



**All children, whoever they
are and wherever they
are, have a right to
be protected.**



**INTERNATIONAL
CHRISTIAN ADOPTIONS**

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Safeguarding References

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Introduction

All children, whoever they are and wherever they are, have a right to be protected from harm and have their welfare promoted. While it has been known for some time that children are especially vulnerable to natural disasters and armed conflicts, lessons learned from the past have shown that too often organizations do not prioritize the safeguarding needs of children when emergencies strike. Yet children suffer the consequences in the absence of such measures. Abuse is likely to occur every time an emergency happens.

Definitions and concepts

It is crucial before we continue to ensure that we have a precise understanding of the terminology used. Often the term “Child Protection” is used to define both Child Protection Programming interventions and Child Safeguarding measures. Additionally, we need to be specific about what “Abuse” means and implies.

Child protection in emergencies

Everything that individuals, organizations, countries and communities do to prevent and respond to abuse, neglect, exploitation of and violence against children in emergencies.

Child Protection (programmatic) activities include efforts to address the following:

- Separation of children from their families
- Tracing / Reunification / Reintegration
- Recruitment and use of children by armed forces and/or armed groups (CAAGF)
- Violence against children (incl. GBV)
- Mental health and psychosocial distress
- Where relevant, risks from landmines and unexploded ordinances
- Monitoring and reporting on grave violations against children and serious child protection concerns
- Exploitation and trafficking
- Child labor
- Children in conflict with the law
- Protection of children during armed conflict
- Protection against traditional harmful practices (incl. FGM, child marriage, etc)

Child safeguarding measures

Measures an organization undertakes to ensure that the children it comes in contact with are not harmed by their staff or visitors and that the activities that they are implementing do not harm children. It relates to the policies and procedures designed by the organization to keep children safe. Some organizations will, however, call these measures “child protection measures” since their aim is to “protect” children – however for clarity we will refer to “child safeguarding measures” so as to minimize the risk of confusion with “child protection” programming activities.

Child safeguarding policy

A written document that states an organization’s commitment to keep safe the children it works with,

or comes in contact with. A policy explains how an organization approaches child safeguarding, their attitudes and basic principles.

Child safeguarding procedures

Clear advice and guidelines on what individuals and organizations should do if a concern about a child or someone's behavior is raised.

Code of conduct / Code of behavior

A clear, concise guide for staff about what is, and what is not, acceptable behavior or practice when working with a humanitarian organization and particularly with children. 1 Official inter-agency agreed Child Protection in Emergencies definition, Child Protection Working Group, UNICEF, Geneva, 2010.

Standards

Standards provide a benchmark against which practice can be measured and audited, areas for development can be identified and thus provide a basis for accountability and challenge if practice falls below a certain level. Although implementing standards cannot offer complete safeguarding for children, it does minimize the risk to children of abuse and exploitation.

Abuse

Abuse exists in all countries and communities. It is expressed in personal values, beliefs and practices and also through wider societal, cultural and institutional systems. Child abuse denies children their right to a safe, secure, happy and healthy childhood. Statistics for children globally include:

- 1 million children worldwide live in detention.
- 180 million children are engaged in the worst forms of child labor.
- 1.2 million children are trafficked every year.
- 2 million children are exploited via prostitution and pornography.
- 2 million children are estimated to have died as a direct result of armed conflict since 1990.
- 300,000 child soldiers at any one time.

Definitions of Abuse

Trying to define child abuse is difficult because of the vast cultural, religious, social/political, legal and economic differences that children experience. What may seem to be abusive in one country may be acceptable in another. It seems impossible to agree on one, universal definition. But in order that child safeguarding approaches make sense it is crucial that a common understanding is reached by organizations as to what the definition of child abuse is and in what circumstances their policy and procedures apply. "Child abuse and neglect, sometimes also referred to as child maltreatment, is defined in the World Report on Violence and Health as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust, or power. "Many children living throughout the world can therefore easily be described as being abused in a very general sense because they are denied basic human rights and live in circumstances that are extremely difficult. However, any definition of abuse needs to be

carefully thought through as no child safeguarding policy can address all abuse of children and would be ineffective if it were used in this way.

Child abuse

A general term used to describe where the child may experience harm, usually as a result of failure on the part of a parent / caregiver or organization / community to ensure a reasonable standard of care and safeguarding or by deliberate harmful acts. Research studies and inquiry reports have widened our awareness of the abuse of children by peers, siblings and those employed or entrusted with their care in both community and residential settings. Reports into allegations that aid workers were sexually exploiting women and children has highlighted concern about child safeguarding issues in developing countries and places duty of care to beneficiaries on humanitarian and other non-government organizations.

2 These notes have been prepared using a variety of sources and original material. Further resource information can be found on the

www.nspcc.org.uk website and www.who.int Additional materials for professionals working with children can be downloaded from

www.nspcc.org.uk/freshstart. Fresh Start facilitates a multi-disciplinary community of practice in relation to child sexual abuse and

acts. Also see the Child Rights Information Network - <http://www.crin.org/>.

3 State of World's Children UNICEF 2004.

4 WHO, Report on the Consultation on Child Abuse Prevention Geneva, March 29-31, 1999.

5 UN IASC Task Force, 2002

Within the broad definition of child maltreatment, five subtypes are distinguished:

- physical abuse
- sexual abuse
- emotional abuse
- neglect and negligent treatment
- sexual and commercial exploitation.

These sub-categories of child maltreatment and their definitions were devised following an extensive review of different countries' definitions of child maltreatment.

Physical abuse of a child

The actual or potential physical harm from an interaction or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power, or trust. There may be single or repeated incidents.

Child sexual abuse

The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by an activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to the inducement or coercion of a child to engage in any unlawful sexual

activity; the exploitative use of a child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performances, internet pictures and materials. The use of technology such as the internet by adults to entice children to meet or participate in virtual sex is also an abuse.

Neglect and negligent treatment

The inattention or omission on the part of the caregiver to provide for the development of the child in: health, education, emotional development, nutrition, shelter and safe living conditions, in the context of resources reasonably available to the family or caretakers and which causes, or has a high probability of causing, harm to the child's health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and safeguard children from harm as much as is feasible.

Emotional abuse

The failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can reach their full potential in the context of the society in which the child lives. There may also be acts toward the child that cause or have a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. These acts must be reasonably within the control of the parent or person in a relationship of responsibility, trust or power. Acts include restriction of movement, degrading, humiliating, scapegoating, threatening, scaring, discriminating, ridiculing, or other non-physical forms of hostile or rejecting treatment.

Sexual exploitation

The abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially or politically from the exploitation of another. Child prostitution and trafficking of children for sexual abuse and exploitation being one example of this.

Commercial or other exploitation of a child

The use of the child in work or other activities for the benefit of others. This includes, but is not limited to, child labor. These activities are to the detriment of the child's physical or mental health, education, moral or social-emotional development. Children being recruited into the army would also come under this category.

Disabled children and abuse

Disability in children can make them more vulnerable to child abuse. What might be considered harmful or abusive treatment of a non-disabled child is sometimes seen in certain context as normal for a disabled child to experience. In discussing safeguarding of disabled children, it is essential to consider not only personal attitudes and values but also the social context that children are living in, what are the community attitudes towards disability? Awareness of how society treats disabled children is critical for two reasons:

- so individuals do not reinforce abusive attitudes or behavior in their own practice
- so that staff can promote the rights of disabled children to be safeguarded.

There are many things people might believe about disabled children that will affect whether they think they are at risk of abuse. The truth is that disabled children are MORE at risk of abuse and this is known

through international research and experience. Humanitarian aid workers have probably encountered many examples of disabled children being wrongly treated and abused.

Indicators of abuse give us important clues to what might be happening to a child or young person; they should not usually be seen in isolation from the rest of the child's life and experience. For disabled children indicators of abuse may be masked or confused by their disability. People might say:

- Injuries are self-inflicted
- Behavior is symptomatic of the disability
- A disabled child's allegation is false because they do not know what they are talking about
- They have to treat the child in that way for their own good e.g. tying or chaining up, not feeding, locking up, not dressing etc.

It is therefore important to recognize that disabled children can be abused and harmed, and the effects of abuse may be more dangerous e.g. not feeding a child who cannot feed themselves will ultimately lead to their death. The safeguarding of disabled children may need extra thought and attention especially when a community or society does not recognize the human rights of disabled children.

OTHER FORMS OF ABUSE

Internet abuse and abusive images of children

Abusive images of children, commonly referred to as child pornography, is defined as any representation, by whatever means, of a child engaged in real or simulated explicit sexual activities or any representation of the sexual parts of a child for sexual purposes. Technology has also meant that children are now subject to additional abuse through the internet. There is a trade in the transmission of abusive images of children. Digital and phone cameras have made it possible for some children images to be distributed across the internet without their knowledge. Children may also be at risk of coming in to contact with people who want to harm them through their use of the internet.

Abuse linked to differing belief (i.e. 'possession', 'witchcraft', or other belief systems)

Abuse linked to the belief in 'spirit possession', 'witchcraft' or other belief system can occur when communities or individuals believe that a child or an adult is in possession of evil action needs to be 'punished'. Child abuse linked to accusations of 'possession', 'witchcraft' or beliefs held generally occurs when the child is being viewed as 'different' (the child could be disobedient, ill or disabled) and the accuser (often small groups of people somehow related to the child) think they need to punish him or her. These beliefs can result in extremely cruel practices to children, e.g. severe beating, burning, starvation, isolation, cutting or stabbing and can even cause death to the child. Ritualistic ceremonies or other practices to hurt children can also be part of this harmful practice.

Abuse of trust

A relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their work or the nature of their activity. An abuse of trust could be committed by, for example, a teacher, humanitarian or development worker, sports coach, scout leader, faith leader. It is important those in a position of trust have a clear understanding of the responsibilities this carries and clear guidance to ensure they do not abuse their position or put themselves in a position

where allegations of abuse, whether justified or unfounded, could be made. The relationship may be distorted by fear or favor. It is vital for all those in such positions of trust to understand the power this gives them over those they care for and the responsibility they must exercise as a consequence. This is particularly important in the context of humanitarian aid, when those in positions of power also control aid and resources.

Cultural values

Whilst there are some common factors such as poor economic status, violence within the home, drug and alcohol abuse which increase the likelihood of children being abused, some of the most powerful are specific to the culture and society in which a child lives. It is vital to determine what are the culturally accepted child rearing practices and attitudes to faith, gender, disability, sexual orientation in different countries and regions. This is not to lower the level of concern or condone abuse but more to understand the environment in which it occurs and the community attitude to it.

Legal framework and humanitarian principles

INTRODUCTION

A fundamental element in the safeguarding of children is the recognition that states have the primary responsibility of protecting the human rights of all persons within their territories. Children share protected universal human rights with all other persons but, in addition, because of their dependence, vulnerability and developmental needs, they also have certain additional rights. Familiarity with international law is important because it outlines the obligations of a country to protect children. It also provides the framework within which those who work with children should operate.

Where there is a lack of consistency between applicable legal instruments, the one giving the best protection to the child is to be applied.

It is widely accepted that we must act solely in the best interests of the child.

KEY CONCEPTS

1. The legal bases for prioritized action on behalf of children are well established in international law.
2. The UN Convention on the Rights of the Child (UNCRC) provides a comprehensive code of rights which offers the highest standards of protection and assistance for children.
3. The civil rights and freedoms established under the UNCRC apply equally to all children, who should be provided with opportunities to express their views in any matter affecting them and encouraged to participate in the activities of the community.
4. The UNCRC and other instruments provide the right to specific protection for children in situations of armed conflict.

5. Refugee and displaced children are particularly at risk from many different types of abuse and exploitation, including child labor and sexual exploitation. Their rights to protection are established through the UNCRC and other international instruments.
6. The maintenance of family unity and the reunification of families has been established as a priority in international law.
7. Education is recognized as a universal human right which is established through a wide range of international and regional instruments.
8. The UNCRC establishes the right to the highest attainable standard of health for children.

MAIN LEGAL INSTRUMENTS THAT APPLY TO CHILDREN IN EMERGENCIES.

The text below provides reference to the key sections of international legal instruments that are applicable in an emergency. This is intended as an at-a-glance resource – the full text of the instrument should be referred to for full information

HUMAN RIGHTS LAW

Convention of the rights of the child

All but two countries (Somalia and the USA are the exceptions) are parties to the UN Convention on the Rights of the Child (UNCRC). As such it can be treated as almost universally applicable. It is legally binding on every government which is a party to it and applies to all children within the jurisdiction of each state, not only to those who are nationals of that state. Indeed, the principle of non-discrimination is stated strongly in the CRC and certainly covers refugee and displaced children including adolescents. Legal framework and humanitarian principles

The CRC guiding principles as an overall framework:

Article 1, **Definition of the child:** a 'child' is a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger. The Committee on the Rights of the Child, the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18. For normal purposes this means that it can be applied to everyone up to 18, unless it is demonstrated that they are an adult under the applicable national law for all purposes or for this specific purpose. In any case, the "scheme" of the UNCRC suggests that this exception should be interpreted as an empowering one, in other words that under-18s can claim the benefits of adulthood if granted by national law while still being able to claim the protection of the UNCRC.

Article 2, **Non-Discrimination:** All rights apply to all children without exception. It is the State's obligation to protect children from any form of discrimination and to take positive action to promote their rights.

Article 3, **Best Interests of the Child:** All actions concerning the child shall result from taking full account of his or her best interests. The State shall provide the child with adequate care when parents, or others charged with that responsibility, fail to do so.

Article 6, **Right to Life, Survival and Development:** Every child has the inherent right to life and the State has an obligation to ensure the child's survival and development.

Article 12, **Respect for the views of the child:** All children have the right to participation in decision making processes that may be relevant in their lives and to influence decisions taken in their regard – within the family, school or community. A comprehensive understanding of and compliance with the UN Convention on the Rights of the Child must be central to all child protection activities. Summaries of the following articles are included here, as they are likely to be central to much of child protection work in emergencies:

Articles 9 (family separation),
10 (family reunification across borders),
11 (illicit transfer of children),
16 (right to privacy, honor and reputation),
19 (protection from violence, injury, abuse, neglect, maltreatment or exploitation),
20 (alternative care),
21 (adoption),
22 (refugee children),
23 (disabled children),
24 (harmful practices),
25 (periodic review of alternative care),
32 (economic exploitation),
34 (sexual abuse and exploitation),
35 (abduction, sale or trafficking of children),
36 (other forms of exploitation),
37 (juvenile justice and protection from torture or other cruel, inhuman or degrading treatment or punishment),
38 (protection in armed conflict),
39 (recovery and reintegration),
40 (children in conflict with the law)
1 THE CONVENTION ON THE RIGHTS OF THE CHILD, Guiding principles: general requirements for all rights

Articles that are not protection rights but represent important approaches to securing children's protection

rights include:

Articles 5 (support for the parent, extended family and community),
7 (birth registration and protection of identity),
18 (parental responsibility),
26 (social security),
27 (adequate standard of living and social protection),
28 & 29 (education),
31 (play and leisure)

Optional protocol on the involvement of children in armed conflict

Article 1: States Parties shall take all feasible measures to ensure that members of their armed forces who

have not attained the age of 18 years do not take a direct part in hostilities.

Article 2: States Parties shall ensure that persons who have not attained the age of 18 years are not compulsorily

recruited into their armed forces.

Article 3.3: States Parties that permit voluntary recruitment into their national armed forces under the age

of 18 shall maintain safeguards to ensure, as a minimum, that

Such recruitment is genuinely voluntary;

Such recruitment is done with the informed consent of the person's parents or legal guardians;

Such persons are fully informed of the duties involved in such military service;

Such persons provide reliable proof of age prior to acceptance into national military service.

Article 4.1: Armed groups that are distinct from the armed forces of a State should not, under any circumstances,

recruit or use in hostilities persons under the age of 18 years

Optional protocol on the sale of children, child prostitution and child pornography

Article 1: State Parties shall prohibit the sale of children, child prostitution and child pornography as provided

for by the present Protocol.

Article 3: Each State Party shall ensure that, as a minimum, the following acts and activities are fully covered

under its criminal or penal law, whether such offences are committed domestically or trans-nationally or on an individual or organized basis:

Offering, delivering or accepting, by whatever means, a child for the purpose of:

- Sexual exploitation of the child;
- Transfer of organs of the child for profit;
- Engagement of the child in forced labor;

Improperly inducing consent, as an intermediary, for the adoption of a child in violation of applicable international legal instruments on adoption;

Offering, obtaining, procuring or providing a child for child prostitution, as defined in article 2;

Producing, distributing, disseminating, importing, exporting, offering, selling or possessing for the above purposes child pornography.

