



# **CHILD ABUSE IDENTIFICATION & PREVENTION POLICY**

**HSBC dba The Berks History Center  
940 Centre Ave., Reading, PA 19601  
Revised: June 20, 2015**

## **CHILD ABUSE IDENTIFICATION & PREVENTION POLICY**

**Purpose:** This Child Abuse Identification and Prevention Policy is established to specifically protect our employees, volunteers, members and visitors in cases of child abuse and/or child abuse allegations, and to provide guidance to facilitate compliance with Pennsylvania's Child Protective Services Law(CPSL) by the HSBC. This policy is not intended to constitute legal advice. Anyone with specific questions concerning the CPSL should consult with an attorney.

Revised: June 20, 2015

## **CHILD ABUSE IDENTIFICATION AND PREVENTION**

Child abuse is damage to a child for which there is no "reasonable" explanation. Child abuse includes non-accidental physical injury, neglect, sexual molestation, emotional abuse, and child-on-child sexual abuse and "bullying." A list of indicators for each of these types of abuse is provided in this policy to assist staff & volunteers to recognize signs of child abuse.

The increasing incidence of reported child abuse has become a critical national concern, as the reported incidents of both physical and sexual abuse is on the rise.

### **STAFF AND VOLUNTEER RECRUITING/RETENTION, TRAINING, AND REPORTING**

#### **1. Recruiting**

Reference checks on all prospective employees and program volunteers will be conducted, documented and filed prior to employment.

#### **Recruiting/Retention**

##### **Background Checks and Clearances**

a. All HSBC employees, age 14 and older, require the following clearances to be obtained and maintained, at HSBC expense, as a condition of employment:

- i. PA State Police Criminal History Report
- ii. PA Dept. of Human Services Certification
- iii. FBI Criminal History Report

b. All contractors, age 14 and older, who have direct contact and/or routine interaction with children (i.e. persons 17 years and younger) must obtain, at their expense, the following clearances as required by CPSL before being allowed to work for HSBC:

- i. PA State Police Criminal History Report
- ii. PA Dept. of Human Services Certification
- iii. FBI Criminal History Report

c. Volunteers, age 18 and older, (including Trustees) who have direct contact and/or routine interaction with children (i.e. persons 17 years and younger) must obtain, at their expense, the following clearances as required by CPSL before being allowed to volunteer:

- i. PA State Police Criminal History Report
- ii. PA Dept. of Human Services Certification
- iii. FBI Criminal History Report OR affidavit (Appendix A)

## Obtaining Clearances

- a. Pennsylvania State Police Criminal History Report
  - i. Go to <https://epatch.state.pa.us> and follow the instructions on the website.
  - ii. Print and save a copy of the clearance.
  - iii. Clearance certification must be reviewed by HSBC for verification of authenticity, and a copy made, initialed and dated by the HSBC Executive Director and the original given back to the individual.
- b. Pennsylvania Child Abuse History Clearance
  - i. Go to the following website and follow the instructions: <http://www.dhs.state.pa.us/findaform/childabusehistoryclearanceforms/>
  - ii. Print and save a copy of the clearance (A copy can be obtained through the mail also.)
  - iii. Clearance certification must be reviewed by HSBC for verification of authenticity, and a copy made, initialed and dated by the HSBC Executive Director and the original given back to the individual.
- c. FBI Criminal History Report or Affidavit
  - i. Go to <https://www.pa.cogentid.com> to find fingerprint locations and register for an appointment. Note: Check "What to Bring" page.
  - ii. Clearance certification will be sent in the mail. Certificate must be reviewed by HSBC for verification of authenticity, and a copy made, initialed and dated by the HSBC Executive Director and the original given back to the individual.
  - iii. NOTE: The FBI Criminal History Report is not required for incumbent or prospective volunteers who have resided in Pennsylvania continuously for a period of 10 years prior to becoming a volunteer or applying for volunteer status and who sign an Affidavit affirming that they have not committed certain crimes that otherwise would prohibit them from being a volunteer responsible for the welfare of a child or having direct contact with children.
- d. All clearances must be obtained/renewed EVERY 36 months.

