

**CHILD SEXUAL ABUSE AND ASSAULT
POLICY AND REPORTING PROCEDURE**

The Norwich Board of Education has adopted a uniform child sexual abuse and/or sexual assault response policy and reporting procedure in connection with the implementation of its sexual assault and abuse prevention and awareness program.

I. Procedures for Reporting of Child Sexual Abuse and Sexual Assault

- A. Parents (or guardians) of students may file a written report of suspected child sexual abuse and/or sexual assault pertaining to any student enrolled in the Norwich Public Schools. The written report of suspected child sexual abuse and/or sexual assault shall be reasonably specific as to the basis for the report, including the time and place of the suspected abuse and/or sexual assault, the number of incidents, the victim of the child sexual abuse and/or sexual assault, and the names of potential witnesses or others with pertinent information. Such written reports may be filed with any building or central office administrator. All reports shall be forwarded to the Safe School Climate Specialist for the school in which the student is enrolled. The Safe School Climate Specialist or designee shall cause such reports to be reviewed and actions taken consistent with this policy.
- B. Any adult affiliated with the school community may file a written report of suspected child sexual abuse and/or sexual assault pertaining to any student enrolled in the Norwich Public Schools. The written report of suspected child sexual abuse and/or sexual assault shall be reasonably specific as to the basis for the report, including the time and place of the suspected abuse and/or sexual assault, the number of incidents, the victim of the child sexual abuse and/or sexual assault, and the names of potential witnesses or others with pertinent information. Such written reports may be filed with any building or central office administrator. All reports shall be forwarded to the Safe School Climate Specialist for the school in which the student is enrolled. The Safe School Climate Specialist or designee shall cause such reports to be reviewed and actions taken consistent with this policy.
- C. Students may make written or verbal reports of child sexual abuse and/or sexual assault to any school employee. All reports shall be forwarded to the Safe School Climate Specialist for the school in which the student is enrolled. The Safe School Climate Specialist or designee shall cause such reports to be reviewed and actions taken consistent with this policy.
- D. Upon receipt of any report of child sexual abuse and/or sexual assault from any source, a school employee shall report such suspicion to the appropriate authority in accordance with Board Policy 4119, pertaining to **REPORTS**

**OF SUSPECTED ABUSE OR NEGLECT OF CHILDREN OR
SEXUAL ASSAULT OF STUDENTS BY SCHOOL EMPLOYEES.**

II. Procedures for Review of Reports of Child Sexual Abuse and/or Assault

- A. The Safe School Climate Specialist or designee for the school in which the student is enrolled shall be responsible for reviewing any reports of suspected child sexual abuse and/or sexual assault. In the event that the suspected child sexual abuse and/or sexual assault has not yet been reported to the appropriate authority in accordance with Board Policy 4119, pertaining to **REPORTS OF SUSPECTED ABUSE OR NEGLECT OF CHILDREN OR SEXUAL ASSAULT OF STUDENTS BY SCHOOL EMPLOYEES**, the Safe School Climate Specialist or designee shall promptly cause such a report to be made.
- B. If/when such report alleges that an employee of the Board of Education or other individual under the control of the Board is the perpetrator of child sexual abuse and/or sexual assault, the Safe School Climate Specialist or designee shall immediately notify the Superintendent of Schools, who shall cause such report to be investigated in accordance with Board Policy 4119, pertaining to **REPORTS OF SUSPECTED ABUSE OR NEGLECT OF CHILDREN OR SEXUAL ASSAULT OF STUDENTS BY SCHOOL EMPLOYEES**.
- C. The Safe School Climate Specialist or designee shall also promptly notify the parents or guardians of the student about whom a report of suspected child sexual abuse and/or sexual assault has been made. The notification requirement shall not apply if a parent or guardian is the individual suspected of perpetrating the child sexual abuse and/or sexual assault. The Safe School Climate Specialist or designee shall offer to meet with the parents or guardians of the student about whom a report of suspected child sexual abuse and/or sexual assault has been made, in order to discuss the district's review and support procedures, including but not limited to: 1) actions that child victims of sexual abuse and/or sexual assault and their families may take to obtain assistance, 2) intervention and counseling options for child victims of sexual abuse and/or assault, and 3) access to educational resources to enable child victims of sexual abuse and/or sexual assault to succeed in school. If either a Department of Children and Families ("DCF") investigation or a police investigation is pending pertaining to the report of suspected child sexual abuse and/or sexual assault, the Safe School Climate Specialist or designee shall obtain the permission of DCF and/or the police department conducting the investigation prior to informing the parents/guardians of the report.
- D. In the event that the report of suspected child sexual abuse and/or sexual assault alleges that another student enrolled in the Norwich Public Schools

