

Personnel - Certified/Non-Certified

Reporting Procedures

Suspicion of Child Abuse or Neglect or Sexual Assault by a School Employee

The following procedures should be observed when a staff member has suspicions of abuse or neglect or sexual assault of a student by a school employee.

1. The staff member informs a building administrator IMMEDIATELY.
 - a. The Administrator will inform:
 - i. Superintendent
 - ii. Director of Special Services
 - iii. School Resource Officer
2. The reporting staff member confers with a member of the special services support staff: Social Worker, School Psychologist, School Counselor or Nurse.
 - a. If a DCF report is warranted, the reporting staff member calls the DCF hotline (within 12 hours) at 800-842-2288.
 - i. The reporting staff member completes a written report (DCF Form 136).
 1. This written report is mailed to DCF within 48 hours of an oral report.
 2. One copy is made and sent to the Director of Special Services.
 - ii. DCF and designated school personnel are in contact regarding the disposition of the case.
 - iii. Designated school personnel will monitor the student's behavior and appearance. If there is continued concern, an additional report may be made to the DCF hotline.
 - b. If a DCF report is not warranted, this decision must be documented.
 - i. The Principal should be notified that a report is not warranted.
 - ii. All written correspondence should be sent to the Director of Special Services.

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Reporting Procedures (continued)

Suspicion of Student Self-Harm

The following procedures should be observed when a staff member has a suspicion that a student is self-harming.

1. The staff member informs a building administrator.
2. The staff member confers with a member of the special services support staff: Social Worker, School Psychologists or School Counselor.
3. Social Worker, School Psychologist or School Counselor will conduct a student interview and document the information. The following must be completed:
 - a. Is an outside assessment needed? (L&M or EMPS?)
 - i. If yes, a statement of “safe to return” is needed.
 - b. Administration is notified of the outcome.
 - c. Phone contact to parent/guardian to advise of the situation.
 - i. Parent *might* be asked to attend immediate meeting at school.
 - d. Follow-up letter composed and mailed next day to parent/guardian.
 - e. Teacher/team notification, as appropriate.

Request for Information from DCF

The following procedures should be observed in a case where a Request for Information is received from DCF.

1. The staff member informs the Social Worker of the Request for Information and forwards any current paperwork to the Social Worker.
 - a. The Social Worker reviews the information and develops a routing slip and distributed it to the first person on the list.
2. Staff members complete the appropriate section of the routing slip and forward it to the next person on the list. The last staff member to complete the routing slip returns it to the Social Worker. The routing slip must be completed in a timely manner.

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Reporting Procedures (continued)

3. The Social Worker reviews the routing slip for completeness.
 - a. A copy is sent to the Director of Special Services.
 - b. A copy is placed in the appropriate school file.
 - c. The completed form is sent to DCF.

Sample Routing Slip

Please place a check next to your area of responsibility after you have reviewed and/or added information and pass this form on to the next person on the list. The last person to have the form should return it to the Social Worker.

- Social Worker
- Team/Classroom Teacher
- School Counselor
- School Psychologist
- Principal (or building administrator)
- Nurse
- Other (specify) _____
- Other (specify) _____

Return to Social Worker for Final Review

- Social Worker

Regulation issued: October 16, 2003
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WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut

**Relevant Excerpts Of Statutory Definitions Of Sexual Assault And Related Terms Covered
By Mandatory Reporting Laws And Policy 4112/4980**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A person is guilty of sexual assault in the fourth degree when: (1) Such person subjects another person to sexual contact who is (A) under thirteen years of age and the actor is more than two years older than such other person, or (B) thirteen years of age or older but under fifteen years of age and the actor is more than three years older than such other person, or (C) mentally incapacitated or impaired because of mental disability or disease to the extent that such other person is unable to consent to such sexual contact, or (D) physically helpless, or (E) less than eighteen years old and the actor is such other person's guardian or otherwise responsible for the general supervision of such other person's welfare, or (F) in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over such other person; or (2) such person subjects another person to sexual contact without such other person's consent; or (3) such person engages in sexual contact with an animal or dead body; or (4) such person is a psychotherapist and subjects another person to sexual contact who is (A) a patient of the actor and the sexual contact occurs during the psychotherapy session, or (B) a patient or former patient of the actor and such patient or former patient is emotionally dependent upon the actor, or (C) a patient or former patient of the actor and the sexual contact occurs by means of therapeutic deception; or (5) such person subjects another person to sexual contact and accomplishes the sexual contact by means of false representation that the sexual contact is for a bona fide medical purpose by a health care professional; or (6) such person is a school employee and subjects another person to sexual contact who is a student enrolled in a school in which the actor works or a school under the jurisdiction of the local or regional board of education which employs the actor; or (7) such person is a coach in an athletic activity or a person who provides intensive, ongoing instruction and subjects another person to sexual contact who is a recipient of coaching or instruction from the actor and (A) is a secondary school student and receives such coaching or instruction in a secondary school setting, or (B) is under eighteen years of age; or (8) such person subjects another person to sexual contact and (A) the actor is twenty years of age or