INTERNATIONAL HUMANITARIAN LAW

International humanitarian law

International humanitarian law limits the methods of conducting military operations. The fundamental rules of international humanitarian law are as follows:

- Those who do not take a direct part in hostilities, who are put out of action or who are disabled are entitled to respect for their lives and their physical and moral integrity.
- It is forbidden to kill or to injure an enemy who surrenders or who is not participating in hostilities.
- The wounded and the sick shall be collected and cared for by the party to the conflict that has them in its power. Protection also covers medical personnel, establishments, transports and supplies. The emblem of the Red Cross is the sign of such protection and must be respected.
- Captured combatants and civilians are entitled to respect for their lives, dignity, personal rights and convictions. They shall be protected against all acts of violence. They shall have the right to correspond with their families and to receive relief.
- Everyone shall be entitled to fundamental justice. No one shall be held responsible for an act he or she has not committed or be subjected to physical or mental torture, corporal punishment, or cruel or degrading treatment.
- Parties to a conflict should not have an unlimited choice of methods and means of warfare that cause unnecessary losses or excessive suffering.
- Parties to a conflict shall spare civilian populations and property. Attacks shall be directed solely against military objectives.

HUMANITARIAN PRINCIPLES

Humanitarian principles are based on the work of the Red Cross, and they have their underpinnings in international humanitarian law and human rights law. The principles are a type of framework for how we act, a “code of conduct” for everyone present in an emergency, including in conflict the warring parties. Governments have the primary responsibility to uphold them, as well as non-state entities, and humanitarian organizations.

Four core principles – accepted by all UN agencies, the International Red Cross movement, and NGOs:

- **Humanity:** The centrality of saving lives and alleviating suffering wherever it is found.
- **Neutrality:** Humanitarian agencies must not affiliate themselves to any side of the ongoing conflict.
- **Impartiality:** Humanitarian aid should be implemented solely on the basis of need, without discrimination between or within affected populations.
- **Independence:** Humanitarian agencies must formulate and implement their own policies independently of government policies or actions.

Additional internationally recognized humanitarian principles.

- **Do no harm:** humanitarian organizations must strive to “do no harm” when providing assistance.
- Humanitarian actors need to be aware of this and take steps to minimize the harm. To minimize possible longer-term harm, humanitarian organizations should provide assistance in ways that are
- supportive of recovery and long-term development.
- **Accountability:** Humanitarian programs should be accountable to those whom they serve as

- 2 UNICEF, face to face training on CPiE, legal and normative framework.
- 3 For example, aid is used as an instrument of war by denying access or attacking convoys; aid is an indirect part of the dynamics
- of the conflict because it creates jobs, gives incomes in form of taxes, leaves no or little responsibility on the state for social welfare, etc; or aid exacerbates the root causes of the conflict by securing rebel activities.
- well as to those who fund their activities. Those providing assistance have a duty to ensure that aid reaches its intended beneficiaries in the most effective and efficient way possible.
- **Customs and culture:** Understanding local traditions and values is important in carrying out humanitarian work, especially in connecting these to internationally recognized human rights.
- **Participation:** Humanitarian workers have a responsibility to provide assistance in a way that realizes the right of affected populations to take part in decisions that affect their lives.
- **Respect for international humanitarian law and human rights:** All involved in a conflict must respect international humanitarian law and fundamental human rights, particularly the rights of children as enshrined in the Convention on the Rights of the Child.
- **The humanitarian imperative:** Human suffering must be addressed wherever it is found, with particular attention to the most vulnerable in the population, such as children, women, the displaced and the elderly. The dignity and rights of all those in need of humanitarian assistance must be respected and protected. The humanitarian imperative implies a right to receive humanitarian assistance and a right to offer it. At times, humanitarian access to civilian populations is denied by authorities for political or security reasons. Humanitarian agencies must maintain their ability to obtain and sustain access to all vulnerable populations and to negotiate such access with all parties to the conflict.
- **Independence:** humanitarian objectives are autonomous from political, economic, military objectives or other interests related to the location where assistance is provided.

Refugee law

The fundamental principle of refugee protection is that of non-refoulement, which prohibits the return of a refugee to a territory where he or she fears persecution. This right is contained in article 33 of the 1951 Convention relating to the Status of Refugees:

- “No Contracting State shall expel or return (‘refouler’) a refugee in any manner whatsoever to the frontiers of territories where his life or freedom would be threatened on account of his race, religion, nationality, membership of a particular social group or political opinion.”

Protection of the internally displaced

Unlike refugees, those who have fled their homes but have not crossed an international border are not protected by a special agency or by a special body of law. Although international human rights law applies to them in that situation, their situation is often much more vulnerable, particularly when they are living in areas controlled by rebel movements or whereby virtue of their race, religion or political affiliation they are considered the ‘enemy’. Protection of internally displaced persons should be guaranteed by national legislation concerning the rights and wellbeing of all citizens, international

human rights obligations of governments and, in cases of armed conflict, by international humanitarian law.

Other relevant international instruments

The following are international instruments that may be relevant in particular circumstances and should be referred to as applicable.

- The 1966 Covenant on Civil and Political Rights
- The 1966 Covenant on Economic, Social and Cultural Rights
- CERD (Convention on the Elimination of All Forms of Racial Discrimination), 1965
- CEDAW (Convention on the Elimination of Discrimination Against Women), 1979
- CAT (Convention Against Torture), 1984
- The Convention on the Prevention and Punishment of Genocide, 1948
- The 1951 Convention relating to the Status of Refugees and the 1967 Protocol
- The 1949 Geneva Conventions and Additional Protocols (1977)
- The 2007 Paris Principles and Commitments (Child Recruitment)

Children benefit from an increased degree of protection which is reflected in various international instruments. NOTE: if a child is suspected of being the perpetrator of abuse, this child benefits from the same protection levels and from the specific provisions that have been developed to treat the cases of minors in conflict with the law.

ADDITIONAL REFERENCES DOCUMENTS

Core principles and values

ICA recognizes the personal dignity and rights of children towards whom it has a special responsibility and duty of care and respect. We believe that all children have equal rights to protection from harm as set out in the UN Convention on the Rights of the Child. ICA does not tolerate child abuse, neglect, violence, or exploitation in any form. ICA and all of its staff, volunteers and representatives, are committed to create a safe environment for children and young people and to prevent their physical, sexual or emotional abuse. Given the vulnerability of children, ICA will ensure that the particular needs of children will remain at the forefront of our response.

Purpose

The primary goal of ICA's Child Safeguarding Policy is to ensure that all that we do serves the needs and protects the well-being of children to whom we have a special duty of care. ICA demonstrates its commitment to serving the best interests of children under our care by designing and implementing programs that protect children from abuse, neglect, and exploitation and keeps them safe. ICA recognizes children's right to participation and promotes respect of the views of the child in all our programs pertaining to them. The organization expects all staff to promote the core values of the organization and to uphold the dignity of all beneficiaries, particularly children, by ensuring that the conduct of staff is of the highest standard at all times and by collaborating with all relevant stakeholders to keep children safe from harm.

Definitions

Child or minor is any person under the age of 18, according to the United Nations Convention on the Rights of the Child. Minors are considered unable to evaluate and understand the consequences of their choices and give informed consent, especially for sexual acts.

Sexual exploitation means any act or attempted abuse of a position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, sexually or politically from the sexual exploitation of another.

Sexual abuse means the actual or threatened physical intrusions of a sexual nature whether by force or under unequal or coercive conditions.

Physical abuse is actual or likely physical injury to a child, such as hitting, kicking, shaking, where there is definite knowledge, or reasonable suspicion, that the injury was inflicted or knowingly not prevented.

Emotional abuse is harm done by persistent or severe emotional ill-treatment or rejection, such as degrading punishments, threats, bullying, and not giving care and affection, resulting in adverse effects on the behavior and emotional development of a child or young person.

Neglect occurs when basic needs such as food, warmth and medical care aren't met or when there is failure to protect a child from exposure to any kind of danger, resulting in serious impairment of a child's or young person's health or development.

CHILD SAFEGUARDING POLICY AND PROCEDURES

Policy Owner: **ICA Child Safeguarding**

Policy: Child Safeguarding Policy

Compliance & Procedures

1. The following people must comply with the Child Safeguarding Policy:

- all staff, full time, part time, international and national, and to those engaged on short-term contracts, e.g. consultants, researchers etc. (referred to as “staff”)
- volunteers, board members, trustees (referred to as “representatives”)
- staff and representatives of partner agencies and any other individuals, groups or organizations who have a formal / contractual relationship to ICA that involves them having contact with children - unless it has been agreed under the global guidance and local procedures that the partner organization may enforce its own safeguarding or protection policy (referred to as “staff of partner agencies”).

2. Donors, journalists, celebrities, politicians and other people who visit ICA programs or offices and may come into contact with children must be given a copy of this policy and be made aware that they must act in accordance with it whilst visiting programs or offices.

3. All ICA staff and representatives must act in accordance with this policy in both their professional and their personal lives.

4. All ICA staff and representatives must sign the Declaration of Acceptance, prior to or at the time of issuing of any employment contract, to show that they are aware of this policy, the Child Safeguarding Joint Statement and their Summary Local Procedures and will act in accordance with these documents.

5. All staff and representatives must:

- report concerns that a child is a victim of child abuse or sexual exploitation immediately in accordance with their Local Procedures
- undertake induction and training on this policy which is relevant and appropriate to their position so that they can undertake their responsibilities effectively and with confidence
- cooperate fully and confidentially in any investigation of concerns and allegations
- respond to a child who may have been abused/exploited in accordance with the Local Procedures and in accordance with their best interest and safety
- identify, minimize and attempt to avoid potential situations of risk for children
- identify and avoid potential situations which may lead to staff behavior being misinterpreted
- ensure, when making images of children e.g. photographs, videos, that they are respectful, that the children are adequately clothed and that sexually suggestive poses are avoided
- ensure that any image or recorded case history of a child does not place him / her at risk or render him / her vulnerable to any form of abuse
- ensure that the Child Safeguarding – Safe Child Participation policy is complied with if any child is to participate in any activity other than as a beneficiary, e.g. a campaigning event, awards ceremony, panel or any other event or in internet social networking;

6. ICA staff and representatives must **NEVER**:

- hit or otherwise physically assault or physically abuse children
- have sexual intercourse, or engage in any sexual activity, with anyone under 18 years of age, regardless of the age of consent locally. Mistaken belief in the age of the child is not a defense
- develop relationships with children which could in any way be deemed exploitative or abusive
- act in ways that may be abusive or may place a child at risk of abuse
- use language, make suggestions or offer advice, which is inappropriate, offensive or abusive
- behave physically in a way that is inappropriate or sexually provocative
- have a child/children with whom they are working to stay overnight at their home (unless necessary and previously agreed with managers that this is for the safety of the child)
- sleep in the same bed as a child with whom they are working
- sleep in the same room as a child with whom they are working (unless necessary and previously agreed with managers that this is for the safety of the child)
- do things for children of an intimate, personal nature that they can do for themselves (such as toileting, bathing and dressing).
- condone, or participate in, behavior of children which is illegal, unsafe or abusive
- act in ways intended to shame, humiliate, belittle or degrade children, or otherwise perpetrate any form of emotional abuse
- discriminate against, show unfair differential treatment to, or favor particular children to the exclusion of others
- act as negotiator in or assist the process of financial settlement between the family of a child victim of sexual abuse or exploitation and the perpetrator or
- spend excessive time alone with children away from others (including in vehicles) or spend time in a child's home unless exceptional circumstances apply, and they have the prior approval of their line manager.

7. All staff and representatives must be aware that any allegation of the abuse or exploitation of children made against them will be investigated, under these Child Safeguarding policies:

- by consideration of referral to statutory authorities for criminal investigation and prosecution under the law of the country in which they work (this also applies to any representative or staff of any partner agency with whom ICA has agreed child protection protocols); and/or
- by ICA in accordance with the procedures for dealing with Suspected Abuse and Exploitation and under disciplinary procedures, which may result in dismissal.

1 Things of an intimate, personal nature: This includes activities of an intimate nature such as toileting, bathing and dressing a child. These activities should only be undertaken if the child is unable to do them him/herself.

8. All agreements between a) ICA and b) implementing partners other individuals, groups or organizations who have a formal / contractual relationship to ICA that involves them having contact with children must include agreement on the issue of this Child Safeguarding

Policy. Partner agencies must adopt this policy or have developed their own policy of a similar standard. Partnership agreements must clearly outline agreed procedures for reporting and investigating concerns involving breaches of the policy involving issues of child abuse and exploitation.

Guidance

Safeguarding children is a global organization-wide responsibility. Within this broad approach there are specific responsibilities within departments and positions. This is reflected in the structure of these policies. This Child Safeguarding policy should be seen as the universal set of responsibilities, the implementation of which is enabled through the other three policies (Child Safeguarding – Local Procedures; Child Safeguarding – Reporting Suspected Abuse; Child Safeguarding – Safe Child Participation) and related guidance and supporting tools.

All staff and representatives should recognize that:

- a child is any person under the age of 18 years
- all children are equal irrespective of their gender, disability, ethnicity, sexuality, marital status or religion
- all children have the right to freedom from abuse and exploitation
- all child abuse involves the abuse of children's rights
- ICA's commitment to children's rights means that we have a commitment to safeguard children, especially those we are in contact with
- ICA is committed to ensuring that children are aware of their right to be protected from abuse and exploitation and we will communicate that right to them; and
- ICA is committed to ensuring that all our own staff and representatives wherever they are located, apply the highest standards of behavior towards children both within their professional and their private lives.

All staff and representatives should aim to:

- plan and organize the work and the workplace so as to minimize risk of abuse, exploitation or harm coming to a child
- promote a culture of openness in relation to child safeguarding issues, where any issues or concerns can be raised and discussed
- ensure that a sense of accountability exists between staff so that poor practice or potentially abusive behavior can be challenged
- talk to children about their contact with staff or others and encourage them to raise any concerns
- empower child beneficiaries and communicate to them their rights, what is acceptable and unacceptable, and what they can do if there is a problem
- communicate to child beneficiaries what standards of professional practice they can expect of ICA staff and what to do if they feel that ICA staff are falling short of these standards and proactively seek opposition to safeguard children, see the Awareness and Prevention Measures.

This Child Safeguarding Policy is in addition (and complementary) to the general Code of Conduct. It

specifies the professional behavior and good practice expected by ICA from all staff and representatives in relation to children. The Code of Conduct also identifies behavior which is unacceptable in relation to children.

The procedures for Dealing with Suspected Abuse and Exploitation identify principles and procedures to guide staff when responding to cases of suspected abuse. The procedures are drawn up in country and provide practical procedures for when and how to report concerns. These local procedures will identify when and how to report issues that occur outside of our agency. They also identify the mandatory process for reporting all concerns which involve representatives of ICA.

Adhering to these Policies, Procedures and Guidance will safeguard children from abuse, ensure concerns are responded to professionally and may safeguard staff and representatives from allegations of misconduct or abuse.

By following this policy, staff and representatives will be both playing their part in safeguarding children, and developing best practice in working with children. As with the general Code of Conduct, if a staff member breaks this policy or fails to meet the standard of behavior that it requires, disciplinary action may be taken. This may include dismissal and/or referral to national authorities for criminal investigation and prosecution, should you break the law of the country in which you are based and/or in which an offence is committed.

Directors must include provision for the induction, training, monitoring and investigation elements of the Child Safeguarding Policy in their annual budget and plan. Funding proposals should include a budget line identifying support for a technical advisor post.



USE OF VISUAL IMAGES POLICY

General Policy

In our use of visual images, both photographic stills and video, our overriding principle is to maintain respect and dignity in our portrayal of children, families and communities.

ICA

ICA, a leading organization working partner organizations to improve the lives of children around the world, welcomes all efforts to protect children from exploitation of any kind, whether sexual, commercial, physical or emotional. (See ICA's Child Protection Policy).

ICA strongly supports the United Nations Convention on the Rights of the Child, which makes the best interests of the child a primary consideration (Art. 3), states that every child has the right to privacy (Art. 16) and protection from all forms of exploitation (Art. 36). Whilst we acknowledge that images are an essential element in portraying our work to the general public and other constituencies and for raising funds, we strive to maintain the dignity of everyone with whom we work and will not use images that are disrespectful or demeaning. This document sets out the principles ICA employs to regulate our use of images of children and their families. The guidelines that follow will be of particular use to staff in the field in contact with children and families.