is the perpetrator of the sexual abuse and/or sexual assault, the Safe School Climate Specialist or designee shall also take appropriate action to investigate or cause such a report to be investigated, and appropriate remedial actions taken, in accordance with Board Policy 4119 pertaining to **REPORTS OF SUSPECTED ABUSE OR NEGLECT OF CHILDREN OR SEXUAL ASSAULT OF STUDENTS BY SCHOOL EMPLOYEES**, Board Policy 5131.8, pertaining to **Bullying Prevention and Intervention**, and Board Policy 5145.5, **Sex Discrimination and Sexual Harassment**.

- E. The Safe School Climate Specialist or designee shall develop a student support plan for any who has been a victim of child sexual abuse and/or sexual assault. The report of suspected sexual abuse and/or assault need not be verified prior to the implementation of a support plan. The elements of the support plan shall be determined in the discretion of the Safe School Climate Specialist or designee, and shall be designed to support the student victim's ability to access the school environment.

III. Support Strategies

- A. Child sexual abuse and/or sexual assault can take many forms and can vary dramatically in the nature of the offense and the impact the behavior may have on the victim and other students. Accordingly, there is no one prescribed response to child sexual abuse and/or sexual assault.
- B. The following sets forth possible interventions and supports which may be utilized to support individual student victims of child sexual abuse and/or sexual assault:
 - 1. Referral to a school counselor, psychologist or other appropriate social or mental health service.
 - 2. Encouragement of the student victim to seek help when feeling overwhelmed or anxious in the school environment.
 - 3. Facilitated peer support groups.
 - 4. Designation of a specific adult in the school setting for the student victim to seek out for assistance.
 - 5. Periodic follow-up by the Safe School Climate Specialist and/or Title IX Coordinator with the victim of sexual abuse and assault.
- C. The following sets forth possible interventions and supports which may be utilized systemically as prevention and intervention strategies pertaining to child sexual abuse and/or sexual assault:

1. School rules prohibiting sexual assault and establishing appropriate consequences for those who engage in such acts.
2. School-wide training related to prevention and identification of, and response to, child sexual abuse and/or sexual assault.
3. Age-appropriate educational materials designed for children in grades kindergarten to twelve, inclusive, regarding child sexual abuse and sexual assault awareness and prevention that will include information pertaining to, and support for, disclosures of sexual abuse and sexual assault, including but not limited to:
 - (a) the skills to recognize child sexual abuse and sexual assault, boundary violations and unwanted forms of touching and contact, and the ways offenders groom or desensitize victims; and
 - (b) strategies to promote disclosure, reduce self-blame and mobilize bystanders.
4. Promotion of parent involvement in child sexual abuse and sexual assault prevention and awareness through individual or team participation in meetings, trainings and individual interventions.
5. Respectful and supportive responses to disclosures of child sexual abuse and/or sexual assault by students.
6. Use of peers to help ameliorate the plight of victims and include them in group activities.
7. Continuing awareness and involvement on the part of students, school employees and parents with regards to prevention and intervention strategies.

IV. Safe School Climate Specialists

The Safe School Climate Specialists for the Norwich Public Schools are listed on the district and school website. The Title IX Coordinator for the Norwich Board of Education is the Assistant Superintendent, whose office is located at 90 Town Street and whose telephone number is 860-823-6284.

V. Community Resources

The Board of Education recognizes that prevention of child sexual abuse and sexual assault requires a community approach. Supports for victims and families will include both school and community sources. The national, state and local resources below may be accessed by families at any time, without the need to involve school personnel.

A. National Resources:

National Center for Missing & Exploited Children Resource Center

<http://www.missingkids.com/Publications>

699 Prince Street, Alexandria, Virginia 22314-3175

24-hour call center: 1-800-843-5678

- Online resource center contains publications on child safety and abuse prevention, child sexual exploitation, and missing children.

National Children's Advocacy Center

www.nationalcac.org

210 Pratt Ave., Huntsville, Alabama 35801

Telephone: (256) 533-5437

National Child Traumatic Stress Network

www.nctsn.org

General information on childhood trauma, including information on child sexual abuse.