## 2. Training

All new and existing staff and volunteers must participate in an orientation program including written materials explaining HSBC policies, procedures and regulations. New and existing staff will be made aware of legal requirements and by their signature acknowledging having received appropriate policies, standards and code of conduct.

Staff and volunteers working directly with children will attend required training and be provided information regularly about the signs of possible child abuse. Staff and volunteer training will include approved procedures for responding to the suspicion of abuse.

### 3. Reporting

All Trustees, staff and volunteers shall, whether the law determines them to be a mandated or permissive reporter, whenever there is reasonable cause to suspect a child is a victim of abuse, a report must be made without exception. See Indicators for Child Abuse and Neglect on Pages 6-7.

This includes situations where:

- a. You come into contact with a child that you suspect has been abused.
- b. An individual makes a specific disclosure to you that an identifiable child is the victim of child abuse.
- c. An individual 14 years of age or older makes a specific disclosure to you that he/she has committed child abuse.

Immediately call Childline at 800-932-0313 to make the required report. You must personally make the report, and you can no longer rely on someone else to make the report. In addition, a written report on CY-47 Form (Appendix B, Page 11-12) must be made to the county Children and Youth Agency within 48 hours of your oral report to Childline.

The law provides protection from civil liability for good-faith reporting of suspected child abuse. However, be cautious of making any public statements about the report, as this may give rise to a defamation claim.

In the event the reported incident involves an employed HSBC staff person or program volunteer, the responsible HSBC Executive shall, without exception, suspend the person from all activities involving the supervision of children. Reassignment to administrative functions may be appropriate. Suspension of employed staff will be with pay until the person is cleared or allegations are proven. In these cases the parent will always be notified by the HSBC Executive Director.

Regardless of where or under what circumstances the alleged incident takes place, if a staff person is involved, it will be considered as job related and affecting job performance.

Reinstatement of staff person or program volunteer will occur only after all allegations have been cleared to the satisfaction of the HSBC Executive Director and/or the investigating agency.

All staff and volunteers will be sensitive to the need for confidentiality in the handling of information in this area and will be instructed to discuss matters pertaining to abuse or suspected abuse only with the Executive Director.

Staff and volunteers may not contact children or parents involved in an alleged child abuse incident without the permission of the Executive Director.

# INDICATORS FOR CHILD ABUSE AND NEGLECT

## Physical Abuse – Behavioral Indicators

1. Is wary of adults
2. Is either extremely aggressive or withdrawn
3. Is dependent and indiscriminate in his or her attachments.
4. Is uncomfortable when other children cry
5. Generally controls his or her own crying
6. Exhibits a drastic behavior change when not with parents or caregiver
7. Is manipulative
8. Has poor self-concept
9. Exhibits delinquent behavior, such as running away from home
10. Uses or abuses alcohol or other drugs
11. Is self-mutilating
12. Is frightened of parents, going home
13. Is overprotective of or responsible for parents
14. Exhibits suicidal gestures or attempts suicide
15. Has behavior problems at school

## Physical Abuse – Physical Indicators

1. Has unexplained \* bruises or welts, often clustered or in a pattern
  2. Has unexplained \* or unusual burns (cigarettes, doughnut shaped, immersion lines, object patterned)
  3. Has unexplained \* bite marks
  4. Has unexplained \* fractures or dislocations
  5. Has unexplained \* abrasions or lacerations
  6. Wets the bed
- (\* or explanation is inconsistent or improbable)

## Neglect – Behavioral Indicators

1. Is truant or tardy to school often or arrives early and stays late
2. Beggars or steals food
3. Attempts suicide
4. Uses or abuses alcohol or other drugs
5. Is extremely dependent or detached
6. Engages in delinquent behavior, such as prostitution or stealing
7. Appears to be exhausted
8. States frequent or continual absence of parent or guardian