Consent for use of Quotes, Photographs, and Videotaped images

Except for the restrictions listed below, we give permission to the sponsoring organization(s) to use my child's photography, videotaped images, and quotes or information gathered during the activity or event in documents, published materials, and electronic presentations that may help improve the quality of services to vulnerable children:

Printed, audio, electronic, and internet- based materials produced by the sponsoring organization(s) for documentation and awareness-raising during the activity or event.

- ☐ Yes
- ☐ No

Printed audio, electronic, and internet-based materials produced by other organizations who may be present at the activity or event

- ☐ Yes
- ☐ No

Printed, audio, electronic, and internet-based materials produced by newspapers, television, radio, and other public media

☐ Yes

☐ No

Use the real names of the child and the parent or guardian in materials produced

Child:

☐ Yes ☐ No

Parent/ Guardian:

☐ Yes ☐ No

AGREED TO BY

Signature of parent/ guardian

Signature of witness

Print name

Print name

Date

Date

Signature of child

Print name

Date

Compliance and Procedures

In our use of visual images, we adhere to the following principles:

1. We respect the dignity of the subject.

- We will always seek to ask permission when taking photographs or video footage of individuals.
- Consent for taking and using photographs and case studies will be sought from parents and those with parental responsibility or from the children directly when they are of sufficient age and understanding.
- Special consideration will be given to photographs depicting children with disabilities, refugees and those in situations of conflict and disasters to accurately portray context and maintain dignity.
- Wherever possible, we explain to the subject the likely use of the images.
- We never take pictures of people who say they don't want to be photographed.

2. We do not exploit the subject.
 - We do not manipulate the subject in a way which distorts the reality of the situation (e.g. we do not ask them to cry for the camera).
 - If necessary, to protect confidentiality, the names of children and families will be changed. Never would a child's full name and contact details be published.
3. We aim to provide a balanced portrayal of reality in the developing world.
 - We avoid stereotypes (e.g. Western aid worker tends helpless victim, etc.)
 - We show people helping, and working for, themselves, not as victims.
4. We use images truthfully.
 - Case histories / descriptions are not fabricated, although they may be adapted or edited to preserve the dignity and confidentiality of the subject.
 - We do not use an image of one thing and describe it as, or imply it is, an image of another (e.g. we do not use an image of one project to illustrate the work of another).
 - Where possible, we use a balance of images (e.g. positive and negative) to reflect the reality of a situation.
 - If we use an image in a general way (e.g. illustrating a project similar to the one being described) we make this clear in the caption.
 - We do not use an image in a way which deliberately misinterprets the true situation.
 - If an image represents an exceptional situation, we do not use it in a way which suggests it is generally true.
 - We aim to be confident that, to the best of our knowledge, the subject would regard the image and its use as truthful if s/he saw it.
5. We maintain standards of taste and decency consistent with our values and those of our supporters.
 - We do not use images which are erotic, pornographic or obscene.
 - We do not use images of dead or naked bodies, only in exceptional circumstances.
 - We do not make gratuitous use of images of extreme suffering.
6. We respect the view of our overseas staff and partner organizations.
 - We are sensitive to the concerns and advice of our overseas staff and partner organizations in our gathering and use of visual material.
7. In disaster situations, we will treat the people whom we are helping positively.
 - In any publicity material dealing with disasters, we will follow the policy in the Code of Conduct of the International Committee of the Red Cross information: *"In our information, publicity and advertising activities, we shall recognize disaster victims as dignified humans, not hopeless objects."*
 - In doing this, we shall portray an objective image of disasters, in which the capacities and aspirations of those affected are highlighted, not just their vulnerabilities and fears.
 - We will not lose respect for those affected but treat them as equal partners in action.
 - We will co-operate with the media in order to enhance public response, but we will not allow external or internal demands for publicity to take precedence.
8. We maintain high technical standards.
 - We aim to use only high-quality images.

- We may use digital manipulation of images for creative or iconic effect, but not in a way which deliberately and misleadingly distorts the reality of the situation depicted.
- We do not crop an image in a way which misleadingly distorts the reality of the situation.
- In video editing, we do not misleadingly distort the reality of the situation.

9. We will maintain a suitable photo library.

- Images will be current and appropriate.
- All images will be kept centrally and fully documented.
- Old images will be archived.

Practice guidance

- During the process of seeking consent the purpose of photographs and case studies should be explained and, if possible, samples of publications in which the photograph or case study may appear shown to parents and children, preferably by a local staff member known to the family.
- The process of explanation and seeking of consent described should apply to photographs and also case studies used for child sponsorship and the website.
- Photographers sent to the field should be carefully briefed regarding the taking of suitable photographs and allowing subjects to withhold consent if they do not wish to be involved.
- Photographers should be accompanied by a local staff member whenever possible.
- Photographers sent to the field will be asked to undergo a background check through the disclosure service of the Criminal Records Bureau or a national equivalent, if practically possible.
- Records should be kept of when photographs have been used in publications to avoid using the same image to depict differing situations.

Consent

I hereby agree to the above conditions and guidelines set out by ICA.

Signed: _____

Date: _____

SOCIAL MEDIA POLICY

Policy Owner: ICA Social Media Policy

Policy: Social Media Policy

This policy provides guidance for employee use of social media, which should be broadly understood for purposes of this policy to include blogs, wikis, microblogs, message boards, chat rooms, electronic newsletters, online forums, social networking sites, and other sites and services that permit users to share information with others in a contemporaneous manner. International Christian Adoptions will operate under procedures and standards for the use of social media.

1.0. General Rules

1.1 The following principles apply to professional use of social media on behalf of ICA as well as personal use of social media when referencing ICA.

- i. Employees need to know and adhere to the ICA's Code of Conduct, Employee Handbook, and other company policies when using social media in reference to the organization.
- ii. Employees should be aware of the effect their actions may have on their images, as well as the image of ICA. The information that employees post or publish may be public information for a long time.
- iii. Employees should be aware that ICA may observe content and information made available by employees through social media. Employees should use their best judgement in posting material that is neither inappropriate nor harmful to ICA, its employees, or clients.
- iv. Although not an exclusive list, some specific examples of prohibited social media conduct include posting commentary, content, or images that are defamatory, pornographic, proprietary, harassing, libelous, or that can create a hostile work environment.

1.2 Employees are not to publish, post or release any information that is considered confidential or not public. If there are questions about what is considered confidential, employees should check with the Executive Director.

1.3 Social media networks, blogs, and other types of online content sometimes generate press and media attention or legal questions. Employees should refer these inquiries to authorized ICA spokespersons.

1.4 If employees find encounter a situation while using social media that threatens to become antagonistic, employees should disengage from the dialogue in a polite manner and seek the advice of a supervisor.

1.5 Employees should get appropriate permission before you refer to or post images from anything on the internet or publications, current or former employees, members, vendors or suppliers. Additionally, employees should get appropriate permission to use a third party's copyrights, copyrighted material, trademarks, service marks or other intellectual property.

1.6 Social media use shouldn't interfere with employee's responsibilities at ICA. ICA's computer systems are to be used for business purposes only. When using computer systems, use of social media for business purposes is allowed (ex: Facebook, Twitter, ICA blogs, and LinkedIn), but personal use of social media networks or personal blogging of online content is discouraged and could result in disciplinary action.

1.7 Subject to applicable law, after-hours online activity that violates Employees Code of Conduct or any other company policy may subject an employee to disciplinary action or termination.

1.8 If employees publish content after-hours that involve work or subjects associated with ICA, a disclaimer should be used, such as this: “The postings on this site are my own and may not represent ICA’s positions, strategies, or opinions.”

1.9 It is highly recommended that employees keep ICA related social media accounts separate from personal accounts, if practical.

2.0. Employee Directives

2.1 What you should do:

- i. Disclose your affiliation: If you talk about work related matters that are within your area of job responsibility, you must disclose your affiliation with ICA.
- ii. State that it’s YOUR opinion: When commenting on the business. Unless authorized to speak on behalf of ICA, you must state that the views expressed are your own.
- iii. Protect yourself: Be careful about what personal information you share online.
- iv. Act responsibly and ethically: When participating in online communities, do not misrepresent yourself. If you are not a vice president, don’t say you are.
- v. Honor our differences: Live the values. ICA will not tolerate discrimination (including age, sex, race, color, creed, religion, ethnicity, sexual orientation, gender identity, national origin, citizenship, disability, or marital status or any other legally recognized protected basis under federal, state, or local laws, regulations or ordinances).

2.2 What you should never disclose or publish:

- i. ICA business information: Non-public financial or operational information. If it’s not already public information, it’s not your job to make it so.
- ii. Personal information: Never share personal information about our clients.
- iii. Legal information: Never share anything to do with a legal issue, legal case, or attorneys without first checking with legal.
- iv. Anything that belongs to someone else: Let them post their own stuff, you stick to posting your own creations. This includes illegal music sharing, copyrighted publications and all logos or other images that are ICA.
- v. Confidential Information: Do not publish, post or release information that is considered confidential.

3.0. Policy Violations

3.1 If you find yourself wondering if you can talk about something you learned at work—don’t. Follow ICA’s policies and live the company’s values and philosophies. They’re there for a reason.

3.2 In cases where employees are forgetful or ignore the guidelines above, the following may happen:

- i. Termination of employment
- ii. Involve ICA in legal dispute with clients and/or vendors
- iii. Cost ICA the ability to get and keep clients

- iv. Employee will be financial responsible for photos, documents, or other information that is obtained from the internet that was copyrighted or not.

LOCAL AND GLOBAL CHILD PROTECTION REPORTING PROCEDURES

It is extremely important that child protection (CP) issues are reported immediately in order to protect the child victim from further abuse, secure evidence and so that action can be taken in relation to the alleged perpetrator as appropriate.

The exception to this is where the child victim has urgent medical and/or safety needs which have to be attended to before a formal report is made.

1.1. Reporting to a manager and considering immediate referral to national authorities

- a) When a report is first received (e.g. from child, parent, staff etc) or if a staff member or associate wishes to report a concern in writing, details should be recorded immediately or as soon as possible (within 24 hours) on 'Incident/Loss Notification Form'. The form should be signed and dated and on completion should be passed on immediately to the line manager or designated CP focal point as described in your local procedures.

This form should be made available to all Staff. Child Protection inductions, workshops and training sessions should ensure staff know how to use this form. Please refer to section 17 'Documentation and Record Keeping' for further notes on documenting the concern.

- b) Where no allegation or disclosure of abuse has been received but rather suspicions or concerns have developed regarding possible child abuse or that a child/ren may be at risk in some way, this must be discussed with the line manager or designated CP focal point (see 'e' below) as described in your local procedures as a matter of urgency. This discussion and the decisions reached must be recorded in writing using Plan's 'Incident/Loss Notification Form'.
- c) The case should then be reported as detailed in your local procedures - the first point of contact should normally be the line manager (or designated CP focal point as described in your local procedures).
 - If the staff member genuinely believes that this reporting route is compromised, or that s/he would be victimized or s/he has no confidence in the local management structure, or at any stage feels dissatisfied with the manner in which the CP issue is being dealt with, then the report should be raised directly with another manager or CP focal point at the regional or International Headquarters (IH) level.
 - If it is not possible for any reason to make contact with the people listed in your local procedures, then the report must be made to another Director or designated CP focal point.
 - The Director or designated CP focal point will be responsible for making further reports up the management chain in line with the local procedures.
- d) Discuss actions with your line manager or designated CP focal point as described in your local procedures: You should discuss

- whether the child has/had any immediate safety and welfare needs which need to be/have been addressed
 - you should discuss whether or not the actions or allegations you are dealing with indicate a possible criminal offence, in which case referral to the local investigative authorities should normally be made.
- e) Neither the staff to whom the report was made nor the line manager should approach or inform the alleged perpetrator of the report made and any internal or external response taken unless specifically requested to do so by the Director (who should have sought appropriate advice on this action from the Director. Doing so may undermine any subsequent police or internal formal investigation.
- f) The manager will also need to carry out an initial risk assessment of the case reported so as to ensure that the risks to all parties (including the alleged victim, witnesses, the organization and alleged perpetrator) are identified and appropriately managed.
- g) Further response will be made depending on whether the subject of concern / alleged perpetrator falls within the scope of Child Protection Policy i.e. ICA Staff, Associate or Visitor in contact with children through ICA or outside the scope of the policy.

In serious cases it is necessary to take urgent action, but often CP concerns develop over time and not all are clear cut. It is still important to report them to your manager as soon as they arise, but a longer process of internal reporting and decision-making may be appropriate. Managers locally and at regional level should be informed as soon as possible in the process.

1.2. Community and children reporting process

The process of mapping the local context is important in deciding how to deal with CP incidents taking place outside of ICA but which become known to staff. Concerns about a child or treatment of children in general, in communities in which we are working should be acted upon in ways that are agreed as part of the mapping process and as described in the local procedures. Working with community leaders and structures on CP issues, protection of children, preventing harm and responding to CP concerns is an important part of the process.

A clear and accessible reporting system should also be established in consultation with children and members of the community with which the organization works so that they know how and where to go to make a report and receive assistance. It is important that such a system identifies designated/elected focal points, by the children and community who are trained and able to receive a report. It should also allow for confidentiality and accommodate anonymous reporting mechanisms (e.g. report boxes).

In addition, ICA staff should be discussing CP measures and responses with local partners, CP agencies and other key actors in the community and with statutory agencies as part of agreeing referral arrangements.

It is the responsibility of ICA staff to report concerns about actual or suspected abuse within communities and to ensure that appropriate responses are made in line with locally agreed processes. ICA staff should not normally become responsible for investigating concerns.

1.3. Where the alleged perpetrator is within the scope of the Child Protection Policy

(I.e. ICA Staff, Associate or Visitor in contact with children through ICA)

In all cases where a criminal offence is indicated, consideration must be given to reporting the matter to the national / investigative authorities.

- Where there is no apparent criminal breach and no need to take urgent action, a process of internal discussion and decision-making will be initiated following the report. Local senior managers should report the incident to as soon as possible. The CP focal point will inform and involve key people and liaise with the office making the report to assist in developing an action plan for responding to the concern.
- Where a staff member is involved, an early decision on 'suspension without prejudice' needs to be taken.
- Where an ICA associate or visitor in contact with children through ICA is involved, an early decision on 'suspension' of all activities involving contact with children needs to be taken.

The decision to suspend should be supported by the information given at the time of the report or as a result of any fact-finding exercise undertaken to establish the exact nature of the complaint, concern or allegation. However, if this entails delays and the person is in contact with children through their role then a decision may be made to remove them from their duties temporarily pending the outcome of the fact-finding exercise.

- Where a formal investigation is being undertaken then removing a staff member from active duty until the investigation/formal follow-up is conducted is often a sensible precaution to take for many reasons. Preparing for potential PR issues and getting legal advice may also require involvement of key people in the process.

However, each Plan office should ensure that the above guidance takes into account any local legislation pertaining to labor matters. This must be complied with in the first instance.

Working in conjunction with staff already involved in the process at staff will agree on a strategy for managing each case and agree actions to address the situation. This may involve investigation of the situation either by consideration of referral to statutory authorities for criminal investigation under the law of the country, and/or by ICA in accordance with disciplinary procedures. This may result in disciplinary sanctions and/or dismissal for Staff or severance of all relationships for any ICA Associate or Visitor who is proven to have committed child abuse.

A process of feedback and evaluation of lessons learned about each case will result in subsequent handling of CP incidents and development of policy and practice in this area.

1.4. Where the alleged perpetrator is outside the scope of the Child Protection Policy

(I.e. not an ICA Staff, Associate or Visitor in contact with children through ICA)

- In all cases, where a criminal offence or serious abuse is indicated, consideration must be given to reporting the matter to the national investigative authorities and/or local child protection agencies as identified in the local mapping.

- In addition, where ICA staff receive reports or disclosures about actual or suspected child abuse on the part of staff working in other agencies, it is important that these reports are documented and then passed on to the manager / CP focal point as described in the local procedures. The concerns must be relayed by a senior staff member to the local head of agency (preferably in person) and also in writing (to the CEO, for example, or Director).
- ICA should seek feedback on progress and outcomes of the referral it has made. Where it appears that no or insufficient action has been taken to protect children, ICA may decide to pursue further action.