- NCCTS — Duke University
1121 West Chapel Hill Street Suite 201
Durham, NC 27701
Telephone: (919) 682-1552

National Sexual Violence Resource Center (Includes Multilingual Access)

<http://www.nsvrc.org/projects/multilingual-access/multilingual-access>

123 North Enola Drive

Enola, PA 17025

Toll Free Telephone: 877-739-3895

Darkness to Light

<http://www.d2l.org>

Grassroots national non-profit organization to educate adults to prevent, recognize and react responsibly to child sexual abuse.

1064 Gardner Road, Suite 210

Charleston, SC 29407

National Helpline: (866) FOR-LIGHT

Administrative Office: (843) 965-5444

B. Statewide Resources:

Department of Children and Families

<http://www.ct.gov/dcf/site/default.asp>

Connecticut agency responsible for protecting children who are abused or neglected
505 Hudson Street
Hartford, Connecticut 06106

Child Abuse and Neglect Careline: 1-800-842-2288

Telephone, Central Office: (860) 550-6300

- FAQs About Reporting Suspected Abuse and Neglect:
<http://www.ct.gov/dcf/cwp/view.asp?a=2534&Q=314388&dcfNav=>

The Connecticut Alliance to End Sexual Violence

<http://EndSexualViolenceCT.org/>

Telephone: (860) 282-9881

Statewide coalition of community-based sexual assault crisis service programs working to end sexual violence through victim assistance, public policy advocacy, and prevention education training. Each member center provides free and confidential 24/7 hotline services in English and Spanish, individual crisis counseling, support groups, accompaniment and support in hospitals, police stations, and courts, referral information, and other services to anyone in need.

- *To find a Connecticut Alliance to End Sexual Violence member program please visit:* <http://endsexualviolencect.org/who-we-are/our-members/>

Connecticut Children's Alliance

www.ctchildrensalliance.org

75 Charter Oak Ave Suite 1-309

Hartford, Connecticut 06106, Phone: (860) 610-6041

CCA is a statewide coalition of Child Advocacy Centers and Multidisciplinary Teams.

Connecticut Network of Care

<http://connecticut.networkofcare.org>

Connecticut Network of Care is an online information portal listing programs and support groups for sexual assault and abuse in Connecticut.

Legal References:

Conn. Gen. Stat s. 17a-101q, Statewide Sexual Abuse and Assault Awareness and Prevention Program

Policy Adopted: 12/11/18

NORWICH PUBLIC SCHOOLS
Norwich, Connecticut

Appendix A

**RELEVANT EXCERPTS OF STATUTORY DEFINITIONS
OF SEXUAL ASSAULT AND RELATED TERMS COVERED BY
MANDATORY REPORTING LAWS AND THIS POLICY**

An employee of the Board of Education must make a report in accordance with this policy when the employee of the Board of Education in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any person, regardless of age, who is being educated by the technical high school system or a local or regional board of education, other than as part of an adult education program, is a victim of the following sexual assault crimes, and the perpetrator is a school employee. The following are relevant excerpts of the sexual assault laws and related terms covered by mandatory reporting laws and this policy.

“Intimate Parts” (Conn. Gen. Stat. § 53a-65)

“Intimate parts” means the genital area or any substance emitted therefrom, groin, anus or any substance emitted therefrom, inner thighs, buttocks or breasts.

“Sexual Intercourse” (Conn. Gen. Stat. § 53a-65)

“Sexual intercourse” means vaginal intercourse, anal intercourse, fellatio or cunnilingus between persons regardless of sex. Its meaning is limited to persons not married to each other. Penetration, however slight, is sufficient to complete vaginal intercourse, anal intercourse or fellatio and does not require emission of semen. Penetration may be committed by an object manipulated by the actor into the genital or anal opening of the victim's body.

“Sexual Contact” (Conn. Gen. Stat. § 53a-65)

“Sexual contact” means any contact with the intimate parts of a person not married to the actor for the purpose of sexual gratification of the actor or for the purpose of degrading or humiliating such person or any contact of the intimate parts of the actor with a person not married to the actor for the purpose of sexual gratification of the actor or for the purpose of degrading or humiliating such person.