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Appendix A

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

Operational Definitions of Child Abuse and Neglect

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

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

For the purposes of these operational definitions,

- a person responsible for a child's health, welfare or care means:
 - the child's parent, guardian, foster parent, an employee of a public or private residential home, agency or institution or other person legally responsible under State law for the child's welfare in a residential setting; or any staff person providing out-of-home care, including center-based child day care, family day care, or group day care.
- a person given access to a child is a person who is permitted to have personal interaction with a child by the person responsible for the child's health, welfare or care or by a person entrusted with the care of a child for the purpose of education, child care, counseling, spiritual guidance, coaching, training, instruction, tutoring or mentoring.

Note: Only a "child" as defined above may be classified as a victim of child abuse and/or neglect; only a "person responsible", "person given access", or "person entrusted" as defined above may be classified as a perpetrator of child abuse and/or neglect.

A. Physical Abuse

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

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

Evidence of physical abuse includes:

- bruises, scratches, lacerations;
- burns, and/or scalds;
- reddening or blistering of the tissue through application of heat by fire, chemical substances, cigarettes, matches, electricity, scalding water, friction, etc.;
- injuries to bone, muscle, cartilage, ligaments: fractures, dislocations, sprains, strains, displacements, hematomas, etc.;
- head injuries;
- internal injuries;
- death;

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- misuse of medical treatments or therapies;
- malnutrition related to acts of commission or omission by an established caregiver; resulting in a child's malnourished state that can be supported by professional medical opinion;
- deprivation of necessities acts of commission or omission by an established caregiver resulting in physical harm to child; and/or
- cruel punishment.

B. Sexual Abuse/Exploitation Sexual Abuse/Exploitation

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

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

- rape;
- penetration: digital, penile, or foreign objects;
- oral / genital contact;
- indecent exposure for the purpose of sexual gratification of the offender, or for purposes of shaming, humiliating, shocking or exerting control over the victim;
- incest;
- fondling, including kissing, for the purpose of sexual gratification of the offender, or for purposes of shaming, humiliating, shocking or exerting control over the victim;
- sexual exploitation, including possession, manufacture, or distribution of child pornography. online enticement of a child for sexual acts, child prostitution, child-sex tourism, unsolicited obscene material sent to a child, or misleading domain name likely to attract a child to an inappropriate website;
- coercing or forcing a child to participate in, or be negligently exposed to, pornography and/or sexual behavior;
- disease or condition that arises from sexual transmission; and/or
- other verbal, written or physical behavior not overtly sexual but likely designed to "groom" a child for future sexual abuse.

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

C. Emotional Maltreatment-Abuse

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

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

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

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

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

D. Physical Neglect

A child may be found neglected who:

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

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

- inadequate food;
- malnutrition;
- inadequate clothing;
- inadequate housing or shelter;
- erratic, deviant, or impaired behavior by the person responsible for the child's health, welfare or care; by a person given access to the child; or by a person entrusted with the child's care which adversely impacts the child;

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- permitting the child to live under conditions, circumstances or associations injurious to his well-being including, but not limited to, the following:
 - substance abuse by caregiver, which adversely impacts the child physically
 - substance abuse by the mother of a newborn child and the newborn has a positive urine or meconium toxicology for drugs
 - psychiatric problem of the caregiver which adversely impacts the child physically
 - exposure to family violence which adversely impacts the child physically
 - exposure to violent events, situations, or persons that would be reasonably judged to compromise a child's physical safety
 - non-accidental, negligent exposure to drug trafficking and/or individuals engaged in the active abuse of illegal substances
 - voluntarily and knowingly entrusting the care of a child to individuals who may be disqualified to provide safe care, e.g. persons who are subject to active protective or restraining orders; persons with past history of violent/drug/sex crimes; persons appearing on the Central Registry
 - non-accidental or negligent exposure to pornography or sexual acts
 - inability to consistently provide the minimum of child-caring tasks
 - inability to provide or maintain a safe living environment
 - action/inaction resulting in death
 - abandonment
 - action/inaction resulting in the child's failure to thrive
 - transience
 - inadequate supervision:
 - creating or allowing a circumstance in which a child is alone for an excessive period of time given the child's age and cognitive abilities
 - holding the child responsible for the care of siblings or others beyond the child's ability
 - failure to provide reasonable and proper supervision of a child given the child's age and cognitive abilities.

Note: Inadequate food, clothing, or shelter or transience finding must be related to caregiver acts of omission or commission and not simply a function of poverty alone.

E. Medical Neglect

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

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

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

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

F. Educational Neglect

Except as noted below, Educational Neglect occurs when, by action or inaction, the parent or person having control of a child five (5) years of age and older and under eighteen (18) years of age who is not a high school graduate:

- fails to register the child in school
- fails to allow the child to attend school or receive home instruction in accordance with CONN. GEN. STAT. §10-184
- failure to take appropriate steps to ensure regular attendance at school if the child is registered.