1.5. Reporting to National Authorities

In every case in which a crime appears to have been committed against a child/children the default position should be for immediate referral to the police or relevant statutory authorities responsible for investigating such matters and for protecting children. However, this needs serious consideration in countries/ places where there are doubts about the integrity and/or competence of police or other agencies and therefore where referrals could lead to violation of the best interest of the child.

Completion of a mapping exercise will help in developing appropriate external reporting procedures. Where concerns exist about the consequences of external reporting, this mapping process should also assist in identifying the most appropriate way of reporting and responding to serious child protection issues locally.

The decision to inform or not inform the authorities should be taken by the most senior manager locally, normally in consultation with others in the reporting line unless urgent action is required.

Any decision not to report allegations which constitute a crime (e.g. sexual abuse) to police or other statutory authorities should be documented, with reasons for not doing so.

Such a decision must be informed by 'the best interest of the child', the protection needs of other children (for example failure to report someone to the police may expose other children to subsequent abuse) and ICA's legal and professional responsibilities. All decisions must be documented and appropriately endorsed by the Director or other manager as designated in the local procedures.

2. Local Procedures

The reporting process and procedure outlined above provides the basic model for reporting CP concerns in ICA. However, it is important that offices use and adapt these procedures to develop local procedures that describe how to raise concerns in the country and in each geographical location (e.g. program unit). Staff need to be clear about who to go to and what will happen next as part of the process.

Local procedures should also include:

- i) Guidance, within the local context, on what action to take if there are concerns about the child (and family's) safety or welfare (which makes it clear that the protection of the child is the most important consideration).
- ii) Agreed management guidance on when and how to report concerns to the national authorities. This

should include a consideration of the scope and responsibility of the office plus level of involvement of the external agency / authority the case is referred to, based on the outcome of the mapping exercise.

iii) Identification of local / cultural / traditional / commonplace practices that might pose a challenge to the Child Protection Policy (e.g. early marriage, child labor, physical punishment, female circumcision etc) and how these will be responded to.

iv) Details of external child protection mechanisms (statutory, inter-agency, community based etc) that can be called upon for advice, information, support and assistance when responding to child abuse and exploitation.

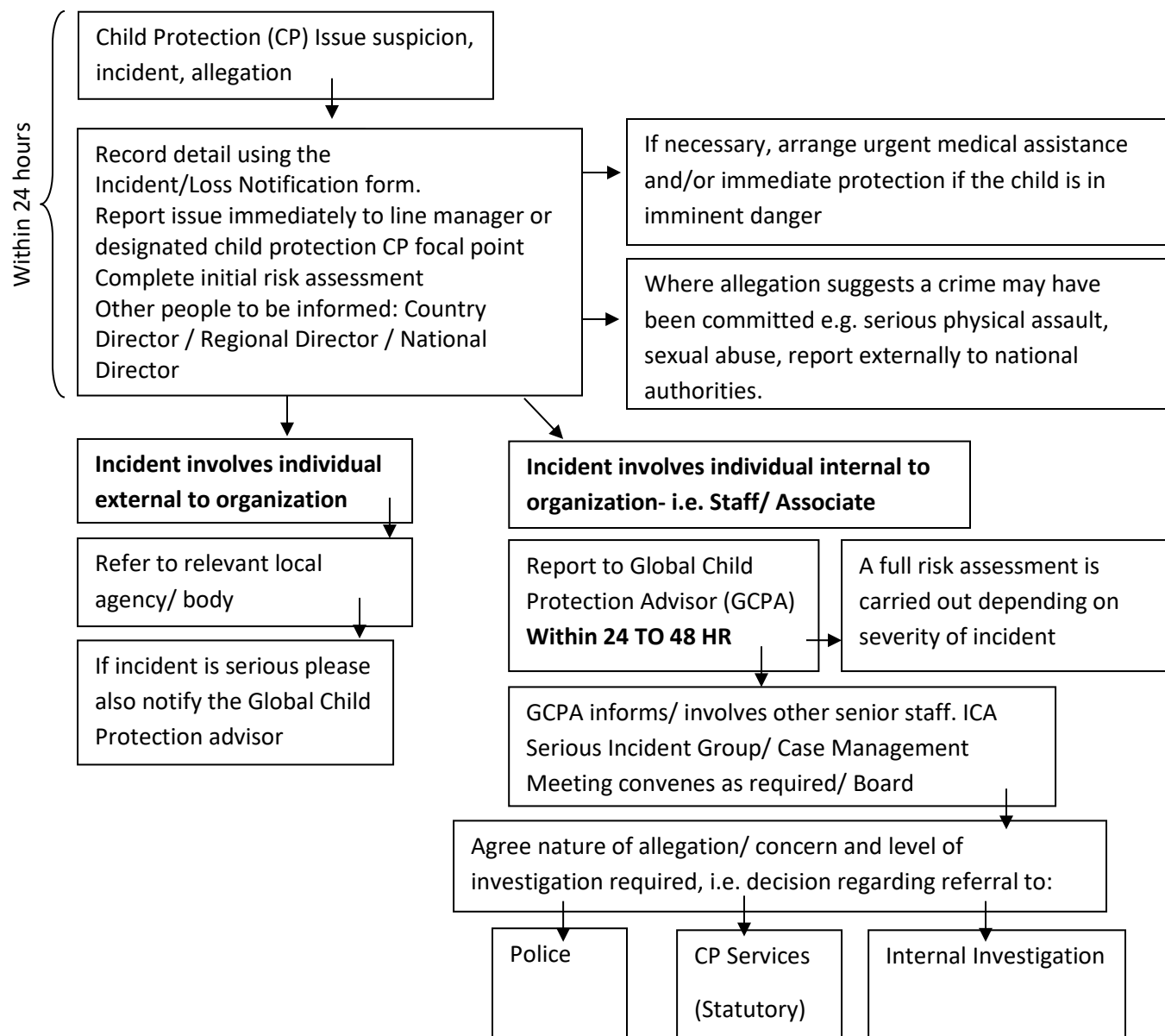
v) Clearly defined and documented roles and responsibilities for those raising or receiving complaints (consideration is given to ensuring a gender balance of personnel in the reporting structure). The local reporting routes identified should include names and contact details. An example of what a local reporting process may look like on the next page.

Each ICA office should have in place local procedures which enables the global procedure to be implemented on the ground within the context of their country or locality.

Note: In some countries the global procedure as it stands is sufficient and will not need much adaptation to the local context. However, at a local level there should at least be an addendum to the global procedure

covering points i, iii and iv above at the very least.

Global Reporting Procedures diagram



Police background checks and exemption form

A police background check is a document from a government authority that states whether the person is recognized as a good citizen and if there is any history of the person having been arrested and found guilty of breaking a law related to child protection or violence towards women. In some countries the system for receiving such information may cover any offences and is not limited to issues of child abuse or gender-based violence.

Who issues the police background check?

A government authority. Often the document issued by the police or another central government agency states whether there has been any record of trouble with the police or justice system. Sometimes a local government agency will issue the document.

If police checks cannot be obtained in a country what else can you do?

Most countries can fulfill the requirement for the local equivalent of a police background check; however, some organizations will not be able to obtain police checks. For example, the Government may have no system to issue documents, it may be against the law to request the documents, or security risks to staff may increase if background checks are requested. In these cases, it is suggested that an alternative mechanism for reference checking is developed.

Who obtains the background check?

Normally the employing organization would obtain the certificate directly in order to reduce the risk of fraud. However, local privacy laws or justice systems may require that background checks be issued only to the individual and not to ICA. If your office must obtain police background checks from the individual, the alternative procedure can be approved.

What offences are considered unacceptable?**All abuses against children:**

- physical (assault, battery, murder)
- sexual
- neglect
- abduction
- kidnapping
- trafficking
- child labor
- rape
- assault

Violence against women:

- rape
- assault / battery
- domestic violence: children who live in situations of domestic violence even if not experiencing the physical violence themselves are impacted significantly

Any convictions for:

- human trafficking

Convictions that need to be reviewed based upon judgment of the situation

Some convictions could be taken into consideration, if it is determined that the current risk to children is small. Here are some examples:

Indecent exposure

If an adult has exposed private parts of the body in a local park or public place this would be a serious concern; yet, a conviction would be considered less serious if, for example, as a youth the person took off his / her clothes at a beach party and was caught by the police.

Drugs and alcohol

A conviction for trafficking of drugs as an adult would be of serious concern; whereas, if the person had been in possession of a very small amount of a drug at a party as a youth, the circumstances may be interpreted differently. Likewise, if an adult has had many drink-driving convictions this indicates a serious problem that could impact his / her work and relationship with children. If the drink-driving offence occurred when the person was a teenager, the situation would likely be less serious.

Child endangerment

While this may seem to be an abuse, there may be occasions where the risk to a child in a ICA project or community would be negligible. For example, a parent may have been charged with endangerment for insufficiently supervising a child who wandered out of the house and drowned while that parent attended to another child.

TEMPLATE REQUEST FORM FOR AN EXEMPTION FROM A POLICE BACK GROUND CHECK

Address of office: _____

Date: _____

SECTION A: Complete when full exemption is requested

To whom it may concern

_____ requests exemption from the police or background check for the following reasons:

[List the reasons]

- 1.
- 2.
- 3.

The following steps were taken to verify that it is not possible to obtain this information.

A third party _____ (e.g., name of lawyer) has investigated the possibility and has confirmed the above information.

In order to ensure due diligence and reduce risk the following steps will be taken in lieu of the police or government issued record of conduct _____ will:

[insert specific actions]

OR **SECTION B:** If [name of agency] cannot obtain the background checks directly, because the individual is required to obtain it.

_____ is not able to request police background checks directly. The checks must be obtained by the individual. Reasons for this include the following: *(check which applies)*

☐ Privacy laws require that the individual applies. The law applying to this is (quote the actual law or regulation)

☐ The country is designated as operating in a restricted environment and while the law does not prevent

applying there could be risk to the organization if this system is applied. Please explain the risks.

☐ The law allows the organization to apply but there is no system other than an individual applying.

☐ Other (please explain)

REQUESTED BY : _____

Name of requesting officer: _____

Signature of requesting officer: _____

Date: _____

APPROVED BY : _____

Name: _____

Signature: _____

Date: _____

Original signed copy (each page initialed) to be kept

CHILD PROTECTION CHARACTER REFERENCE

To whom it may concern:

The applicant below has submitted your name to us to act as a character reference with particular regard to child protection issues. We would be extremely grateful if you could fill out the brief form below and return it to us in the envelope provided. Please note that this is a character reference only and you are therefore not expected to comment on the applicant's professional abilities. Please be assured that this information will be kept strictly confidential and destroyed when the applicant ceases to work for us.

Many thanks for your help.

Applicant name: _____

Reference submitted by: _____

Submitted on: _____

Knowledge of the applicant:

How long have you known the applicant?

In what capacity have you known the applicant?

Emotional maturity:

Please comment on the applicant's ability to adapt and work under difficult and changing conditions.

Child protection:

All staff have both direct and indirect access to extremely vulnerable children. To your knowledge, is there any reason why the applicant would not be suitable for a position in this organization?

Additional comments and supporting information:

Signed: _____

Date: _____

Sample Questions for Reference Checks

How would you describe the personal characteristics of the applicant?

How does the applicant interact with children?

Why would this person be a good candidate for working with children? Is there any reason this person should not work with children?

Have you seen the applicant managing a child with a challenging behavior (other than his or her own children)?

Are you comfortable knowing the applicant could be working alone with children at times?

Would you hire this person again? (Yes or No) Justify your response. Would you want him or her in your organization in the future? (Yes or No) Justify your response.

CHILD PROTECTION DECLARATION FORM

Declaration from all persons working with children and young people

Confidential

The UN Convention on the Rights of the Child (1989) states that a child is under the age of 18 years of age. The convention, which takes due account of the importance of traditions and cultural values for the protection and harmonious development of the child, states that a child has a right to be protected from physical and mental violence, injury, abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse. All countries, except the USA and Somalia, have signed in agreement with the convention and agreed to adopt it into international law in 1990.

In accordance with this convention we ask that all persons working or volunteering with us abide by good practice and agree to keep children safe from harm when relating and working with children. In addition, we ask that all persons declare the following:

Have you ever been convicted of a criminal offence or been the subject of a caution or of a Bound Over Order (please tick)

☐ YES

☐ NO

If yes, please state below the nature and date(s) of the offence(s)

FULL NAME (PRINT): _____

ANY SURNAME PREVIOUSLY KNOWN BY (IF APPLICABLE): _____

ADDRESS: _____

POSTCODE: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DECLARATION

I understand that, if it is found that I have withheld information or included any false or misleading information above, I will be removed from my post whether paid or voluntary, without notice. I understand that the information will be kept securely by the organization.

I hereby declare the information I have provided is accurate.

Signed: _____

Date: _____

PRE- EMPLOYMENT GUIDELINES ON SCREENING AND SELECTION POLICY & PROCEDURES

In order to safeguard the children involved in our projects, ICA will screen all current employees, potential employees, volunteers, interns, consultants, and all National Board Members. This screening will consist of a background check for any convictions for child abuse, pedophilia or related offenses.

The background check will be done by:

- The respective ICA branch, regional, sub-regional or national / country office.
- In countries where only the national is allowed by law to request a background check, the applicant will be requested to get a background check and provide a certified copy.

All individuals will be advised that any convictions for child abuse, pedophilia or related offenses will result in non-selection for a position or clearance to visit a project. ICA will use the following processes:

a. At time of application, applicants will be asked to sign a “Pre-employment Inquiry Release Form”, where applicable, as part of his/her application process.

b. All applicants will be asked to sign a “Background Check Release and Authorization” form as part of his or her application process. All candidates being considered for a position with ICA will have a background check prior to employment. If a prospective applicant refuses to submit to a background check, this will result in disqualification for employment with ICA. New applicants will be informed initially that ICA takes the issues of child protection seriously and screening of new applicants will also include prior employer references and other traditional employment processes.

i. General recruitment: Clearance to move forward with the assignment of the successful candidate will be dependent on the outcome of this background check.

ii. Relief and emergency response recruitment: Candidates will still be required as a condition of employment to have a clear police background and identification check prior to full acceptance as an employee by ICA. In the event of delay in obtaining police checks outside the control of ICA, the candidate may be assigned immediately, on a provisional basis, only AFTER the following conditions have been met:

- The National / Country office has been alerted that the child protection background check has not been completed and the candidate’s employment is provisional upon a receipt of clear background check within 90 days.
- Documented general and child protection reference checks have been completed on the candidate;
- Documented child protection interview of the candidate has been undertaken by a skilled human resource or child protection officer.
- Written documentation of all reference checks and interview(s) and all other relevant information has been kept on file.
- A signed Declaration of Compliance form has been provided by the candidate.

ICA must receive the clear police background and identification check within 90 days after the candidate has accepted employment. Pending final receipt of the candidate’s child protection background check, ICA or the National/Country office shall have the right to limit the candidate’s work to the office

or access to the children. Failure to provide a clear police background and identification check within 90 days of employment will result in the candidate being recalled from the assignment and his or her contract terminated.

c. All volunteers, interns, consultants, independent contractors and National Board or Advisory Council Members will be requested to consent to a background check.

d. All current staff will be asked to submit to a background check. Any convictions for child abuse, pedophilia, or related offenses will subject the employee to re-assignment or termination. If a current employee refuses to submit to a background check, the employee will be subject to termination. If an employee refuses to authorize a background screening required prior to a potential promotion or reassignment, the employee automatically removes his or her candidacy.

e. All staff who may be in contact with others who are involved in ICA projects will be provided with training by a member of the Human Resources team or an appropriate designee relating to:

- Awareness and indicators of child abuse
- Procedure to adopt if abuse is alleged or suspected
- Security of information

Manager's notes: *A process for screening and selecting staff is imperative. It is important to also have a minimum of staff involved in the review of background check results. When too many people are involved in the background screening process, it increases the chance that information will not be kept as confidential as required. Background checks should be handled by the HR professional who is responsible for the recruitment of that staff member. The recruiting office will handle background checks. If there is any question on results at any level, then the Director should be contacted.*

2. Guidelines on conducting / reporting background checks

ICA will obtain background reports that have been designed only for employment as the permissible purpose. ICA reserves the right to deny employment based upon such background check results. ICA's decision will make a decision after reviewing all of the information obtained (including the job interview).

a. Before requesting a background check, an authorized person in the Human Resources department (the recruiter in the case of support and regional offices or the human resources representative in the case of national or sub-regional offices) must sign and have on file a written certification form. The certification form requires the user of the report to certify as to the permissible purpose intended. Employment is a permissible purpose.

b. Information obtained will be locked in confidential files in the Human Resources department in the hiring office.

c. The ICA Child Protection Director or the Head of Human Resources department or an appropriate designee will handle any information for convictions for child abuse, pedophilia, or related offenses.