## Neglect – Physical Indicators

1. Is frequently dirty, unwashed, hungry, or inappropriately dressed
2. Engages in dangerous activities (possibly because he or she generally is unsupervised)
3. Is tired and listless
4. Has unattended physical problems
5. May appear overworked or exploited

## Family Characteristics

1. Extreme paternal dominance, restrictiveness, or over-protectiveness
2. Family isolated from community and support system
3. Marked role reversal between mother and child
4. History of sexual abuse for either parent
5. Substance abuse by either parent or by children
6. Other types of violence in the home
7. Absent spouse (through chronic illness, depression, divorce, or separation)
8. Severe overcrowding
9. Complaints about a “seductive” child
10. Extreme objection to implementation of child sexual abuse curriculum

# INDICATORS FOR CHILD ABUSE AND NEGLECT (Cont'd)

## Sexual Abuse – Behavioral Indicators

1. Is reluctant to change clothes in front of others
2. Is withdrawn
3. Exhibits unusual sexual behavior or knowledge beyond what is common for his or her developmental stage
4. Has poor peer relationships
5. Either avoids or seeks out adults
6. Is pseudo-mature
7. Is manipulative
8. Is self-conscious
9. Has problems with authority and rules
10. Exhibits eating disorders
11. Is self-mutilating
12. Is obsessively clean
13. Uses or abuses alcohol or other drugs
14. Exhibits delinquent behavior, such as running away from home
15. Exhibits extreme compliance or defiance
16. Is fearful or anxious
17. Exhibits suicidal gestures or attempts suicide
18. Is promiscuous
19. Engages in fantasy or infantile behavior
20. Is unwilling to participate in sports activities
21. Has school difficulties

## Sexual Abuse – Physical Indicators

1. Has pain or itching in the genital area
2. Has bruises or bleeding in the genital area
3. Has venereal disease
4. Has swollen private parts
5. Has difficulty walking or sitting
6. Has torn, bloody, or stained underclothing
7. Experiences pain when urinating
8. Is pregnant
9. Has vaginal or penile discharge
10. Wets the bed

## Emotional Abuse – Behavioral Indicators

1. Is overeager to please
2. Seeks out adult contact
3. Views abuse as being warranted
4. Exhibits changes in behavior
5. Is excessively anxious
6. Is depressed
7. Is unwilling to discuss problems
8. Exhibits aggressive or bizarre behavior
9. Is withdrawn
10. Is apathetic
11. Is passive
12. Has unprovoked fits of yelling or screaming
13. Exhibits inconsistent behavior at home and school
14. Feels responsible for the abuser
15. Runs away from home
16. Attempts suicide
17. Has low self-esteem
18. Exhibits a gradual impairment of health or personality
19. Has difficulty sustaining relationships
20. Has unrealistic goal setting
21. Is impatient
22. Is unable to communicate or express his or her feelings, needs, or desires
23. Sabotages his or her chances for success
24. Lacks self-confidence
25. Is self-deprecating and has a negative self-image

## Emotional Abuse – Physical Indicators

1. Has a sleep disorder (nightmares or restlessness)
2. Wets the bed
3. Exhibits developmental lags (stunting his or her physical, emotional, or mental growth)
4. Is hyperactive
5. Exhibits eating disorders

I have received a copy of the Child Abuse Identification and Prevention Policy. I understand I am responsible to follow policies as described and have been given the opportunity to ask any questions I might have on these policies of the below signed HSBC Executive Director.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



APPENDIX A

**DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS**  
**Required by the Child Protective Service Law**  
**23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)**

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a clearance through the Federal Bureau of Investigation, as:

1. the position I am applying for is unpaid; **and**
2. I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