Sexual Assault in First Degree (Conn. Gen. Stat. § 53a-70)

A person is guilty of sexual assault in the first degree when such person (1) compels another person to engage in sexual intercourse by the use of force against such other person or a third person, or by the threat of use of force against such other person or against a third person which reasonably causes such person to fear physical injury to such person or a third person, or (2) engages in sexual intercourse with another person and such other person is under thirteen years of age and the actor is more than two years older than such person, or (3) commits sexual assault in the second degree as provided in section 53a-71 and in the commission of such offense is aided by two or more other persons actually present, or (4) engages in sexual intercourse with another person and such other person is mentally incapacitated to the extent that such other person is unable to consent to such sexual intercourse.

Aggravated Sexual Assault in the First Degree (Conn. Gen. Stat. § 53a-70a)

A person is guilty of aggravated sexual assault in the first degree when such person commits sexual assault in the first degree as provided in section 53a-70 and in the commission of such offense (1) such person uses or is armed with and threatens the use of or displays or represents by such person's words or conduct that such person possesses a deadly weapon, (2) with intent to disfigure the victim seriously and permanently, or to destroy, amputate or disable permanently a member or organ of the victim's body, such person causes such injury to such victim, (3) under circumstances evincing an extreme indifference to human life such person recklessly engages in conduct which creates a risk of death to the victim, and thereby causes serious physical injury to such victim, or (4) such person is aided by two or more other persons actually present. No person shall be convicted of sexual assault in the first degree and aggravated sexual assault in the first degree upon the same transaction but such person may be charged and prosecuted for both such offenses upon the same information.

Sexual Assault in the Second Degree (Conn. Gen. Stat. § 53a-71)

A person is guilty of sexual assault in the second degree when such person engages in sexual intercourse with another person and: (1) Such other person is thirteen years of age or older but under sixteen years of age and the actor is more than three years older than such other person; or (2) such other person is impaired because of mental disability or disease to the extent that such other person is unable to consent to such sexual intercourse; or (3) such other person is physically helpless; or (4) such other person is less than eighteen years old and the actor is such person's guardian or otherwise responsible for the general supervision of such person's welfare; or (5) such other person is in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over such other person; or (6) the actor is a psychotherapist and such other person is (A) a patient of the actor and the sexual intercourse occurs during the psychotherapy session, (B) a patient or former patient of the actor and such patient or former patient is emotionally dependent upon the actor, or (C) a patient or former patient of the actor and the sexual intercourse occurs by means of therapeutic deception; or (7) the actor accomplishes the sexual intercourse by means of false representation that the sexual intercourse is for a bona fide medical purpose by a health care professional; or (8) the actor is a school employee and such other person is a student enrolled in a school in which the actor works or a school under the jurisdiction of the local or regional board of education which employs the actor; or (9) the actor is a coach in an athletic activity or a person who provides intensive, ongoing instruction and such other person is a recipient of coaching or instruction from the actor and (A) is a secondary school student and receives such coaching or instruction in a secondary school setting, or (B) is under eighteen years of age; or (10) the actor is twenty years of age or older and stands in a position of power, authority or supervision over such other person by virtue of the actor's professional, legal, occupational or volunteer status and such other person's participation in a program or activity, and such other person is under eighteen years of age; or (11) such other person is placed or receiving services under the direction of the Commissioner of Developmental Services in any public or private facility or program and the actor has supervisory or disciplinary authority over such other person.

Sexual Assault in the Third Degree (Conn. Gen. Stat. § 53a-72a)

A person is guilty of sexual assault in the third degree when such person (1) compels another person to submit to sexual contact (A) by the use of force against such other person or a third person, or (B) by the threat of use of force against such other person or against a third person, which reasonably causes such other person to fear physical injury to himself or herself or a third person, or (2) engages in sexual intercourse with another person whom the actor knows to be related to him or her within any of the degrees of kindred specified in section 46b-21.

Sexual Assault in the Third Degree with a Firearm (Conn. Gen. Stat. § 53a-72b)

A person is guilty of sexual assault in the third degree with a firearm when such person commits sexual assault in the third degree as provided in section 53a-72a, and in the commission of such offense, such person uses or is armed with and threatens the use of or displays or represents by such person's words or conduct that such person possesses a pistol, revolver, machine gun, rifle, shotgun or other firearm. No person shall be convicted of sexual assault in the third degree and sexual assault in the third degree with a firearm upon the same transaction but such person may be charged and prosecuted for both such offenses upon the same information.