Manager's notes: *Human Resources in the hiring or recruiting office will coordinate all background checks. This process will be implemented prior to new employees being placed into a job assignment*



CODE OF CONDUCT POLICY AND PROCEDURES

Policy: Code of Conduct

Policy Owner: ICA Code of Conduct

The Code of Conduct is a statement of the expectations ICA of its employees and others when they come into contact with children. All employees and others in contact with children shall be aware of its requirements bearing in mind that a duty of care exists whereby employees and others not only have to apply principles of good practice in their work with children but have in addition a responsibility, and in many cases a legal duty, to ensure the protection and safety of children in their care. Children are vulnerable to the risk of harm from a variety of sources and employees and others have a responsibility to reduce risk by challenging bad practice and thereby identifying and mitigating risks to children with whom they have contact.

ICA's Code of Conduct represents a general framework for adult behavior and contact with children. Employees and others are required to operationalize the code of conduct, as part of the child protection policy, in programs and activities, no matter where, by considering child protection in the local context and the individual nature of programs and activities.

Compliance and Procedures:

Bearing in mind the rights of the child will be upheld by ICA, employees and others in contact with children are obliged to:

- strive to understand children within the local context in which they live
- work with children in a spirit of co-operation and partnership based on mutual trust and respect
- work with children in ways which enhance their capacities and capabilities and develop their potential
- treat children with respect and recognize them as individuals in their own right
- regard children positively and value them as individuals with specific needs and rights
- value the views of children and take them seriously.

The aim of this code of conduct is to uphold the rights of the child, ICA believes it is the right of children to:

- be listened to and have their views given careful consideration
- be encouraged and helped to participate in decisions which affect them

- have their welfare and development promoted and safeguarded so that they can achieve their full potential
- be considered players in their own development with health, safety, well-being and their best interest considered of paramount importance
- be valued, respected and understood within the context of their own culture, religion and ethnicity
- have their needs identified and met within the context of the family wherever possible. Employees and others, who come into contact with children, should always:
- empower children by promoting children's rights and raising awareness
- avoid situations which isolate children and where behavior cannot be observed such as in cars, offices and homes
- challenge poor practice and recognize potential pitfalls which might lead to child abuse
- promote a culture of openness where issues and concerns can be raised and discussed
- ensure visibility, whenever possible, with children and apply the two adult rule or arrange a suitable alternative
- organize awareness workshops with children to define acceptable and unacceptable behavior with adults
- discuss openly with children about their contacts and relationships with employees and others
- discuss issues of concern with children and explain how to raise concerns
- identify and avoid compromising and/or vulnerable situations which might lead to accusations
- ensure when making images of children (photos, video etc.) that they are respectful, that the children are adequately clothed and that sexually suggestive poses are avoided.

In general, it is inappropriate to:

- spend excessive time alone with children away from others
- take children to your own home, especially where they will be alone with you.

Staff and others must never:

- hit or otherwise physically assault or physically abuse children
- develop physical / sexual relationships with children
- develop relationships with children which could in any way be deemed exploitative or abusive
- act in ways that may be abusive or may place a child at risk of abuse.

Staff and others must avoid actions or behavior that could be construed as poor practice or potentially abusive. For example, they should **NEVER:**

- use language, make suggestions or offer advice, which is inappropriate, offensive or abusive
- behave physically in a manner which is inappropriate or sexually provocative
- have a child/children with whom they are working to stay overnight at their home unsupervised

- sleep in the same room or bed as a child with whom they are working
- do things for children of a personal nature that they can do for themselves
- condone, or participate in, behavior of children which is illegal, unsafe or abusive
- act in ways intended to shame, humiliate, belittle or degrade
- discriminate against, show different treatment, or favor particular children to the exclusion of others.

SPECIFIC POST RESPONSIBILITIES

POSITION	RESPONSIBILITY STATEMENT	INDICATOR(S)
IT Manager	Develop specific country level guidance and training on the safe use of information technology (internet, websites, digital cameras, etc) to ensure that children are not put at risk of exploitation, increased vulnerability, or any form of harm or indignity Oversee the monitoring of staff internet usage, to ensure compliance with ICA policies including child safeguarding	<ul style="list-style-type: none"> • production of a specific guidance document, drawing on existing ICA policy • system to monitor its compliance is developed and put in place
Communications Manager	Develop specific and contextual country level guidance to ensure that children who participate in media or communications work are protected from exploitation, increased vulnerability, or any form of harm or indignity	<ul style="list-style-type: none"> • production of a specific guidance document, drawing on existing ICA policy • system to monitor its compliance is developed and put in place
Child Rights Governance Manager	Ensure that children's activities are safe for children and that all steps are taken to ensure their meaningful and safe participation	<ul style="list-style-type: none"> • risk assessments, mitigation measures and the appointment of staff responsible for the a priori safety of the children at the event.
HR Manager	Review, identify gaps and strengthen recruitment processes to ensure rigorous compliance with the child safeguarding policy; ensure HR staff are trained / skilled in	<ul style="list-style-type: none"> • gaps in the current system (and within the current HR team) are identified, documented and improvements put in place, including strengthening of HR staff skills, and incorporation

	recruiting personnel through a child safeguarding lens; and ensure child safeguarding is incorporated into the performance management system	of child safeguarding into performance management systems
HR Officers	Ensure compliance with all aspects of recruitment processes that aim to prevent the recruitment of staff who may potentially be unsuited for work in a child-focused organization; and proactively identify /address any gaps in your own skill level or understanding in how to recruit staff through a child safeguarding lens	100% annual compliance in all aspects of the Child Safeguarding self-audit assessment which pertain to recruitment <ul style="list-style-type: none"> • gaps in the current recruitment processes (including skill level of HR staff) are identified, documented and improvements put in place.
M&E Manager	Ensure that child safeguarding and child protection mainstreaming are integrated into all M&E frameworks through measurable output and outcome indicators; and lead the process of piloting and scaling up local level beneficiary complaints' mechanisms in relation to staff conduct, with an emphasis on the child safeguarding policy and measures to prevent sexual exploitation of women and children	<ul style="list-style-type: none"> • all M&E frameworks include at minimum an indicator to monitor beneficiary feedback (men, women, children) about a) staff conduct towards in relation to SEA and the Child Safeguarding Policy, and b) broader programming interventions that might be putting children and women at risk of abuse, exploitation or harm
Program Managers	Ensure that your staff are providing all beneficiaries of your program with ongoing, age-appropriate verbal or written information in relevant languages about ICA's child safeguarding policy and code of conduct.	<ul style="list-style-type: none"> • number of sessions held • number / age / sex of participants

Field Officers	Ensure that all beneficiaries of your program are receiving ongoing, age-appropriate verbal or written information in relevant languages about ICA's child safeguarding policy and code of conduct.	
Support Service Managers	Develop and pilot practical day to- day approaches to increase awareness, commitment and interest in child safeguarding amongst support services staff	support services staff have a better understanding of how to apply child safeguarding in their day to day personal and professional lives
Transport Manager	Develop and pilot practical day to-day approaches to increase awareness, understanding and interest in child safeguarding amongst the drivers; develop a system to monitor and report on compliance with transport policy rules about transporting children safely	<ul style="list-style-type: none"> • drivers have a better understanding of how to apply child safeguarding in their day to day personal and professional lives • system is established to document and report on all instances where children are transported in ICA vehicles, which includes feedback from children about conduct of drivers and staff
Head of Field Offices	Child safeguarding Focal Point Provide leadership and guidance in appropriately managing external cases of child abuse and give overall technical support to the local implementation of the Child Safeguarding Policy annual action plan, with an emphasis on supporting managers in the ongoing process of identifying and addressing risks to children that are caused / exacerbated by program design and intervention (i.e. mainstreaming child protection/ safeguarding) Undertake a key role in the reporting of concerns / incidents	See Terms of Reference for Child Safeguarding Focal Point

National Level Child Safeguarding Focal Point	Support the Country Director in providing overall leadership and oversight to the implementation of the Child Safeguarding Policy self-audit action plan	
Country Director	Provide overall leadership and oversight to the implementation of the Child Safeguarding Policy	<ul style="list-style-type: none"> • 100% of “fully met” criteria maintain that status • 25% annual increase in the # of “fully-met”
Deputy Country Director	Support the Country Director in providing overall leadership, oversight and monitoring to the implementation of the Child Safeguarding Policy, with an emphasis on maintaining current successes as well as addressing key gaps identified in the annual child safeguarding self-audit	<ul style="list-style-type: none"> • 100% of “fully met” criteria maintain that status • 25% annual increase in the # of “fully-met”

CHILD PROTECTION POLICY

_____ has a comprehensive child protection policy in place which covers the activities of all _____ staff and consultants.

_____ agrees to comply by these child protection procedures and guidelines on behavior with children in any activities it undertakes with children.

Signatures: _____

Before signing please ensure that you have read and agree to the terms of reference and contract conditions (please keep one copy for yourself and return other copy to partner)

Signed in agreement _____ (AB) Date _____

Signed in agreement _____ Date _____



CHILD ABUSE AND NEGLECT POLICY/PROCEDURE/TRAINING

ICA has policies/procedures addressing child abuse and neglect to assure consistency and accountability. These policies must undergo review on a regular basis to ensure compliance with current state and local regulations.

DEFINITIONS:

Legal definitions of terms related to the maltreatment of children may vary from state to state. This section includes selected text as well as specific examples from the California DCFS Manual for Mandated Reporters.

Child means any person under the age of 18 years, unless legally emancipated by reason of marriage or entry into a branch of the United States armed services.

Abused child means a child whose parent or immediate family member or any person responsible for the child's welfare or any individual residing in the same home as the child, or a paramour of the child's parent:

- a) Inflicts, causes or allows to be inflicted physical injury, by other than accidental means, which causes death, disfigurement, impairment of physical or emotional health, or loss or impairment of any bodily function. Examples include bruises, human bites, bone fractures and burns
- b) Creates a substantial risk of physical injury. Examples include choking or smothering a child, shaking or throwing a small child, and violently pushing or shoving a child into fixed objects.
- c) Commits or allows to be committed an act or acts of torture upon such child. Examples include deliberately and/or systematically inflicting cruel or unusual treatment which results in physical or mental suffering.
- d) Inflicts excessive corporal punishment. An example includes bruises inflicted on a child, especially a young child.

Neglect occurs when a person responsible for the child:

- a) Deprives or fails to provide the child with adequate food, clothing, shelter, or needed medical treatment
- b) Provides inadequate supervision of a child. This can occur when children are left either unsupervised or in the care of someone unable to supervise due to his/her condition. Children can suffer injuries that are the result of blatant disregard and are considered neglect. Blatant

disregard is a situation in which the risk of harm to a child is so imminent and apparent that it is unlikely that any parent or caretaker would expose the child to such without taking precautionary measures to protect the child.

- c) The child's environment creates a likelihood of harm to the child's health. An example includes a newborn infant whose blood, urine or meconium contains any amount of a controlled substance, with the exception of a controlled substance whose presence is the result of medical treatment administered to the mother or newborn.

Sexual abuse occurs when a person responsible for the child's welfare commits any of the following acts:

- a) Sexually transmitted diseases which were acquired originally as a result of sexual penetration or conduct with an individual who was afflicted.
- b) Sexual penetration includes any contact between the sex organ of one person and the sex organ, mouth or anus of another person. Typical acts include vaginal, oral, and anal sex.
- c) Sexual exploitation is defined as sexual use of a child for sexual arousal, gratification, advantage or profit. This includes such acts as explicit verbal enticements, child pornography, self-masturbation in the child's presence, and forcing a child to watch sex acts.
- d) Sexual molestation is defined as sexual conduct with a child when such a contact, touching or interaction is used for arousal or gratification of sexual needs or desires. Examples include: fondling a child or having the child touch the perpetrator sexually.

Protective custody is intended for the immediate protection of the child and does not supercede parental rights. Parental consent for treatment of non-emergent conditions must still be obtained. A law enforcement agent, designated employee of the Illinois DCFS, or a physician treating a child may retain temporary protective custody of the child without consent of the person responsible for the child's welfare, if:

- a) There is a reason to believe that the child cannot be cared for at home or in the custody of the person responsible for the child's welfare without endangering the child's health or safety;
- b) There is not time to apply for a court order for temporary custody of the child.

The person taking protective custody of the child shall immediately:

- a) Notify the person responsible for the child's welfare
- b) Notify Illinois DCFS
- c) Notify the person in charge of the institution or his designated agent.

BEHAVIORAL AND PHYSICAL INDICATORS OF POTENTIAL ABUSE/NEGLECT

BEHAVIOR OF CAREGIVER	<ul style="list-style-type: none">▪ Aggressive, hostile, or evasive▪ Apathetic, indifferent or unresponsive▪ Overly concerned about child▪ Overwhelmed by problems of life
BEHAVIOR OF CHILD	<ul style="list-style-type: none">▪ Shy, withdrawn or provocative▪ Fearful▪ Indiscriminant attachment▪ Speech, sleep, eating disorders
HEAD INJURY	<ul style="list-style-type: none">▪ Evidence of abusive head trauma:<ul style="list-style-type: none">○ Altered level of consciousness○ Closed head injury○ CNS hemorrhage○ Retinal hemorrhages▪ Cerebral edema
SKELETAL INJURIES	<ul style="list-style-type: none">▪ Posterior rib fracture▪ Metaphyseal fracture▪ Two or more fractures, different stages of healing▪ Multiple skull fractures▪ Long bone fracture in non-ambulating child
WOUNDS/TRAUMA	<ul style="list-style-type: none">▪ Blunt trauma to chest/abdomen▪ Intrauterine abuse▪ Drug-dependent newborn▪ Stab wounds▪ Bites▪ Laceration
BRUISES	<ul style="list-style-type: none">▪ Periorbital ecchymosis▪ Skin bruises/lacerations in shapes▪ Bruises to the face, head, ears, neck, and torso or other non-bony prominence(s)▪ Bruises, inaccessible, varying stages healing▪ Circumferential injuries of extremities, neck▪ An injury resulting from discipline
THERMAL BURNS	<ul style="list-style-type: none">▪ Cigarette burns▪ Glove/sock patterned liquid burn▪ Iron burns▪ Diaper area, doughnut-shaped burns▪ Burns to back of hand/sole of foot▪ Bilateral burns or injuries to hands
NEGLECT	<ul style="list-style-type: none">▪ Delay in seeking medical care▪ Long periods without supervision▪ Abandonment▪ Failure to immunize

INDICATORS OF POTENTIAL CHILD PHYSICAL ABUSE

All children, especially all those less than 36 months, who present with the following conditions should be assessed for potential physical abuse.

