children.

3. **As a method for stopping a specific misbehavior.** This can be an excellent way to put an immediate stop to a child's action. It brings a strong message, "This behavior is unacceptable, and it will stop now." There are several keys:

- **Be quick.** Catch your child in the act. Delayed reactions dilute the effect.
- **Use selectively.** Use for hitting, talking back, whining, or other specific problems. Do not overuse.
- **Keep calm.** Your anger only adds fuel to the fire and changes the focus from the behavior of the child to your anger. This prevents you from being in control.
- **Stick with it.** Once you say, "Time out," don't back down or be talked out of it. If you decide to use time out to control hitting, for example, use it *every* time your child hits even if she spends most of the day in time out! Eventually, she'll decide that it's more fun to play without hitting than to sit alone in her room.

Time out can be an effective discipline tool for parents. When used with other positive parenting methods, it helps you feel good about the job you are doing with your kids.

[1] U.S. Department of Health and Human Services, Administration for Children and Families (ACF). (2006). *Safe children and healthy families are a shared responsibility: 2006 community resource packet* [On-line]. Available: http://www.childwelfare.gov/preventing/pdfs/prev_packet_2006_en.pdf; Pantley, E. (2002). *Time out* [On-line]. Available: http://www.circleofparents.org/downloads/circle_of_parents_time_out.pdf.

The Power of Choice[1]

Would you like to get your kids to cooperate willingly? Stop the daily battles? Teach your kids valuable life skills? If your answer is "Yes! Yes! Yes!" then read on…

There are so many things we must get our children to do and so many things we must stop them from doing! Get up. Get dressed. Don't dawdle. Do your homework. Eat. It goes on and on. We can get our kids to cooperate and, at the same time, allow them to learn self-discipline and develop good decision-making skills. How? By offering choices.

Giving a choice is a very powerful tool that can be used with children from toddlers to teenagers.

Parents should use this tool every day, many times a day. Giving children choices is a very effective way to enlist their cooperation because children love having the privilege of choice. It takes the pressure out of your request and allows a child to feel in control. This makes a child more willing to comply. Using choice is an effective way to achieve results, and when you get in the habit of offering choices you are doing your children a big favor. As children learn to make simple choices—Milk or juice?—they get the practice required to make bigger choices—Buy two class t-shirts or one sweatshirt?—which gives them the ability as they grow to make more important decisions— Save or spend? Drink beer or soda? Study or fail? Giving children choices allows them to learn to listen to their inner voice. It is a valuable skill that they will carry with them to adulthood.

You should offer choices based on your child's age and on your intent.

A toddler can handle two choices, a grade school child three or four. A teenager can be given general guidelines. Only offer choices that will be acceptable to you. Otherwise, you are not being fair. For example, a parent might say, "Either eat your peas, or go to your room," but when the child gets up off his chair, the parent yells, "Sit down and eat your dinner, young man!" (So that wasn't really a choice, was it?) Here are some ways in which you can use choice:

- Do you want to wear your dinosaur pajamas or your robot pajamas?
- Do you want to do your homework at the kitchen table or at the desk?
- Do you want to wear your coat, carry it, or put on a sweatshirt?
- Would you prefer to let the dog out in the yard or take him for a walk?
- Do you want to run up to bed or hop like a bunny?
- What do you want to do first, take out the trash or dry the dishes?
- Do you want to watch 5 more minutes of TV or 10?

[1] U.S. Department of Health and Human Services, Administration for Children and Families (ACF). (2006). *Safe children and healthy families are a shared responsibility: 2006 community resource packet* [On-line]. Available: http://www.childwelfare.gov/preventing/pdfs/prev_packet_2006_en.pdf; Pantley, E. (1999). *Perfect parenting: The dictionary of 1,000 parenting tips*. Lincolnwood, IL: McGraw-Hill.

A typical problem with choices is the child who makes up his own choice!

For example, "Taylor, do you want to put on your pajamas first, or brush your teeth?" To which little Taylor answers, "I want to watch TV." What to do? Just smile sweetly and say, "That wasn't one of the choices. What do you want to do first, put on your pajamas, or brush your teeth?"

If your child is still reluctant to choose from the options that you offer, then simply ask, "Would you like to choose, or shall I choose for you?" If an appropriate answer is not forthcoming then you can say, "I see that you want me to choose for you." Then follow through. Make your choice and help your child—by leading or carrying him—so that he can cooperate.