Sexual Assault in the Fourth Degree (Conn. Gen. Stat. § 53a-73a)

A person is guilty of sexual assault in the fourth degree when: (1) Such person subjects another person to sexual contact who is (A) under thirteen years of age and the actor is more than two years older than such other person, or (B) thirteen years of age or older but under fifteen years of age and the actor is more than three years older than such other person, or (C) mentally incapacitated or impaired because of mental disability or disease to the extent that such other person is unable to consent to such sexual contact, or (D) physically helpless, or (E) less than eighteen years old and the actor is such other person's guardian or otherwise responsible for the general supervision of such other person's welfare, or (F) in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over such other person; or (2) such person subjects another person to sexual contact without such other person's consent; or (3) such person engages in sexual contact with an animal or dead body; or (4) such person is a psychotherapist and subjects another person to sexual contact who is (A) a patient of the actor and the sexual contact occurs during the psychotherapy session, or (B) a patient or former patient of the actor and such patient or former patient is emotionally dependent upon the actor, or (C) a patient or former patient of the actor and the sexual contact occurs by means of therapeutic deception; or (5) such person subjects another person to sexual contact and accomplishes the sexual contact by means of false representation that the sexual contact is for a bona fide medical purpose by a health care professional; or (6) such person is a school employee and subjects another person to sexual contact who is a student enrolled in a school in which the actor works or a school under the jurisdiction of the local or regional board of education which employs the actor; or (7) such person is a coach in an athletic activity or a person who provides intensive, ongoing instruction and subjects

another person to sexual contact who is a recipient of coaching or instruction from the actor and (A) is a secondary school student and receives such coaching or instruction in a secondary school setting, or (B) is under eighteen years of age; or (8) such person subjects another person to sexual contact and (A) the actor is twenty years of age or older and stands in a position of power, authority or supervision over such other person by virtue of the actor's professional, legal, occupational or volunteer status and such other person's participation in a program or activity, and (B) such other person is under eighteen years of age; or (9) such person subjects another person to sexual contact who is placed or receiving services under the direction of the Commissioner of Developmental Services in any public or private facility or program and the actor has supervisory or disciplinary authority over such other person.

APPENDIX B

Operational Definitions of Child Abuse and Neglect

The purpose of this policy is to provide consistency for staff in defining and identifying operational definitions, evidence of abuse and/or neglect and examples of adverse impact indicators.

The following operational definitions are working definitions and examples of child abuse and neglect as used by the Connecticut DCF.

For the purposes of these operational definitions,

- a person responsible for a child's health, welfare or care means:
 - the child's parent, guardian, foster parent, an employee of a public or private residential home, agency or institution or other person legally responsible under State law for the child's welfare in a residential setting; or any staff person providing out-of-home care, including center-based child day care, family day care, or group day care.
- a person given access to a child is a person who is permitted to have personal interaction with a child by the person responsible for the child's health, welfare or care or by a person entrusted with the care of a child.
- a person entrusted with the care of a child is a person who is given access to a child by a person responsible for the health, welfare or care of a child for the purpose of providing education, child care, counseling, spiritual guidance, coaching, training, instruction, tutoring or mentoring.
- **Note:** Only a "child" as defined above may be classified as a victim of child abuse and/or neglect; only a "person responsible", "person given access", or "person entrusted" as defined above may be classified as a perpetrator of child abuse and/or neglect.
 - While only a child under eighteen may be a victim of child abuse or neglect, a report under mandatory reporting laws and this policy is required if an employee of the Board of Education in the ordinary course of such person's employment or profession has reasonable cause to suspect or believe that any person, regardless of age, who is being educated by the technical high school system or a local or regional board of education, other than as part of an adult education program, is a victim of sexual assault, as set forth in this policy, and the perpetrator is a school employee.

Physical Abuse

A child may be found to have been physically abused who:

has been inflicted with physical injury or injuries other than by accidental means,
is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment, and/or
has injuries at variance with the history given of them.

Evidence of physical abuse includes:

excessive physical punishment
bruises, scratches, lacerations
burns, and/or scalds
reddening or blistering of the tissue through application of heat by fire, chemical substances, cigarettes, matches, electricity, scalding water, friction, etc.
injuries to bone, muscle, cartilage, ligaments:
fractures, dislocations, sprains, strains, displacements, hematomas, etc.
head injuries
internal injuries
death
misuse of medical treatments or therapies
malnutrition related to acts of commission or omission by an established caregiver resulting in a child's malnourished state that can be supported by professional medical opinion
deprivation of necessities acts of commission or omission by an established caregiver resulting in physical harm to child
cruel punishment.