INJURIES	
CUTANEOUS INJURY	<ul style="list-style-type: none"> ▪ Bruises in a non-ambulatory infant ▪ Bruising in a non-ambulating child ▪ Bruises to the face, head, ears, neck, and torso, or other non-bony prominence(s) ▪ Patterned bruising or marks ▪ Bruising/lesions to multiple body surfaces ▪ Bites ▪ Lacerations ▪ Penetrating Injury
BURNS	<ul style="list-style-type: none"> ▪ Immersion pattern ▪ Patterned contact burns
ORAL/FACIAL INJURIES	<ul style="list-style-type: none"> ▪ Mouth <ul style="list-style-type: none"> ○ Dental injuries ○ Frenulum tears ▪ Ear ▪ Eye ▪ Nose
HEAD TRAUMA*	<ul style="list-style-type: none"> ▪ Intracranial hemorrhages ▪ Skull fracture ▪ Cerebral Edema ▪ Retinal hemorrhages ▪ Loss of gray/white differentiation ▪ Subgaleal hematoma ▪ Alopecia <p>*infants may appear to have a normal GCS in the presence of severe head injury</p>
MUSCULOSKELETAL INJURY	<ul style="list-style-type: none"> ▪ Any fractures in a non-ambulatory child ▪ Any fracture in any age group that is poorly explained
	<ul style="list-style-type: none"> ▪ VISCERAL TRAUMA** ▪ GENITAL/ANAL TRAUMA ▪ POISON INGESTION ▪ FAILURE TO THRIVE <p>**Please note that children can have significant intra-abdominal injury without the presence of abdominal bruising</p>

HISTORY OF INJURY AND RISK FACTORS

HISTORY OF INJURY

- Inconsistent with physical findings
 - Inconsistent with age of child
 - Inconsistent with developmental abilities of child
 - Multiple histories provided
 - No history of trauma
 - No history provided
 - Delay in seeking medical care
 - Child discloses abuse
-

CHILD AND FAMILY RISK FACTORS

CHILD

- No prenatal care
 - History of intrauterine drug exposure (IUDE)
 - Prematurity
 - Developmental/behavioral disability
 - Chronic illness
 - History of mental illness
 - Previous trauma history in child/sibling(s)
 - Prior history of Illinois DCFS involvement
 - Social isolation
 - Child feels unsafe at home
 - Child reports family/household/domestic interpersonal violence (past-present-current)
-

FAMILY

- Young parent
 - Single parent
 - Multiple caretakers
 - Presence of paramour, boyfriend, girlfriend
 - Parent feels unsafe at home
 - Family/household/domestic interpersonal violence (past-present-current)
 - Unstable, chaotic or changing social environment
 - Parental behavior indicative of drug or alcohol use
 - History of mental illness
 - Social isolation
 - Death of a child
 - Criminal history in family
-

**DIFFERENTIAL DIAGNOSIS OF CHILD ABUSE: CONDITIONS THAT MAY BE
MISTAKEN FOR CHILD ABUSE**

These conditions should be considered in the differential diagnosis of abuse. However, they do not exclude the potential for abuse.

CUTANEOUS LESIONS/BURNS	<ul style="list-style-type: none"> ▪ Mongolian spots ▪ Dermatitis ▪ Ehlers-Danlos ▪ Staph scalded skin syndrome ▪ Chickenpox ▪ Impetigo
SELF-INFLICTED INJURIES	<ul style="list-style-type: none"> ▪ Lesch-Nyhan ▪ Familial dysautonomia ▪ Toddler's fracture
SKELETAL ABNORMALITIES	<ul style="list-style-type: none"> ▪ Congenital syphilis ▪ Stress fracture ▪ Vitamin C or D deficiency ▪ Chromosomal disorders ▪ Copper deficiency
BRUISABILITY	<ul style="list-style-type: none"> ▪ Vitamin K deficiency ▪ Ehlers-Danlos ▪ Salicylate toxicity ▪ Osteogenesis imperfecta ▪ Coining and Cupping (from folk medicine) ▪ Bleeding disorders ▪ Henoch-Schonlein Purpura ▪ Chemical burns ▪ Meningococemia ▪ Erythema multiforme
CENTRAL NERVOUS SYSTEM HEMORRHAGES	<ul style="list-style-type: none"> ▪ Aneurysm ▪ Brain tumor ▪ Hemorrhagic disease of newborn

DIFFERENTIAL DIAGNOSIS OF SEXUAL ABUSE: CONDITIONS THAT MAY BE MISTAKEN FOR SEXUAL ABUSE

These conditions should be considered in the differential diagnosis of sexual abuse. However, they do not exclude the potential for abuse.

-
- Lichen sclerosis et atrophicus
 - Labial adhesions
 - Diaper dermatitis
 - Straddle injuries
 - Impalement injuries
 - Lower extremity girdle paralysis (as in myelomenigocele)
 - Nonspecific vulvovaginitis and proctitis
 - Foreign bodies
 - Chronic constipation, Hirschsprung disease
 - Chronic gastrointestinal disease, Crohn's disease
 - Perirectal Streptococcal infection
 - Urethral prolapse
 - Anal fissures
-

INDICATORS OF POTENTIAL CHILD NEGLECT

Neglect is the leading form of child maltreatment. More children die from neglect than from other physical abuse. Neglect is the most common, but least understood with regard to identification and intervention.

Neglect investigations are the most challenging because there are many issues that are open to individual interpretation. Illinois law focuses on the minimum parenting standard required to provide for the basic physical needs of a child. The focus is on harm or potential harm to the child.

INJURIES

- Untreated
 - Inappropriately treated
 - Delay in seeking treatment
 - Blatant disregard: lack of seatbelt usage, lack of medication safety
-

MEDICAL NEGLECT

- Lack of medical care
 - Lack of providing medications or treatments as needed by child
- Examples:**
- Low antiepileptic drug levels
 - Diabetics with elevated HbgH1C
 - Skin breakdown in bedridden child
 - Unable to describe medication or treatment routines
 - Lack of care supplies i.e., wheelchair, G-Tube supplies
- Lack of care for development or psychiatric conditions
- Examples:**
-

	<ul style="list-style-type: none"> ○ Developmental delay without intervention ○ Child with mood or thought disorders untreated ○ Child with self injury behavior without intervention ▪ Failure to thrive ▪ Lack of hygiene and attention to basic needs Examples: <ul style="list-style-type: none"> ○ Long standing poor hygiene e.g., skin breakdown, excessive eczema ○ Lack of corrective eye wear or hearing aids ○ Dental carries ▪ Medical child abuse/Pediatric condition falsification <ul style="list-style-type: none"> ○ Treatment that doesn't fit history ○ Concern that caretaker is contributing to or causing the child's condition
MALNOURISHMENT	<ul style="list-style-type: none"> ▪ Less than 3 years old with weight less than the 5th percentile ("Failure to thrive") ▪ Child with known growth parameters with a drop of 2 or more percentiles ▪ Malnourished child more than 2 years old with BMI less than the 5th percentile
CHILD AND FAMILY RISKS	<ul style="list-style-type: none"> ▪ Poverty ▪ Young parent ▪ Maternal drug use ▪ Developmentally delayed parent ▪ Chaotic environment ▪ Social isolation ▪ Child with chronic disease requiring daily medication ▪ Medically complex child with multiple needs ▪ Limited access to health care ▪ Limited health insurance

IDENTIFYING CHILDREN WHO LIVE WITH VIOLENCE

As domestic violence escalates in our society, the role of healthcare providers in enhancing awareness, identification and referral is a critical component in the process of assisting children who are victims of violence. This document can assist in identifying children who are involved in and at risk for domestic violence.

INFANTS & TOLLDERS (0-2.5 yrs.)	<ul style="list-style-type: none"> ▪ Developmental delay ▪ Failure to thrive ▪ Emotional withdrawal ▪ Physical problems (frequent illness)
PRE-SCHOOLERS (3-6 yrs.)	<ul style="list-style-type: none"> ▪ Developmental delay (especially in language) ▪ Low tolerance, easily frustrated ▪ Acting out, aggressive towards peers/adults ▪ Low self-esteem ▪ Abnormal startle response
SCHOOL-AGE CHILDREN (7-11 yrs.)	<ul style="list-style-type: none"> ▪ Poor school performance, delay ▪ Behavior problems with peers/adults ▪ Aggressive acting out, purposeful and severe ▪ Fearful, nightmares, night terrors ▪ Abnormal startle responses ▪ Withdrawn, depressed, despondent ▪ Chronic physical complaints ▪ Chronic low self-esteem ▪ Beginning to mimic adult roles
ADOLESCENTS (12-17 years)	<ul style="list-style-type: none"> ▪ Depressed ▪ Signs of physical injuries, including scars ▪ Aggressive ▪ Delinquent behavior, including running away ▪ Poor school adjustment ▪ Alcohol/drug experimenting or use ▪ Possessive/jealous of girlfriends/boyfriends ▪ Sexual activity ▪ Violence expanded to the community ▪ Proficient at mimicking adult behavior ▪ Death by suicide or murder
INDICATORS OF EMOTIONAL ABUSE	<ul style="list-style-type: none"> ▪ Acting out behaviorally ▪ Taking responsibility for the abuse ▪ Low-self esteem ▪ Constant fear of another beating/abuse ▪ Fear of abandonment ▪ Feelings of guilt over inability to stop the abuse
INDICATORS OF SEXUAL ABUSE	<ul style="list-style-type: none"> ▪ Child reports abuse ▪ Overly compliant ▪ Can't make friends ▪ Extreme fear of males ▪ Lack of trust ▪ No participation in school or social activities

	<ul style="list-style-type: none"> ▪ Can't concentrate ▪ Sudden drop in grades ▪ Very withdrawn or depressed ▪ Delinquent behavior ▪ Self-destructive or suicidal ▪ Sexual aggressive ▪ Seductive behavior ▪ Inappropriate sexual play with peers, toys and themselves ▪ Age-inappropriate understanding of sexual behavior ▪ Sleep disturbances including bed wetting and nightmares ▪ Secretive behavior Hints about sexual behavior ▪ Arriving early/staying late at school
PHYSICAL INDICATORS OF SEXUAL ABUSE	<ul style="list-style-type: none"> ▪ Torn or bloody underclothes ▪ Pain, swelling or itching of genitals ▪ Pain when urinating ▪ Discharge from vagina or penis
NON-AGE SPECIFIC BEHAVIORS INCLUDE	<ul style="list-style-type: none"> ▪ Little or no empathy for others ▪ Loses control easily ▪ Girls may be overly compliant ▪ Sleeping in class regularly ▪ Blames others for own action ▪ Uses force/violence to solve problems ▪ Absence of emotions ▪ Boys may be undisciplined
IN CASE OF DISCLOSURE	<ul style="list-style-type: none"> ▪ How you react is important! Remain calm. ▪ Provide verbal reassurance to: <ul style="list-style-type: none"> ○ Assure the child it is correct to disclose ○ Assure the child he/she is not responsible ○ Assure the child he/she is believed ○ Assure the child he/she is not alone ▪ Avoid projecting your reaction onto the child ▪ Do not assume the child knows that the abuse is a problem ▪ Remain relaxed ▪ Be empathetic ▪ Do not be judgmental ▪ Explain the need to contact others who can protect the child and help resolve the problem. ▪ Contact the
HOW TO REPORT	<ul style="list-style-type: none"> ▪ Call the DCFS hotline at: 1-800-442-4918/4453 ▪ Information needed: ▪ State you are a mandated reporter ▪ State if you think it is an emergency ▪ State why you think the child is abused/neglected (report factual information, not conclusions). Document name of hotline worker and date/time called.

	<ul style="list-style-type: none"> ▪ Ask the local investigative worker to call you back if needed. ▪ Your report will be investigated within 24 hours. Your name is not given to those being investigated. Confidentiality of a mandated reporter's identity is protected by law.
RESOURCES	<ul style="list-style-type: none"> ▪ DCFS Hotline: 1-800-442-4918/4453 ▪ National Domestic Violence Hotline: 1-800-799-SAFE (7233) ▪ Crime Victim Assistance Program: 1-800-228-3368

RECOGNIZING AND AIDING HUMAN TRAFFICKING VICTIMS

Another category of child victims who may present are those who have exploited for sex and forced labor. Family members, acquaintances and strangers traffic children. Both boys and girls can be victimized. They are often homeless or living with non-family members.

DEFINITIONS:

Sex trafficking: Recruiting, harboring, transporting, providing, or obtaining a person for a commercial sex act that is induced by force, fraud, or coercion. When a person is induced to perform such an act is under 18 years of age, no force, fraud or coercion is necessary.

Labor trafficking: Recruiting, harboring, transporting, providing, or obtaining a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

BEHAVIOR	<ul style="list-style-type: none"> ▪ Is under 18 years of age, and is providing sex acts for money or goods ▪ May exhibit unusually fearful, anxious, hyper-vigilant, depressed, submissive, tense, or nervous/paranoid behavior ▪ May react with unusually fearful or anxious behavior at any reference to "law enforcement" ▪ May avoid eye contact ▪ May exhibit a flat affect ▪ Has expensive possessions without an income source ▪ Is in a relationship with a dominating, older adult who may be identified as father/boyfriend/partner/sister/friend <ul style="list-style-type: none"> ○ Is not allowed to speak alone without this adult present ○ Demonstrates excessive concern for displeasing the dominating older adult ○ Is not free to leave or come and go as he/she wishes ▪ Provides inconsistent information about personal history <ul style="list-style-type: none"> ○ Has no identification (e.g., ID card, driver's license, passport)
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	<ul style="list-style-type: none"> ○ Unable to provide valid address ○ Lies about his or her age
PHYSICAL INJURIES	<ul style="list-style-type: none"> ▪ Exhibits unexplained injuries <ul style="list-style-type: none"> ○ Bruises, cuts, welts, fracture, pelvic pain, rectal trauma, urinary difficulties, STI or pregnancy ▪ Show signs of physical and/or sexual abuse, physical restraint, confinement, or torture <ul style="list-style-type: none"> ○ Injuries do not match history provided ○ Has an unusually high number of sexual partners for his/her age ▪ Exhibits signs of prolonged/untreated illness or disease ▪ Branded with a tattoo of the adult/trafficker's name on neck, chest or arm ▪ Appears malnourished
INTERVENTIONS	<ul style="list-style-type: none"> ▪ Address the medical needs of the child ▪ Contact social service to discuss concerns and determines need to contact DCFS and law enforcement ▪ Additional considerations to keep in mind: <ul style="list-style-type: none"> ○ Is the trafficker present (i.e., in the waiting room/outside)? ○ What will happen if the child does/does not return to the trafficker? ○ Does the child believe he/she or a family member is in danger? ○ Is the child an emancipated minor?

SAMPLE CHILD ABUSE AND NEGLECT SCREENING

The following are examples of screening questions and other prompts that may assist with early identification of suspected abuse or neglect and could be incorporated into the electronic or paper medical record. They may also help when developing quality improvement monitors related to the child abuse and neglect process.

SCREENING QUESTIONS	<ul style="list-style-type: none">▪ Do you feel safe at home and in your relationships?▪ What happens at home (at school, at daycare) when people get angry?▪ Has anyone ever touched you in a way you didn't like or threatened to hurt you?▪ Have you ever been bullied or talked to in a way you didn't like?▪ Does anyone try to keep you from having contact/seeing friends?
ASSESSMENT	<ul style="list-style-type: none">▪ Delayed or failed recognition of need for medical care present?▪ Injury does not fit history?▪ Other unexplained injuries?▪ Patient assessed for abuse, neglect and exploitation?▪ Staff has reviewed electronic medical record for history of visits?▪ Illinois DCFS/law enforcement and/or physician notified of suspicions?▪ Social Worker contacted?
EXAMINATION	<ul style="list-style-type: none">▪ Child has unexplained bruises/welts/burns/fractures/lacerations or scars?▪ Child was examined unclothed?▪ Child appears frightened or wary of parent/caregiver?▪ Exhibits very aggressive or withdrawn behavior?▪ Malnutrition/Failure to Thrive (FTT)?▪ Evidence of domestic violence?▪ Displays inappropriate sexual behavior for age?▪ Bruises/bleeding of perineum/genitalia/perianal area?

DEVELOPMENTAL MILESTONES: BIRTH THROUGH 5 YEARS

Appreciating that all children's grow and develop at different rates, there are common characteristics that most children share with identified milestones to help chart a child's progress. Understanding pediatric developmental milestones is particularly important in the prehospital and emergency settings. Recognizing suspicious findings, and children at risk, allows healthcare professionals to intervene promptly and appropriately. Additionally, the increased risk for abuse and/or neglect to a child with a developmental disability or delay may be overlooked without this fundamental understanding of child development.

When abuse or neglect is suspected, initiate the mandated reporting process according to your facility's Child Abuse and Neglect Policy and Procedure. For a child with a developmental delay who may be at higher risk of abuse/neglect, refer the parent/caregiver to the facility social worker (when applicable). A social worker has expert knowledge of services to help mitigate potential for abuse and/or neglect such as, parent education programs, parent support groups and other community resources.

The forms that follow on the next several pages review milestones by age as well as developmental concerns for children aged five and younger. They are useful tools for both healthcare professionals and parents/caregivers. The forms are available online at <http://www.cdc.gov/ncddd/actearly/milestones/index.html>.