APPENDIX E

Sample Report of Suspected Child Abuse or Neglect

Call: *Local Social Services Agency or Law Enforcement Agency (Phone Numbers)*
Date of Call(s):_____ **Name of Person(s) Talked To:**_____
Notified: Designee (*Center Director or Nurse*)
Date of Notification:_____ **Date of This Report:**_____
School: (*School Name, Address, City, State, ZIP, Telephone Number*)
_____

Child's Last Name (legal)	First Name	M. Init.	M/F	Age	Birth date

Address	City	State	Zip Code	Telephone

Name of Person(s) Responsible for Child's Care: *(Parents/Stepparents/Guardians/Custodial Parents)*

Address	City	State	Zip Code	Telephone

With Whom Does the Child Live:_____ **Relationship:**_____

Address	City	State	Zip Code	Telephone

Person(s) Suspected of Abuse or Neglect: _____ **Relationship:**_____

Address	City	State	Zip Code	Telephone

Check (√) appropriate space indicating type of suspected abuse being reported:

( ) Physical Injury ( ) Sexual Abuse ( ) Emotional Neglect/Abuse
( ) Physical Neglect ( ) Other (specify):_____

State the nature and extent of the current injury, neglect, or sexual abuse to the child in question and circumstances leading to the suspicion that the child is a victim of abuse or neglect:

Information concerning previous injury, sexual abuse or neglect experienced by this child or other children in this family situation, including previous action taken, if any:

State other information that may be helpful in establishing the cause of the child's status:

_____ _____

Signature and Title of Person Making Report **Date**

Distribution: Local Social Services or Law Enforcement Agency/Designee/Other

APPENDIX F

Risk Indicators: Touch Policy[1]

VERY LOW RISK	LOW RISK	MODERATE RISK	HIGH RISK
■ The director, the staff, and the parents have written a touch policy together for their program, and it is reflective of child development, abuse information, and staff philosophy. The policy addresses the kinds of touches the staff will give the children and when; the types of touches that are important to development; the types of touches the children are allowed to refuse and when; the touch curriculum, if any, that will be taught to the children; and the people that will teach it. ■ Copies of the center's touch policy are given to all staff. The parents also are informed of the policy in writing. ■ The policy is reviewed and updated yearly. The staff are informed about implementing the policy. The policy reflects staff practices and regulatory guidelines. ■ The director and the staff have discussed the concept of appropriate and inappropriate touch and the importance of safe touch to healthy child development. The staff policy and practices reflect child development and child maltreatment prevention information.	■ The touch policy was written by the director with some input from the staff and reflects regulatory standards. ■ Appropriate and inappropriate touch are mentioned in the child abuse policy. ■ Copies of the touch policy are included in personnel policies, but are not given to parents. ■ The staff are informed of the policy at hiring. Staff practices reflect policy and regulatory guidelines. ■ The staff have discussed the concept of appropriate and inappropriate touch and view the idea positively.	■ The director wrote the touch policy for licensing purposes or in reaction to a problem. ■ Copies of the policy exist for the director's use, but are not given to the staff or to the parents. ■ The staff are only oriented to the policy if a problem arises. Regulatory guidelines are the basis for staff practice. ■ The director expresses confusion and frustration over the concept of a touch policy and is concerned about sexual abuse allegations resulting from raising these issues with parents.	■ No written or verbal touch policy is available for the staff or parents. There is no staff involvement in policy development or discussion. ■ No written policy exists. There is no discussion of the policy or the procedures with the staff or the parents. ■ No staff orientation or discussion of appropriate and inappropriate touch is provided. There are no consistent staff practices. ■ The director has no knowledge of the subject. ■ The director is opposed to the whole concept, especially the right of children to refuse adult touch.

[1] U.S. Army Child Development Services. (1993). *Administration handbook for the Child Abuse Risk Assessment Tool* (p. 41). Alexandria, VA: Author.

APPENDIX G

Risk Indicators: Developmental Expectations of Children, Particularly Those With Special Needs[1]

VERY LOW RISK	LOW RISK	MODERATE RISK	HIGH RISK
■ The staff generally have appropriate expectations for the age groups in care. ■ The staff have individualized expectations in areas where the children have special developmental lags. ■ The children are encouraged to develop at their own pace and stage and without skipping stages. ■ The staff describe the children's special needs scientifically and respect confidentiality by not identifying which children have special needs.	■ The staff generally have appropriate expectations for the age groups in care. ■ There is no evidence of individualized expectations for the special needs children. ■ The children are encouraged to develop at their own pace. ■ The staff describe the special needs of some children scientifically to others. The staff are unsure about the reasons for the child's difficulty. The children are not identified by name, but may be pointed out in the activity room.	■ Expectations often seem unreasonable—too high or too low—for the age groups in care. ■ There are no individualized expectations for special needs children; expectations for all children are based on age and not on developmental appropriateness. ■ The children with special needs do not receive encouragement to try things and are expected to work at the stage and pace of the other children. ■ Competition between the children is used frequently, and the special needs children must compete with normal-range children. ■ The children with special needs are described patronizingly (children to feel sorry for) or judgmentally (difficult, slow) with little respect for confidentiality.	■ The staff seem to expect perfection from all children, including the children with developmental lags. ■ There are unrealistic expectations for the special needs children. Age is the basis for all developmental expectations of the children. All children are expected to work at the same pace and stage. ■ The staff do not recognize the children with special needs. The children are all expected to work at the same pace and stage, and the staff discourage individual development. ■ Competition is used to emphasize differences between the children. The special needs children are ridiculed for their inability to compete with the other children. ■ The children with special needs are described in unscientific, negative, or moral terms (bad, hyper, different, slow) and with no respect for confidentiality. ■ The special needs children are treated indifferently and are seen as children to work around, not with. The special needs children are removed from activities when disruptive, but are not given anything else to do.