Sexual Abuse/Exploitation Sexual Abuse/Exploitation

Sexual Abuse/Exploitation is any incident involving a child's non-accidental exposure to sexual behavior.

Evidence of sexual abuse includes, but is not limited to the following:

rape
penetration: digital, penile, or foreign objects
oral / genital contact
indecent exposure for the purpose of sexual gratification of the offender, or for purposes of shaming, humiliating, shocking or exerting control over the victim
incest
fondling, including kissing, for the purpose of sexual gratification of the offender, or for purposes of shaming, humiliating, shocking or exerting control over the victim

sexual exploitation, including possession, manufacture, or distribution of child pornography. online enticement of a child for sexual acts, child prostitution, child-sex tourism, unsolicited obscene material sent to a child, or misleading domain name likely to attract a child to an inappropriate website
coercing or forcing a child to participate in, or be negligently exposed to, pornography and/or sexual behavior
disease or condition that arises from sexual transmission
other verbal, written or physical behavior not overtly sexual but likely designed to “groom” a child for future sexual abuse.

Legal References: Federal Law 18 U.S.C. 2215 Sexual Exploitation of Children.

Emotional Maltreatment-Abuse

Emotional Maltreatment-Abuse is:

act(s), statement(s), or threat(s), which
has had, or is likely to have an adverse impact on the child; and/or
interferes with a child’s positive emotional development.

Evidence of emotional maltreatment-abuse includes, but is not limited to, the following:

rejecting;
degrading;
isolating and/or victimizing a child by means of cruel, unusual, or excessive methods of discipline; and
exposing the child to brutal or intimidating acts or statements.

Indicators of Adverse Impact of emotional maltreatment-abuse may include, but are not limited to, the following:

depression;
withdrawal;
low self-esteem;
anxiety;
fear;
aggression/ passivity;
emotional instability;
sleep disturbances;
somatic complaints with no medical basis;
inappropriate behavior for age or development;
[suicidal ideations or attempts](#);
extreme dependence;

academic regression;
and/or trust issues.

Physical Neglect

A child may be found neglected who:

has been abandoned;
is being denied proper care and attention physically, educationally, emotionally, or morally;
is being permitted to live under conditions, circumstances or associations injurious to his well-being; and/or
has been abused.

Evidence of physical neglect includes, but is not limited to:

inadequate food;
malnutrition;
inadequate clothing;
inadequate housing or shelter;
erratic, deviant, or impaired behavior by the person responsible for the child's health, welfare or care; by a person given access to the child; or by a person entrusted with the child's care which adversely impacts the child;
permitting the child to live under conditions, circumstances or associations injurious to his well-being including, but not limited to, the following:
 substance abuse by caregiver, which adversely impacts the child physically
 substance abuse by the mother of a newborn child and the newborn has a positive urine or meconium toxicology for drugs
 psychiatric problem of the caregiver which adversely impacts the child physically
 exposure to family violence which adversely impacts the child physically
 exposure to violent events, situations, or persons that would be reasonably judged to compromise a child's physical safety
 non-accidental, negligent exposure to drug trafficking and/or individuals engaged in the active abuse of illegal substances
 voluntarily and knowingly entrusting the care of a child to individuals who may be disqualified to provide safe care, e.g. persons who are subject to active protective or restraining orders; persons with past history of violent/drug/sex crimes; persons appearing on the Central Registry
 non-accidental or negligent exposure to pornography or sexual acts
 inability to consistently provide the minimum of child-caring tasks
 inability to provide or maintain a safe living environment
action/inaction resulting in death
abandonment
action/inaction resulting in the child's failure to thrive

transience

inadequate supervision:

creating or allowing a circumstance in which a child is alone for an excessive period of time given the child's age and cognitive abilities

holding the child responsible for the care of siblings or others beyond the child's ability

failure to provide reasonable and proper supervision of a child given the child's age and cognitive abilities.

Note:

- Inadequate food, clothing, or shelter or transience finding must be related to caregiver acts of omission or commission and not simply a function of poverty alone.
- Whether or not the adverse impact has to be demonstrated is a function of the child's age, cognitive abilities, verbal ability and developmental level.
- Adverse impact may not be required if the action/inaction is a single incident that demonstrates a serious disregard for the child's welfare.

Medical Neglect

Medical Neglect is the unreasonable delay, refusal or failure on the part of the person responsible for the child's health, welfare or care or the person entrusted with the child's care to seek, obtain, and/or maintain those services for necessary medical, dental or mental health care when such person knows, or should reasonably be expected to know, that such actions may have an adverse impact on the child.