YOUR BABY AT 2 MONTHS

How your child plays, learns, speaks, and acts offer important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What most babies do at this age:

Social/Emotional

- Begins to smile at people
- Can briefly calm himself (may bring hands to mouth and suck on hand)
- Tries to look at parent

Language/Communication

- Coos, making gurgling sounds
- Turns head toward sounds

Cognitive (learning, thinking, problem-solving)

- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act bored (cries, fussy) if activity doesn't change

Movement/Physical Development

- Can hold head up and begins to push up when lying on tummy
- Makes smoother movements with arms and legs

Act early by talking to your child's doctor if your child:

- Doesn't respond to loud sounds
- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't bring hands to mouth
- Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO

Child's Name: _____

Date: _____

Child's Age: _____

YOUR BABY AT 4 MONTHS

How your child plays, learns, speaks and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 4 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What most babies do at this age:

Social/Emotional

- Smiles spontaneously, especially at people
- Likes to play with people and might cry when playing stops
- Copies some movements and facial expression, like smiling or frowning

Language/Communication

- Begins to babble
- Babbles with expression and copies sound he hears
- Cries in different ways to show hunger, pain, or being tired

Cognitive (learning, thinking, problem-solving)

- Lets you know if she is happy or sad
- Responds to affection
- Reaches for toy with one hand
- Uses hand and eyes together, such as seeing a toy and reaching for it
- Follows moving things with eyes from side to side
- Watches face closely
- Recognizes familiar people and things at a distance

Movement/Physical Development

- Holds head steady, unsupported
- Pushes down on legs when feet are on a hard surface
- May be able to roll over from tummy to back
- Can hold a toy and shake it and ring at dangling toys
- Brings hands to mouth
- When lying on stomach, pushes up to elbows.

Act early by talking to your child's doctor if your child:

- Doesn't watch things as they move
- Doesn't smile at people
- Can't nod head steady
- Doesn't coo or make sounds
- Doesn't bring things to mouth
- Doesn't push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO

Child's Name: _____

Date: _____

Child's Age: _____

YOUR BABY AT 6 MONTHS

How your child plays, learns, speaks and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 6 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What most babies do at this age:

Social/Emotional

- Knows familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people's emotions and often seems happy
- Likes to look at self in a mirror

Language/Communication

- Responds to sounds by making sounds
- String vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parents while making sounds
- Responds to own name
- Makes sounds to show joy and displeasure
- Begins to say consonant sounds (jabbering with "m," "b")

Cognitive (learning, thinking, problem-solving)

- Looks around at things nearby
- Brings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other

Movement/Physical Development

- Rolls over in both directions (front to back, back to front)
- Begins to sit without support
- When standing, support weight on legs and might bounce
- Rocks back and forth, sometimes crawling backward before moving forward

Act early by talking to your child's doctor if your child:

- Doesn't try to get things that are in reach
- Shows no affection for caregivers
- Doesn't respond to sounds around him
- Has difficulty getting things to mouth
- Doesn't make vowel sounds ("ah," "eh," "oh")
- Doesn't roll over in either direction
- Doesn't laugh or make squealing sounds
- Seems very stiff with tight muscles

- Seems very floppy, like a rag doll

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO

Child's Name: _____

Date: _____

Child's Age: _____

YOUR BABY AT 9 MONTHS

How your child plays, learns, speaks and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 9 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What most babies do at this age:

Social/Emotional

- May be afraid of strangers
- May be clingy with familiar adults
- Has favorite toys

Language/Communication

- Understands "no"
- Makes a lot of different sounds like "mamamama" and "babababa"
- Copies sounds and gestures of others
- Uses fingers to point at things

Cognitive (learning, thinking, problem-solving)

- Watches the path of something as it falls
- Looks for things he sees you hide
- Plays peek-a-boo
- Puts things in her mouth
- Moves things smoothly from one hand to the other
- Picks up things like cereal o's between thumb and index finger

Movement/Physical Development

- Stands, holding on
- Can get into sitting position
- Sits without support
- Pulls to stand
- Crawls

Act early by talking to your child's doctor if your child:

- Doesn't bear weight on legs with support
- Doesn't sit with help
- Doesn't babble ("mama," "babe," "dada")
- Doesn't play any games involving back and forth play
- Doesn't respond to own name
- Doesn't seem to recognize familiar people
- Doesn't look where you point
- Doesn't transfer toys from one hand to the other

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO

The American Academy of Pediatrics recommends that children be screened for general development at the 9 month visit. Ask your child's doctor about your child's developmental screening.

Child's Name: _____

Date: _____

Child's Age: _____

YOUR BABY AT 1 YEAR

How your child plays, learns, speaks and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 1st birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What most children do at this age:

Social/Emotional

- Is shy or nervous with strangers
- Cries when mom or dad leaves
- Has favorite things and people
- Shows fear in some situations
- Hands you a book when he wants to hear a story
- Repeats sounds or actions to get attention
- Puts out arm or leg to help with dressing
- Plays games such as "peek-a-boo" and "pat-a-cake"

Language/Communication

- Responds to simple spoken requests
- Uses simple gestures, like shaking head "no" or waving "bye-bye"
- Makes sounds with changes in tone (sounds more like speech)
- Says "mama" and "dada" and exclamations like "uh-oh!"
- Tries to say words you say

Cognitive (learning, thinking, problem-solving)

- Explores things in different ways, like shaking, banging, throwing
- Finds hidden things easily
- Looks at the right picture or thing when it's named
- Copies gestures
- Starts to use things correctly; for example, drinks from a cup, brushes hair
- Bangs two things together
- Put things in a container, takes things out of a container
- Lets things go without help
- Pokes with index (pointer) finger
- Follows simple directions like "pick up the toy"

Movement/Physical Development

- Gets to a sitting position without help
- Pulls up to stand, walks holding on to furniture ("cruising")
- May take a few steps without holding on
- May stand alone

Act early by talking to your child's doctor if your child:

- Doesn't crawl
- Can't stand when supported
- Doesn't search for things that he/she sees you hide
- Doesn't say single words like "mama" or "dada"
- Doesn't learn gestures like waving or shaking head
- Doesn't point to things
- Loses skills he/she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO

Child's Name: _____

Date: _____

Child's Age: _____

YOUR BABY AT 18 MONTHS (1.5 YEARS)

How your child plays, learns, speaks and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 18 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What most children do at this age:

Social/Emotional

- Likes to hand things to others as play
- May have temper tantrums
- May be afraid of strangers
- Shows affection to familiar people
- Plays simple pretend, such as feeding a doll
- May cling to caregivers in new situations
- Points to show others something interesting
- Explores alone but with parent close by

Language/Communication

- Says several single words
- Says and shakes head "no"
- Points to show someone what he/she wants

Cognitive (learning, thinking, problem-solving)

- Knows what ordinary things are for; for example, telephone, brush, spoon
- Points to get the attention of others
- Shows interest in a doll or stuffed animal by pretending to feed
- Points to one body part
- Scribbles on his/her own
- Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

Movement/Physical Development

- Walks alone
- May walk up steps and run
- Pulls toys while walking
- Can help undress himself/herself
- Drinks from a cup
- Eats with a spoon

Act early by talking to your child's doctor if your child:

- Doesn't point to show things to others
- Can't walk

- Doesn't know what familiar things are for
- Doesn't copy others
- Doesn't gain new words
- Doesn't have at least 6 words
- Doesn't notice or mind when a caregiver leaves or returns
- Loses skills he/she once had.

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 18-month visit. Ask your child's doctor about your child's developmental screening.

Child's Name: _____

Date: _____

Child's Age: _____

YOUR BABY AT 2 YEAR

How your child plays, learns, speaks and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 2nd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What most children do at this age:

Social/Emotional

- Copies others, especially adults and older children
- Gets excited when with other children
- Shows more and more independence
- Shows defiant behavior (doing what he has been told not to)
- Plays mainly beside other children, but is beginning to include other children, such as in chase games

Language/Communication

- Points to things or pictures when they are named
- Knows names of familiar people and body parts
- Says sentences with 2-4 words
- Follows simple instructions
- Repeats words overheard in conversation
- Points to things in a book

Cognitive (learning, thinking, problem-solving)

- Finds things even when hidden under two or three covers
- Begins to sort shapes and colors
- Completes sentences and rhymes in familiar books
- Plays simple make-believe games
- Builds towers of 4 or more blocks
- Might use one hand more than the other
- Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- Names items in a picture book such as a cat, bird or dog

Movement/Physical Development

- Stands on tiptoe
- Kicks a ball
- Begins to run
- Climbs onto and down from furniture without help
- Walks up and down stairs holding on
- Throws ball overhand
- Makes or copies straight lines and circles

Act early by talking to your child's doctor if your child:

- Doesn't use 2-word phrases for example "drink milk"
- Doesn't know what to do with common things, like a brush, phone, fork, spoon
- Doesn't copy action and words
- Doesn't follow simple instructions
- Doesn't walk steadily
- Loses skills he/she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 24-month visit. Ask your child's doctor about your child's developmental screening.

Child's Name: _____

Date: _____

Child's Age: _____

YOUR BABY AT 3 YEAR

How your child plays, learns, speaks and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 3rd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What most children do at this age:

Social/Emotional

- Copies adults and friends
- Shows affection for friends without prompting
- Takes turn in games
- Shows concern for a crying friend
- Understands the idea of "mine" and "his" or "hers"
- Shows a wide range of emotions
- Separates easily from mom and dad
- May get upset with major changes routine
- Dresses and undresses self

Language/Communication

- Follows instructions with 2 or 3 steps
- Can name most familiar things
- Understands words like "in," "on" and "under"
- Says first name, age, and sex
- Names a friend
- Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)
- Talks well enough for strangers to understand most of the time
- Carries on a conversation using 2-3 sentences

Cognitive (learning, thinking, problem-solving)

- Can work toys with buttons, levers, and moving parts
- Plays make-believe with dolls, animals, and people
- Does puzzles with 3 or 4 pieces
- Copies a circle with pencil or crayon
- Turns book pages one at a time
- Builds towers of more than 6 blocks
- Screws and unscrews jar lids or turns door handle

Movement/Physical Development

- Climbs well
- Runs easily
- Pedals a tricycle (3-wheel bike)
- Walks up and down stairs, one foot on each step

Act early by talking to your child's doctor if your child:

- Falls down a lot
- Drools or has very unclear speech
- Can't work simple toys such as peg-boards, simple puzzles, turning handle
- Doesn't speak in sentences
- Doesn't understand simple instruction
- Doesn't play pretend or make-believe
- Doesn't want to play with other children or with toys
- Doesn't make eye contact
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO

Child's Name: _____

Date: _____

Child's Age: _____

YOUR BABY AT 4 YEAR

How your child plays, learns, speaks and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 4th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What most children do at this age:

Social/Emotional

- Enjoys doing new things
- Plays "Mom" and "Dad"
- Is more and more creative with make-believe play
- Would rather play with other children than by himself
- Cooperates with other children
- Often can't tell what's real and what's make-believe
- Talks about what she is interested in

Language/Communication

- Knows some basic rules of grammar, such as correctly using "he" and "she"
- Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- Tells stories
- Can say first and last name

Cognitive (learning, thinking, problem-solving)

- Names some colors and some numbers
- Understands the idea of counting
- Starts to understand time
- Remembers parts of a story
- Understands the idea of "same" and "different"
- Draws a person with 2-4 body parts
- Uses scissors
- Starts to copy some capital letters
- Names four colors
- Plays board or card games
- Tells you what he thinks is going to happen next in a book

Movement/Physical Development

- Hops and stands on one foot up to 2 seconds
- Catches a bounced ball most of the time
- Pours, cuts with supervision, and mashes own food

Act early by talking to your child's doctor if your child:

- Can't jump in place
- Has trouble scribbling
- Shows no interest in interactive games or make-believe
- Ignores other children or doesn't respond to people outside the family
- Resists dressing, sleeping, and using the toilet
- Can't retell a favorite story
- Doesn't follow 3-part commands
- Doesn't understand "same" and "different"
- Doesn't use "me" and "you" correctly
- Speaks unclearly
- Loses skill he/she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO

Child's Name: _____

Date: _____

Child's Age: _____

YOUR BABY AT 5 YEAR

How your child plays, learns, speaks and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 5th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What most children do at this age:

Social/Emotional

- Wants to please friends
- Wants to be like friends
- More likely to agree with rules
- Like to sing, dance, and act
- Is aware of gender
- Can tell what's real and what's make-believe
- Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision still needed])
- Is sometimes demanding and sometimes very cooperative

Language/Communication

- Speaks very clearly
- Tells a simple story using full sentences
- Uses future tense; for example, "Grandma will be here."
- Says name and address

Cognitive (learning, thinking, problem-solving)

- Counts 10 or more things
- Can draw a person with at least 6 body parts
- Can print some letters or numbers
- Copies a triangle and other geometric shapes
- Knows about things used every day, like money and food

Movement/Physical Development

- Stands on one foot for 10 seconds or longer
- Hops; may be able to skip
- Can do a somersault
- Uses a fork and spoon and sometimes a table knife
- Can use the toilet on his/her own
- Swings and climbs

Act early by talking to your child's doctor if your child:

- Doesn't show a wide range of emotions
- Shows extreme behavior (unusually fearful, aggressive, shy or sad)

- Unusually withdrawn and not active
- Is easily distracted-has trouble focusing on one activity for more than 5 minutes
- Doesn't respond to people, or responds only superficially
- Can't tell what's real and what's make-believe
- Doesn't play a variety of games and activities
- Can't give first and last name
- Doesn't use plural or past tense properly
- Doesn't talk about daily activities or experiences
- Doesn't draw pictures
- Can't brush teeth, wash hands and dry hands, or get undressed without help
- Loses skills he/she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO

Child's Name: _____

Date: _____

Child's Age: _____

A TEEN'S GUIDE TO SAFETY PLANNING

Why do I need safety plan?

Everyone deserves a relationship that is healthy, safe, and supportive. If you are in a relationship that is hurting you, it is important for you to start thinking of ways to keep yourself safe from the abuse, whether you decide to end the relationship or not. While you can't control your partner's abusive behavior, you can take action to keep yourself as safe as possible.

What is a safety plan?

A safety plan is a practical guide that helps lower your risk of being hurt by your abuser. It includes information specific to you and your life that will help keep you safe. A good safety plan helps you think through lifestyle changes that will help keep you as safe as possible at school, at home and other places that you go on a daily basis.

How do I make a safety plan?

Take some time for yourself to go through each section of this safety planning workbook. You can complete the workbook on your own, or you can work through it with a friend or an adult you trust.

Keep in mind:

- In order for this safety plan to work for you, you'll need to fill in personalized answers, so you can use the information when you most need it.
- Once you complete your safety plan, be sure to keep it in an accessible but secure location. You might also consider giving a copy of your safety plan to someone that you trust.
- Getting support from someone who has experience working with teens in abusive relationships can be very useful.
-

MY SAFETY WORKBOOK (PAGE 1)

STAYING SAFE AT SCHOOL:

The safest way for me to get to and from school is:

If I need to leave school in an emergency, I can get home safely by:

I can make sure that a friend can walk with me between classes. I will ask:

I will eat lunch and spend free periods in an area where there are school staff or faculty nearby. These are some areas on campus where I feel safe:

If I live with my abuser, I will have a bag ready with these important items in case I need to leave quickly (check all that apply):

- ☐ Cell phone & charger
- ☐ Spare money
- ☐ Keys
- ☐ Driver's license or other form of ID
- ☐ Copy of Restraining Order
- ☐ Birth certificate, social security card, immigration papers and other important documents
- ☐ Change of clothes
- ☐ Medication
- ☐ Special photos or other valuable items
- ☐ If I have children—anything they may need (important documents, formula, diapers)

I could talk to the following people at school if I need to rearrange my schedule in order to avoid my abuser, or if I need help staying safe at school:

School Counselor

- ☐ Coach
- ☐ Teachers: _____
- ☐ Other: _____

Principal

- ☐ Assistant/Vice principal

- ☐ School security
- ☐ Other: _____

STAYING SAFE AT HOME:

I can tell this family member about what is going on in my relationship:

There may be times when no one else is home. During those times, I can have people stay with me. I will ask:

The safest way for me to leave my house in an emergency is:

If I must leave in an emergency, I should try to go to a place that is public, safe and unknown by my abuser. I could go here:

I will use a code word so I can alert my family, friends, and neighbors to call for help without my abuser knowing about it. My code word is:

MY SAFETY WORKBOOK (PAGE 2)

STAYING SAFE EMOTIONALLY:

My abuser often tries to make me feel bad about myself by saying or doing this:

When he/she does this, I will think of these things I like about myself:

I will do things I enjoy, like:

I will join clubs or organizations that interest me, like:

During an emergency, I could call the following friends or family members at any time of the day or night:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

If I feel down, depressed or scared, I can call the following friends or family members:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

GETTING HELP IN YOUR COMMUNITY:

For emergencies: Call 911

National Teen Dating Violence Hotline: 1-866-331-9474

Local police station: _____ Phone #: _____

Address: _____

Local domestic violence organization: _____

Phone #: _____

Address: _____

Local free legal assistance: _____

Phone #: _____

Address: _____

Nearest youth shelter: _____

Phone #: _____

Address: _____

MY SAFETY WORKBOOK (PAGE 3)

THESE ARE THINGS I CAN DO TO HELP KEEP MYSELF SAFE EVERYDAY:

- ☐ I will carry my cell phone and important telephone numbers with me at all times
- ☐ I will keep in touch with someone I trust about where I am or what I am doing
- ☐ I will stay out of isolated places and try to never walk around alone
- ☐ I will avoid places where my abuser or his/her friends and family are likely to be
- ☐ I will keep the doors and windows locked when I am at home, especially if I am alone
- ☐ I will avoid speaking to my abuser. If it is unavoidable, I will make sure there are people around in case the situation becomes dangerous.
- ☐ I will call 911 if I feel my safety is at risk.
- ☐ I can look into getting a protective order so that I'll have legal support in keeping my abuser away.
- ☐ I will remember that the abuse is not my fault and that I deserve a safe and healthy relationship.