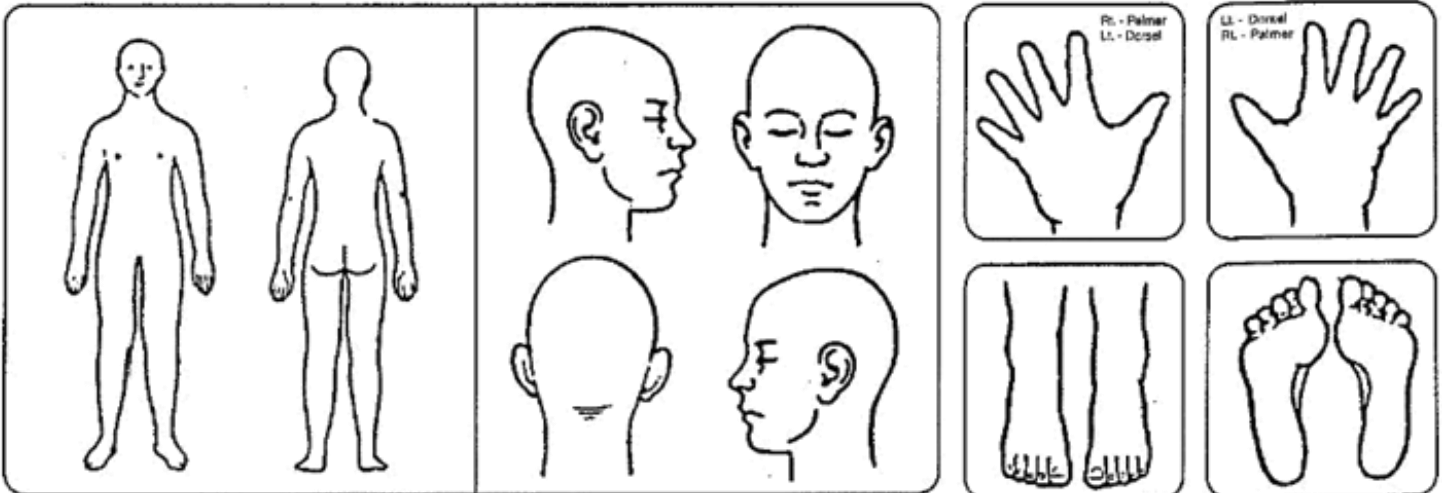
# REPORT OF SUSPECTED CHILD ABUSE

## (CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA CSA CHAPTER 63)

PLEASE REFER TO INSTRUCTIONS ON REVERSE SIDE. EXCEPT FOR SIGNATURE. PLEASE PRINT OR TYPE

<b>1. NAME OF CHILD</b> (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (Street, City, State & Zip Code)			COUNTY	
<b>1A. PRESENT LOCATION IF DIFFERENT THAN ABOVE</b>			COUNTY	
<b>2. BIOLOGICAL/ADOPTIVE MOTHER</b> (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	TELEPHONE NO.
ADDRESS (Street, City, State & Zip Code)			COUNTY	
<b>3. BIOLOGICAL/ADOPTIVE FATHER</b> (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	TELEPHONE NO.
ADDRESS (Street, City, State & Zip Code)			COUNTY	
<b>4. OTHER PERSON RESPONSIBLE FOR CHILD</b>		SOC. SEC. NO.	BIRTHDATE	RELATIONSHIP TO CHILD SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (Street, City, State & Zip Code)		COUNTY		TELEPHONE NO.
<b>5. ALLEGED PERPETRATOR</b> (Last, First, Initial)		SOC. SEC. NO.	BIRTHDATE	RELATIONSHIP TO CHILD SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (Street, City, State & Zip Code)		COUNTY		TELEPHONE NO.
<b>6. FAMILY HOUSEHOLD COMPOSITION</b> (Excluding Above Names)	RELATIONSHIP TO CHILD	NAME (Last, First, Initial)		RELATIONSHIP TO CHILD
A. NAME (Last, First, Initial)		D.		
B.		E.		
C.		F.		