Evidence of medical neglect includes, but is not limited to:

frequently missed appointments, therapies or other necessary medical and/or mental health treatments;
withholding or failing to obtain or maintain medically necessary treatment from a child with life-threatening, acute or chronic medical or mental health conditions;
withholding medically indicated treatment from disabled infants with life threatening conditions.

Note: Failure to provide the child with immunizations or routine well child care in and of itself does not constitute medical neglect.

Educational Neglect

Except as noted below, **Educational Neglect** occurs when a school-aged child has excessive absences from school through the intent or neglect of the parent or caregiver.

Definition of School-Aged Child: Except as noted below, a school-aged child is a child five years of age and older and under 18 years of age who is not a high school graduate.

Note: Excessive absenteeism and school avoidance may be presenting symptoms of a

failure to meet the physical, emotional or medical needs of a child. Careline staff shall consider these potential additional allegations at the time of referral.

Criteria:

- **For children school-aged to age 12, excessive absenteeism** may be indicative of the parent’s or caregiver’s failure to meet the educational needs of a student.
- **For children older than age 12, excessive absenteeism**, coupled with a failure by the parent or caregiver to engage in efforts to improve the child’s attendance, may be indicative of educational neglect.
 - For children older than age 12, excessive absenteeism through the child’s own intent, despite the parent’s or caregiver’s efforts, is not educational neglect. Rather, this is truancy, which is handled through the school district.

Child’s Characteristics. In determining the criteria for excessive absenteeism, the following characteristics of the child shall be considered by the social worker:

- Age;
- Health;
- Level of functioning;
- Academic standing; and
- Dependency on parent or caregiver

Parent or Caregiver’s Characteristics. In determining the criteria for excessive absenteeism, the following characteristics of the parent or caregiver shall be considered by the social worker:

- Rationale provided for the absences;
- Efforts to communicate and engage with the educational provider; and
- Failure to enroll a school-aged child in appropriate educational programming (including homeschooling)

Exceptions (in accordance with Conn. Gen. Stat. § 10-184):

1. A parent or person having control of a child may exercise the option of not sending the child to school at age five (5) or age six (6) years by personally appearing at the school district office and signing an option form. In these cases, educational neglect occurs if the parent or person having control of the child has registered the child at age five (5) or age (6) years and then does not allow the child to attend school or receive home instruction.
2. A parent or person having control of a child seventeen (17) years of age may consent to such child’s withdrawal from school. Such parent or person shall personally appear at the school district office and sign a withdrawal form.

Note: Failure to sign a registration option form for such child is not in and of itself educational neglect.

Emotional Neglect

Emotional Neglect is the denial of proper care and attention, or failure to respond, to a child's affective needs by the person responsible for the child's health, welfare or care; by the person given access to the child; or by the person entrusted with the child's care which has an adverse impact on the child or seriously interferes with a child's positive emotional development.

Note: Whether or not the adverse impact has to be demonstrated is a function of the child's age, cognitive abilities, verbal ability and developmental level. Adverse impact is not required if the action/inaction is a single incident which demonstrates a serious disregard for the child's welfare

Note: The adverse impact may result from a single event and/or from a consistent pattern of behavior and may be currently observed or predicted as supported by evidenced based practice.

Evidence of emotional neglect includes, but is not limited to, the following:

- inappropriate expectations of the child given the child's developmental level;
- failure to provide the child with appropriate support, attention and affection;
- permitting the child to live under conditions, circumstances or associations; injurious to his well-being including, but not limited to, the following:
 - substance abuse by caregiver, which adversely impacts the child emotionally;
 - psychiatric problem of the caregiver, which adversely impacts the child emotionally;
 - and
 - exposure to family violence which adversely impacts the child emotionally.

Indicators may include, but are not limited to, the following:

- depression;
- withdrawal;
- low self-esteem;
- anxiety;
- fear;
- aggression/ passivity;
- emotional instability;
- sleep disturbances;
- somatic complaints with no medical basis;
- inappropriate behavior for age or development;
- suicidal ideations or attempts;
- extreme dependence;
- academic regression;
- trust issues.

Moral Neglect

Moral Neglect: Exposing, allowing, or encouraging the child to engage in illegal or reprehensible activities by the person responsible for the child's health, welfare or care or person given access or person entrusted with the child's care.