THESE ARE THINGS I CAN DO TO HELP KEEP MYSELF SAFE IN MY SOCIAL LIFE:

- ☐ I will ask my friends to keep their cell phones with them while they are with me in case we get separated and I need help.
- ☐ If possible, I will go to different malls, banks, grocery stores, movie theaters, etc. than the ones my abuser goes to or knows about.
- ☐ I will not go out alone, especially at night.
- ☐ No matter where I go, I will be aware of how to leave safely in case of an emergency.
- ☐ I will leave if I feel uncomfortable in a situation, no matter what my friends are doing.
- ☐ I will spend time with people who make me feel safe, supported and good about myself.

THESE ARE THINGS I CAN DO TO STAY SAFE ONLINE AND WITH MY CELL PHONE:

- ☐ I will not say or do anything online that I wouldn't in person.
- ☐ I will set all my online profiles to be as private as they can be.
- ☐ I will save and keep track of any abusive, threatening or harassing comments, posts, or texts.
- ☐ I will never give my password to anyone other than my parents or guardians.
- ☐ If the abuse and harassment does not stop, I will change my usernames, email addresses, and/or cell phone number.
- ☐ I will not answer calls from unknown, blocked or private numbers.
- ☐ I can see if my phone company can block my abuser's phone number from calling my phone.
- ☐ I will not communicate with my abuser using any type of technology if unnecessary, since any form of communication can be recorded and possibly used against me in the future.

CHILD ABUSE AND NEGLECT MANDATED REPORTING POLICY

Reference: Child Abuse and Neglect Act, California Penal Code, Article 2.5, Sections 11164-11174.4

Introduction: This program is provided to help those employees of the International Christian Adoptions identify and respond to situations that are required to be reported to those agencies identified to take reports related to child abuse and neglect. The International Christian Adoptions is concerned that those cases, where there is evidence of child abuse or neglect, be reported immediately to the agencies identified in this document.

Purpose: Under California's Child Abuse and Neglect Reporting Act (Appendix A—California Penal Code, Article 2.5, Sections 11164-11174.4), employees who may work with children (under the age of 18) in the course of their professional duties are required to report suspected child abuse or neglect. The California Penal Code refers to these employees as mandated reporters.

Mandated reporters who work with children are considered to be in a good position to recognize and report child abuse and neglect. Mandated reporters are the State of California's "early warning system" to identify probable abuse early enough to avoid serious and long-term damage to a child. The primary goal is to protect the child and, when possible, to stabilize and preserve the family so that it may remain intact.

MANDATED REPORTING RESPONSIBILITIES AND REQUIREMENTS:

Definition: Mandated reporters are professionals who may work with children (under the age of 18) in the course of their professional duties. In California, there are 33 different categories of workers who are considered to be mandated reporters as defined in the California Child Abuse and Neglect Reporting Act. (See Appendix A—California Penal Code, Article 2.5, Section 11165.7).

Hiring Procedures—At the time of hire, all mandated reporter must sign a statement provided by the district indicating that he or she has knowledge of the reporting provisions of the California Penal Code, Article 2.5, Section 11166.5(a) and will comply with those reporting provisions. (Refer to Appendix B for Acknowledgement.)

Mandated Reporting Responsibility: As a mandated reporter, child abuse must be reported based on knowledge or observation of a child within one's professional capacity or scope of employment. The report must be made when it is known or reasonably suspected that the child has been the victim of child abuse. This report made is known as a suspected child abuse report. The goal should be to protect the child, get help for the family, and comply with the law. Reasonable suspicion means that a reasonable person has cause to suspect child abuse or neglect based on facts and, possibly, on his or her experience or training. For example, the

pregnancy of a minor child does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse. In simple terms, suspicion is based on facts that would cause a reasonable person to suspect child abuse. If in doubt, always report.

Mandated reporters have a responsibility to report in-the-home and out-of-the home abuse. The abuse may consist of physical abuse, severe or general neglect, unjustifiable mental suffering, willful cruelty or unjustifiable punishment of a child, sexual abuse, and sexual exploitation. More specific definition for child abuse and neglect can be found in California Penal Code Sections 11165.1-11165.6. (See Appendix A)

Any mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by the reporting laws is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of \$1,000 or by both fine and punishment.

Mandated reporters are not required to notify their supervisor when a report is made, but I.C.A. highly encourages advising a supervisor or manager that a report has been made. Any supervisor or administrator who impedes or inhibits the reporting duties is guilty of an infraction punishable by a fine not to exceed \$5,000. District employees who file a mandated report will not be subject to sanctions.

Mandated reporter responsibility is not absolved by relying on a supervisor or administrator to file a report.

REPORTING PROCEDURES: Phone numbers and forms for county child protective services agencies are available in the accountant office. The following incidents are required to be reported:

Child Abuse: Reports should be made by phone immediately upon suspicion or knowledge (no statute of limitations on time). A written report must then be sent within 36 hours to the local police, sheriff or county child protective services agency or county juvenile probation department. All reports, except those of neglect, are cross-reported to other child protection agencies. The child protection agency is required to provide information regarding the disposition of the case.

Suspicious Deaths: California law requires mandated reporters to call Child Protective Services (CPS) in the event of a suspicious death, regardless of whether or not the possible abuse was a factor contributing to the death of the child. If the death of a child is reported to CPS and the child who was at the time of death living at, enrolled in, or regularly attending a facility licensed to care for children by the State Department of Social Services, CPS must notify, within 24 hours, the licensing office with jurisdiction over the facility, unless the circumstances of the child's death are clearly unrelated to the child's care at the facility. CPS will provide the licensing agency a copy of its investigation and any other pertinent materials.

Teen Abuse In California: California is one of the few states that mandate reports of intimate partner abuse against adolescents under the age of 18, in addition to abuse perpetrated within the teen's home. All known or reasonably suspected incidents of teen abuse are to be reported.

Confidentiality: When a report is made to the proper authorities, the name of the mandated reporter is confidential and may only be disclosed under certain conditions as outlined in the penal code. The report is also confidential and may only be disclosed under the conditions outlined in the penal code. (See Appendix A—California Penal Code, Article 2.5, Section 11167.5.)

Immunities: No mandated reporter who reports a known or suspected instance of child abuse or neglect shall be civilly or criminally liable for any report required or authorized by law. A state fund provides for reimbursement for legal fees up to \$50,000 if a mandated reporter is sued.

Any other person reporting a known or suspected instance of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by law, unless it can be proven that a false report is made and that the person knew the report was false or was made with reckless disregard of the truth or falsity of the report.

No mandated reporter or any person taking photographs at his or her discretion shall incur any civil or criminal liability for taking photographs of a suspected victim of child abuse or neglect without parental consent or disseminating the photographs with the reports required by law. This section does not grant immunity from liability with respect to any other use of the photographs.

Any person who, pursuant to a request from a government agency investigating a report of suspected child abuse or neglect, provides the requesting agency with access to the victim of the known or suspected instance of child abuse or neglect shall not incur civil or criminal liability as a result of providing that access.

Penalties for False Reporting: Any mandated reporter or other person reporting a known or suspected instance of child abuse shall not incur civil or criminal liability as a result of any person knew the report was false or was made with reckless disregard of the truth or falsity of the report. Any person who makes a report of child abuse known to be false or without reckless disregard of the truth or falsity of the report is liable for any damages caused.

Training: Initial mandated reporter training shall be conducted upon hire during the regular orientation and for current employees, refresher training shall be provided.

3.2 Refresher Training—Refresher training will be provided at least once every two years or sooner, if there are any changes in procedures.

3.3 Records of Training—Records of training will be maintained by Human Resources Department Manager.

Definitions: Definitions for child abuse and neglect can be found in California Penal Code Sections 1165.1-11165.6 (Appendix A) Approved by Valley Insurance Program- JPA Safety and Loss Control Committee: October, 2003 Board approval date: 5/25/04

PROHIBITION ON CHILD BUYING POLICY

The agency or person prohibits its employees and agents from giving money or other consideration directly or indirectly to a child's parent (s) or other individual (s), or an entity, as payment for the child or as an inducement to release the child.

If permitted or required by the child's country of origin, reasonable payments, may be remitted for activities related to the adoption proceedings, pre-birth and birth medical costs, the care of the child, the care of the birthmother while pregnant and immediately following birth of the child or the provisions of child welfare and child protection services generally.

Date: _____

Employee Signature

Print Name

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE

NOTE: RETAIN IN EMPLOYEE/LICENSEE FILE

NAME

POSITION

Employee/Clinician Worker

FACILITY NUMBER

330600006/07

California law **REQUIRES** certain persons to report known or suspected child abuse. As a licensee or an employee at a licensed facility or a child care institution, **YOU** are one of those persons - a "mandated reporter."

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

Mandated reporters include a licensee, an administrator, or an employee of a licensed community care or child day care facility. [Penal Code ("PC") § 11165.7(a)(10)] Mandated reporters also include an employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities. [PC § 11165.7(a)(14)] No supervisor or administrator may impede or inhibit an individual's reporting duties or subject the mandated reporter to any sanction for making the report. [PC § 11166(h)]

WHEN REPORTING ABUSE IS REQUIRED

A mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has knowledge of or observes a person under the age of 18 years whom he or she knows or reasonably suspects has been the victim of child abuse or neglect must report the suspected incident. The reporter must contact a designated agency immediately or as soon as practically possible by telephone, and shall prepare and send a written report within 36 hours of receiving the information concerning the incident. [PC § 11166(a)]

ABUSE THAT MUST BE REPORTED

Physical injury inflicted by other than accidental means on a child. [PC § 11165.6]

Sexual abuse meaning sexual assault or sexual exploitation of a child. [PC § 11165.1]

Neglect meaning the negligent treatment, lack of treatment, or the maltreatment of a child by a person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare. [PC § 11165.2]

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer, unjustifiable physical pain or mental suffering, or causes or permits a child be placed in a situation in which the child or child's health is endangered. [PC § 11165.3]

Unlawful corporal punishment or injury willfully inflicted upon a child and resulting in a traumatic condition. [PC § 11165.4]

WHERE TO CALL IN AND SEND THE WRITTEN ABUSE REPORT

Reports of suspected child abuse or neglect must be made to any police department or sheriff's department (not including a school district police or security department), county probation department, if designated by the county to receive mandated reports, or the county welfare department. [PC § 11165.9] The written report must include the information described in Penal Code section 11167(a) and may be submitted on form SS 8572.

IMMUNITY AND CONFIDENTIALITY OF REPORTER AND OF ABUSE REPORTS

Persons legally mandated to report suspected child abuse have immunity from criminal or civil liability for reporting as required or authorized by law. [PC § 11172(a)] The identity of a mandated reporter is confidential and disclosed only among agencies receiving or investigating reports, and other designated agencies. [PC § 11167(d)(1)] Reports are confidential and may be disclosed only to specified persons and agencies. Any violation of confidentiality is a misdemeanor punishable by imprisonment, fine, or both.

[PC § 11167.5(a)-(b)]

PENALTY FOR FAILURE TO REPORT ABUSE

A mandated reporter who fails to make a required report is guilty of a **misdemeanor** punishable by up to six months in jail, a fine of \$1000, or both. [PC § 11166(b)]

COPY OF THE LAW

Prior to my employment in a licensed community care or child day care facility, or child care institution, my employer provided me with a copy of Penal Code sections 11165.7, 11166, and 11167. [PC § 11166.5(a)]

ACKNOWLEDGMENT OF RESPONSIBILITY

I, _____, have knowledge of my responsibility to report known or suspected child abuse in compliance with Penal Code section 11166. [PC § 11166.5(a)]

SIGNATURE

DATE

OUT-OF-STATE DISCLOSURE & CRIMINAL RECORD STATEMENT

Foster Family Homes, Small Family Homes, Certified Family Homes, Resource Families

Complete both pages and sign on page 2.

I. OUT-OF-STATE DISCLOSURE

Foster Family Homes, Small Family Homes, Certified Family Homes, and Resource Families at time of application only

Have you lived in a state other than California within the last five years? ☐ YES ☐ NO

If YES, identify each state and complete an LIC 198B for each state listed:

II. CRIMINAL RECORD STATEMENT

Foster Family Homes, Small Family Homes, Certified Family Homes, Resource Families

*State law requires that a person associated with licensed facilities or approved homes be fingerprinted, and disclose any conviction. A conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere (no contest). The fingerprints will be used to obtain a copy of any criminal history you have.*Have you ever been convicted of a crime in California? ☐ YES ☐ NO*You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7 or a conviction for which relief has been granted pursuant to Penal Code section 1203.49.*Have you ever been convicted of a crime in another state, federal court, military, or a jurisdiction outside of the U.S.? ☐ YES ☐ NO

For Foster Family and Certified Family Homes & Resource Families only:

Have you ever been arrested for a crime against a child or for spousal/cohabitant abuse? ☐ YES ☐ NOCriminal convictions from another State or Federal court are considered the same as criminal convictions in California

If YES, give details on the back of this page indicating the nature and circumstances of each crime, date and location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

- It happened a long time ago;
- It was only a misdemeanor;
- You didn't have to go to court (your attorney went for you);
- You had no jail time or the sentence was only a fine or probation;
- You received a certificate of rehabilitation; or
- The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) MAY RESULT IN AN EXEMPTION DENIAL, APPLICATION DENIAL, LICENSE REVOCATION, DECERTIFICATION, RESCISSION OF APPROVAL, OR EXCLUSION FROM A LICENSED FACILITY, CERTIFIED FAMILY HOME, OR THE HOME OF A RESOURCE FAMILY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.

LICENSED FACILITY, CERTIFIED FAMILY HOME, OR RESOURCE FAMILY NAME:

INTERNATIONAL CHRISTIAN ADOPTIONS

FACILITY NUMBER:

330600006/07

YOUR NAME (Print clearly):

YOUR ADDRESS (street, city, state, zip):

SOCIAL SECURITY NUMBER:
(SEE PRIVACY STATEMENT ON REVERSE)

DRIVER'S LICENSE NUMBER/STATE:

DATE OF BIRTH:

SIGNATURE:

DATE:

OVER

INSTRUCTIONS:

If you have been convicted of a crime in California, another state, federal court, military court, or jurisdiction outside the United States, then provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7 or a conviction for which relief has been granted pursuant to Penal Code section 1203.49.)

What was the offense? _____

In which state and city did you commit the offense? _____

When did this happen? _____

Tell us what happened. (Use additional paper if needed) _____

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct to the best of my knowledge.

Signature: _____

Date: _____

If you have any questions about this form, please contact your local licensing regional office or approval agency.

INSTRUCTIONS TO LICENSEES ONLY:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

INSTRUCTIONS TO REGIONAL OFFICES AND FOSTER FAMILY AGENCIES:

If the person discloses that they have lived in another state within the last five (5) years, send this form and LIC 198B to the Caregiver Background Check Bureau, 744 P Street, MS T9-15-62, Sacramento, CA 95814.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be approved, licensed, work at, or be present at, a licensed facility, a certified family home, or home of a resource family, the law requires that you complete a criminal background check. (Health and Safety Code sections 1517, 1522, 1568.09, 1569.17 and 1596.871; Welfare and Institutions Code section 16519.5) The licensing or approval agency will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the licensing or approval agency (Civil Code section 1798 et seq.). Under the California Public Records Act, the licensing or approval agency may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.