Exceptions (in accordance with CONN. GEN. STAT. §10-184):

A parent or person having control of a child may exercise the option of not sending the child to school at age five (5) or age six (6) years by personally appearing at the school district office and signing an option form. In these cases, educational neglect occurs if the parent or person having control of the child has registered the child at age five (5) or age (6) years and then does not allow the child to attend school or receive home instruction.

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

A parent or person having control of a child seventeen (17) years of age may consent to such child's withdrawal from school. Such parent or person shall personally appear at the school district office and sign a withdrawal form.

G. Emotional Neglect

Emotional Neglect is the denial of proper care and attention, or failure to respond, to a child's affective needs by the person responsible for the child's health, welfare or care; by the person given access to the child; or by the person entrusted with the child's care which has an

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adverse impact on the child or seriously interferes with a child's positive emotional development.

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

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

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

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

H. Moral Neglect

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

Evidence of Moral Neglect includes but is not limited to:

- stealing;
- using drugs and/or alcohol;
- and involving a child in the commission of a crime, directly or by caregiver indifference.

Indicators of Child Abuse and Neglect

A. Indicators of Physical Abuse

Historical

- Delay in seeking appropriate care after injury.
- No witnesses.
- Inconsistent or changing descriptions of accident by child and/or parent.
- Child's developmental level inconsistent with history.
- History of prior "accidents".]
- Absence of parental concern.
- Child is handicapped (physically, mentally, developmentally) or otherwise perceived as "different" by parent.
- Unexplained school absenteeism.
- History of precipitating crisis

Physical

- Soft tissue injuries on face, lips, mouth, back, buttocks, thighs or large areas of the torso;
- Clusters of skin lesions; regular patterns consistent with an implement;
- Shape of lesions inconsistent with accidental bruise;
- Bruises/welts in various stages of healing;
- Burn pattern consistent with an implement on soles, palms, back, buttocks and genitalia; symmetrical and/or sharply demarcated edges;
- Fractures/dislocations inconsistent with history;
- Laceration of mouth, lips, gums or eyes;
- Bald patches on scalp;
- Abdominal swelling or vomiting;
- Adult-size human bite mark(s);
- Fading cutaneous lesions noted after weekends or absences;
- Rope marks.

Behavioral

- Wary of physical contact with adults;
- Affection inappropriate for age Extremes in behavior, aggressiveness/withdrawal;
- Expresses fear of parents;
- Reports injury by parent;
- Reluctance to go home;
- Feels responsible (punishment "deserved");
- Poor self-esteem;
- Clothing covers arms and legs even in hot weather.

Indicators of Child Abuse and Neglect

B. Indicators of Sexual Abuse

Historical

- Vague somatic complaint;
- Excessive school absences;
- Inadequate supervision at home;
- History of urinary tract infection or vaginitis;
- Complaint of pain; genital, anal or lower back/abdominal;
- Complaint of genital itching;
- Any disclosure of sexual activity, even if contradictory.

Physical

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

Behavioral

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

Indicators of Child Abuse and Neglect

C. Indicators of Emotional Abuse

Historical

- Parent ignores/isolates/belittles/rejects/scapegoats child
- Parent's expectations inappropriate to child's development
- Prior episode(s) of physical abuse
- Parent perceives child as "different"

Physical

- (Frequently none);
- Failure to thrive;
- Speech disorder;
- Lag in physical development;
- Signs/symptoms of physical abuse.

Behavioral

- Poor self-esteem
- Regressive behavior (sucking, rocking, enuresis)
- Sleep disorders
- Adult behaviors (parenting sibling)
- Antisocial behavior;
- Emotional or cognitive developmental delay;
- Extremes in behavior - overly aggressive/compliant;
- Depression;
- Suicide ideation/attempt.

D. Indicators of Physical Neglect

Historical

- High rate of school absenteeism;
- Frequent visits to school nurse with nonspecific complaints;
- Inadequate supervision, especially for long periods and for dangerous activities;
- Child frequently unattended; locked out of house;
- Parental inattention to recommended medical care
- No food intake for 24 hours;
- Home substandard (no windows, doors, heat), dirty, infested, obvious hazards;
- Family member addicted to drugs/alcohol.

Indicators of Child Abuse and Neglect

Physical

- Hunger, dehydration;
- Poor personal hygiene, unkempt, dirty;
- Dental cavities/poor oral hygiene;
- Inappropriate clothing for weather/size of child, clothing dirty; wears same clothes day after day;
- Constant fatigue or listlessness;
- Unattended physical or health care needs;
- Infestations;
- Multiple skin lesions/sores from infection.

Behavioral

- Comes to school early, leaves late;
- Frequent sleeping in class;
- Begging for/stealing food;
- Adult behavior/maturity (parenting siblings);
- Delinquent behaviors;
- Drug/alcohol use/abuse.