Evidence of Moral Neglect includes but is not limited to:

stealing;

using drugs and/or alcohol;

and involving a child in the commission of a crime, directly or by caregiver indifference.

Appendix C

INDICATORS OF CHILD ABUSE AND NEGLECT

Indicators of Physical Abuse HISTORICAL

Delay in seeking appropriate care after injury.

No witnesses.

Inconsistent or changing descriptions of accident by child and/or parent.

Child's developmental level inconsistent with history.

History of prior "accidents".

Absence of parental concern.

Child is handicapped (physically, mentally, developmentally) or otherwise perceived as "different" by parent.

Unexplained school absenteeism.

History of precipitating crisis

PHYSICAL

Soft tissue injuries on face, lips, mouth, back, buttocks, thighs or large areas of the torso;

Clusters of skin lesions; regular patterns consistent with an implement;

Shape of lesions inconsistent with accidental bruise;

Bruises/welts in various stages of healing;

Burn pattern consistent with an implement on soles, palms, back, buttocks and genitalia; symmetrical and/or sharply demarcated edges;

Fractures/dislocations inconsistent with history;

Laceration of mouth, lips, gums or eyes;

Bald patches on scalp;

Abdominal swelling or vomiting;

Adult-size human bite mark(s);

Fading cutaneous lesions noted after weekends or absences;

Rope marks.

BEHAVIORAL

Wary of physical contact with adults;

Affection inappropriate for age

Extremes in behavior, aggressiveness/withdrawal;

Expresses fear of parents;

Reports injury by parent;

Reluctance to go home;

Feels responsible (punishment "deserved");

Poor self-esteem;

Clothing covers arms and legs even in hot weather.

Indicators of Sexual Abuse

HISTORICAL

Vague somatic complaint;

Excessive school absences;

Inadequate supervision at home;

History of urinary tract infection or vaginitis;

Complaint of pain; genital, anal or lower back/abdominal;

Complaint of genital itching;

Any disclosure of sexual activity, even if contradictory.

PHYSICAL

Discomfort in walking, sitting;

Evidence of trauma or lesions in and around mouth;
Vaginal discharge/vaginitis;
Vaginal or rectal bleeding;
Bruises, swelling or lacerations around genitalia, inner thighs;
Dysuria;
Vulvitis;
Any other signs or symptoms of sexually transmitted disease;
Pregnancy.

BEHAVIORAL

Low self-esteem;
Change in eating pattern;
Unusual new fears;
Regressive behaviors;
Personality changes (hostile/aggressive or extreme compliance);
Depression;
Decline in school achievement;
Social withdrawal; poor peer relationship;
Indicates sophisticated or unusual sexual knowledge for age;
Seductive behavior, promiscuity or prostitution;
Substance abuse;
Suicide ideation or attempt;
Runaway.

Indicators of Emotional Abuse HISTORICAL

Parent ignores/isolates/belittles/rejects/scapegoats child

Parent's expectations inappropriate to child's development

Prior episode(s) of physical abuse

Parent perceives child as "different"

PHYSICAL

(Frequently none);

Failure to thrive;

Speech disorder;

Lag in physical development;

Signs/symptoms of physical abuse.

BEHAVIORAL

Poor self-esteem

Regressive behavior (sucking, rocking, enuresis)

Sleep disorders

Adult behaviors (parenting sibling)

Antisocial behavior;

Emotional or cognitive developmental delay;

Extremes in behavior - overly aggressive/compliant;

Depression;

Suicide ideation/attempt.

Indicators of Physical Neglect

HISTORICAL

High rate of school absenteeism;

Frequent visits to school nurse with nonspecific complaints;

Inadequate supervision, especially for long periods and for dangerous activities;

Child frequently unattended; locked out of house;

Parental inattention to recommended medical care

No food intake for 24 hours;

Home substandard (no windows, doors, heat), dirty, infested, obvious hazards;

Family member addicted to drugs/alcohol.

PHYSICAL

Hunger, dehydration;

Poor personal hygiene, unkempt, dirty;

Dental cavities/poor oral hygiene;

Inappropriate clothing for weather/size of child, clothing dirty; wears same clothes day after day;

Constant fatigue or listlessness;

Unattended physical or health care needs;

Infestations;

Multiple skin lesions/sores from infection.

BEHAVIORAL

Comes to school early, leaves late;

Frequent sleeping in class;

Begging for/stealing food;

Adult behavior/maturity (parenting siblings);

Delinquent behaviors;

Drug/alcohol use/abuse.