<p>DESCRIBE INJURIES/CONDITION AND WHY YOU SUSPECT ABUSE/NEGLECT. INCLUDE EVIDENCE OF PRIOR ABUSE TO THIS CHILD, SIBLING OR PERPETRATOR. (PLEASE REFER TO OPPOSITE SIDE FOR ADDITIONAL INFORMATION). PLEASE NOTE EXACT LOCATION OF THE INJURY(S) ON MODEL BELOW.</p>	COUNTY WHERE ABUSE OCCURRED	DATE OF INCIDENT
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**7. ACTIONS TAKEN OR ABOUT TO BE TAKEN BY REPORTER, COUNTY AGENCY, LAW ENFORCEMENT, SCHOOL OFFICIAL, OR OTHERS.**

NOTIFICATION OF CORONER  
  X-RAYS  
  PHOTO-GRAPHS  
  HOSPITAL-IZATION  
  POLICE NOTIFIED  
  MEDICAL EXAMINATION  
  EMERGENCY CUSTODY TAKEN  
  OTHER (Specify) \_\_\_\_\_

**8. RISK FACTORS, CHILD:**

A. DESCRIBE ANY PHYSICAL, MENTAL OR BEHAVIORAL FACTORS THAT MAY PLACE THE CHILD AT RISK:  UNKNOWN

B. DOES THE CHILD APPEAR TO NEED IMMEDIATE MEDICAL ATTENTION?  NO  UNKNOWN  YES IF YES, PLEASE EXPLAIN:

C. LEVEL OF PAIN CHILD EXHIBITS  MILD  MODERATE  SEVERE PLEASE DESCRIBE:

D. DOES THE CHILD APPEAR TO BE FEARFUL, SUICIDAL OR WITHDRAWN? IF YES, PLEASE EXPLAIN:  NO  UNKNOWN  YES

**9. RISK FACTORS, FAMILY:**

A. DESCRIBE ANY CARETAKER/PERPETRATOR CHARACTERISTICS THAT PLACE THE CHILD AT RISK:  UNKNOWN

B. DESCRIBE THE EXTENT OF PERPETRATOR(S) ACCESS TO CHILD:  UNKNOWN

C. IS THERE ANY SUBSTANCE ABUSE IN THE HOUSEHOLD?  NO  UNKNOWN  YES IF YES, PLEASE EXPLAIN:

D. DOES THE CARETAKER/PERPETRATOR HAVE A HISTORY OF VIOLENCE OR SEVERE EMOTIONAL PROBLEMS? IF YES, PLEASE EXPLAIN:  NO  UNKNOWN  YES

E. WHAT IS THE ENVIRONMENTAL (HEALTH AND SAFETY) CONDITION OF THE HOME?  UNKNOWN

F. WILL CHILD BE AT RISK DUE TO COUNTY AGENCY INVOLVEMENT?  NO  UNKNOWN  YES IF YES, PLEASE EXPLAIN:

G. ARE THERE WEAPONS IN THE HOME?  NO  UNKNOWN  YES IF YES, PLEASE EXPLAIN:

**INSTRUCTIONS TO MANDATED PERSONS:** Any persons who, in the course of their employment, occupation, or practice of their profession come into contact with children shall report or cause a report to be made to Childline (800-932-0313) when they have reasonable cause to suspect, on the basis of their medical, professional or other training and experience, that a child coming before them in their professional or official capacity is a victim of child abuse. Within 48 hours after making the oral report, send one copy of this report to the county children and youth agency.

**NOTE:** If the child has been taken into custody, you must also immediately contact the county children and youth agency where the abuse occurred. Except for confidential communications made to an ordained member of the clergy, the privileged communication between any professional person required to report and the patient or client of that person shall not apply to situations involving child abuse and shall not constitute grounds for failure to report suspected abuse.

REPORTING SOURCE			
SIGNATURE	TITLE OR RELATIONSHIP TO CHILD	FACILITY OR ORGANIZATION	
ADDRESS	TELEPHONE NUMBER	DATE OF REPORT	