[1] U.S. Army Child Development Services. (1993). *Administration handbook for the Child Abuse Risk Assessment Tool* (p. 34). Alexandria, VA: Author.

APPENDIX H

Risk Indicators: Child Abuse Prevention Curriculum[1]

VERY LOW RISK	LOW RISK	MODERATE RISK	HIGH RISK
■ Child abuse prevention education is offered as an option for the parents and the children. The curriculum used with the children is developmentally appropriate. Children who have been abused, or who are at high risk of being abused, are referred for intervention. ■ The curriculum includes intimate or acquaintance abuse and not simply "stranger danger." Prevention concepts are integrated into all aspects of the program. An evaluation of the effects of the program on children's attitudes and behaviors is included. ■ The center seeks parental input and participation in educational opportunities on this topic.	■ Formal child abuse prevention education is provided to preschool and school-aged children. The curriculum is developmentally appropriate for preschool aged children. ■ Topics covered in the curriculum include self-esteem, assertiveness training, and the concept of "good" and "bad" touch. There is limited follow-up of the formal program in daily activities. ■ The parents have limited involvement or educational opportunities in the curriculum.	■ There is an informal child abuse prevention curriculum, but it does not include professional expertise. ■ There is a limited formal child abuse prevention curriculum or one prevention program is used for all age groups. ■ The curriculum emphasizes "stranger danger" and "good" and "bad" touch. There is no regular follow-up or an effort to integrate prevention or self-protection concepts into daily activities. ■ Parental involvement is not sought. There are no parental educational opportunities in the curriculum.	■ There is no formal or informal child abuse prevention program. ■ The curriculum is developmentally inappropriate for the ages involved and uses threats and fear in the name of protecting children. The curriculum has unrealistic expectations about young children's ability to protect themselves. ■ The curriculum emphasizes fear of strangers and unrealistic expectations about children's ability to protect themselves. No follow-up or evaluation to determine the effects on children's attitudes or behaviors is included. ■ Child abuse prevention and teaching self-protective behaviors are seen as the parents' jobs. Denial of any possibility of institutional child abuse.

[1] U.S. Army Child Development Services. (1993). *Administration handbook for the Child Abuse Risk Assessment Tool* (p. 28). Alexandria, VA: Author.

APPENDIX I

Family Support Strategies[1]

Child care providers can support families in building family strengths and in preventing child maltreatment by:

- **Facilitating friendships and mutual support.** Offer opportunities for parents to get to know each other, develop mutual support systems, and have roles at the center, as appropriate. This may include potlucks or volunteer opportunities.
- **Strengthening parenting.** Develop ways for parents to get support on parenting issues when they need it. Possibilities include tip sheets, provider-parent meetings, and resource libraries.
- **Responding to family crises.** Offer extra support to families when they need it, such as in times of illness, job loss, housing problems, or other stressors.
- **Valuing and supporting parents.** The relationship between parents and staff is essential to a program's ability to connect with parents. The support, training, and supervision of staff are essential to help them do this effectively.
- **Facilitating children's social and emotional development.** Some programs use curricula that specifically focus on helping children articulate their feelings and get along with others. When children bring home what they learn in the classroom, parents benefit as well.
- **Observing and responding to early warning signs of child maltreatment.** Train staff to observe children carefully and to respond at the first sign of difficulty. Early intervention can help ensure children are safe and that parents get the support and services they need.
- **Making referrals to other services or professionals as needed.** For example, suggest that parents speak to their child's doctor about any concerns, frustrations, or questions regarding their child's behavior or development or connect the family with community service providers.

[1] U.S. Department of Health and Human Services, Administration for Children and Families. (2006). *Safe children and healthy families are a shared responsibility: 2006 community resource packet* [On-line]. Available: http://www.childwelfare.gov/preventing/pdfs/prev_packet_2006_en.pdf; Center for the Study of Social Policy. (2004). *Protecting children by strengthening families: A guidebook for early childhood programs* [On-line]. Available: http://www.cssp.org/uploadFiles/handbook.pdf.

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