

## **Reporting Child Abuse:**

The Otsego-Northern Catskills BOCES recognizes that children have the right to an educational setting that does not threaten their physical and emotional health and development. Child abuse by BOCES personnel and school volunteers violates this right and therefore is strictly prohibited.

Allegations of child abuse by BOCES personnel and volunteers shall be reported in accordance with the requirements of Article 23-B of the Education Law.

### **Required Reporters**

Any person holding any of the following positions shall be required to promptly report written and oral allegations of child abuse by an employee or volunteer in an educational setting:

- BOCES/school administrator
- BOCES teacher
- BOCES nurse
- BOCES guidance counselor
- BOCES psychologist
- BOCES social worker
- other BOCES personnel required to hold a teaching or administrative license or certificate
- BOCES board member
- Licensed and registered physical therapist
- Licensed and registered occupational therapist
- Licensed and registered speech pathologist
- Teacher aide
- School resource officer
- Any staff whose duties involve direct student contact and who is paid either by a school district or contracted to provide transportation service to children; or
- Who is an employee of a contracted service provider or worker placed within the school under a public assistance employment program, pursuant to title nine-B of article five of the social services law.

### **Reporting Requirements**

In any case where a written or oral allegation of child abuse by an employee or volunteer in an educational setting is made to a required reporter, the required reporter shall:

1. promptly complete the required State Education Department report form (see 9620-E.1); and
2. personally deliver it to the Principal of the school in which the child abuse allegedly occurred.

Upon receiving a written report, the Principal shall determine whether there is reasonable suspicion to believe that an act of child abuse has occurred. In those circumstances where the Superintendent or District Superintendent receives the written report directly, he or she will be responsible for making the reasonable suspicion determination.

In any case where the employee the allegation is being made against is the superintendent or the administrator, the report of such allegations shall be made to the Deputy Superintendent.

If the allegation involves a child who was allegedly abused by an employee or a volunteer of a school in another school district or BOCES, the required reporter must promptly forward the report form to the Superintendent of the district of attendance and the Superintendent of the school district (where the abuse allegedly occurred (if different)).

### **Rights of Employees and Volunteers**

Any employee or volunteer against whom an allegation of child abuse has been made and against whom the BOCES intends to take adverse action shall be entitled to receive a copy of the report and to respond to the allegations. In addition, such persons are entitled to seek disclosure of reports involving them under the Freedom of Information Law.

### **Penalties**

Willful failure of an employee to prepare and submit a written report of alleged child abuse required by Article 23-B of the Education Law shall be a class A misdemeanor.

### **Possible Indicators of Child Abuse**

Indicators of physical abuse can include the following:

- Injuries to the eyes or both sides of the head or body (accidental injuries typically affect only one side of the body)
- Frequently appearing injuries such as bruises, cuts, and burns, especially if the child is unable to provide an adequate explanation of the cause. These may appear in distinctive patterns such as grab marks, human bite marks, cigarette burns or impressions of other instruments.
- Destructive, aggressive or disruptive behavior
- Passive, withdrawn or emotionless behavior
- Fear of going home or fear of parent(s)

Indicators of sexual abuse can include the following:

- Symptoms of sexually transmitted diseases
- Injury to genital area
- Difficulty and/or pain when sitting or walking
- Sexually suggestive, inappropriate or promiscuous behavior or verbalization

- Expressing age-inappropriate knowledge of sexual relations
- Sexual victimization of other children

Indicators of maltreatment can include the following:

- Obvious malnourishment, listlessness or fatigue
- Stealing or begging for food
- Lack of personal care – poor personal hygiene, torn and/or dirty clothes
- Untreated need for glasses, dental care or other medical attention
- Frequent absence from or tardiness to school
- Child inappropriately left unattended or without supervision

Ref: NYS Office of Children and Family Services <https://ocfs.ny.gov/main/cps/signs.asp>

**CHILD ABUSE IN AN EDUCATIONAL SETTING  
CONFIDENTIAL REPORT OF ALLEGATION**

SUBJECT CHILD	PARENT OF SUBJECT CHILD
Name Last                      First                      MI  Address   School Grade                      Sex (M, F, Unknown) Age or Birthday (Mo/Day/Yr)	Address (if different)

<b>SOURCE OF ALLEGATION (Check as Appropriate)</b>	
<input type="checkbox"/> 1 Child <input type="checkbox"/> 1 Parent <input type="checkbox"/> 1 Other - Name	_____ Relationship to Child (if any)

<b>ALLEGED PERPETRATOR (EMPLOYEE OR VOLUNTEER)</b>	
Name  School Building	School District  _____ School Position

<b>SPECIFIC ALLEGATION</b>
Use this space to provide information to describe or explain the circumstances surrounding the allegation. (attach additional sheets if necessary)

<b>REPORTER INFORMATION</b>
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Name School Address	School District School Telephone
Relationship to Child (if any) _____	
1 Teacher      1 School Guidance Counselor      1 School Nurse      1 School Psychologist 1 Administrator   1 School Board Member      1 School Social Worker 1 School personnel required to hold teaching or administrator license or certification	
Date Submitted to Administrator ____/____/____/    Signature _____	

FOR ADMINISTRATOR USE ONLY	FOR SUPERINTENDENT OF SCHOOL USE ONLY
Reasonable Suspicion    ____ Yes    ____ No	Reasonable Suspicion    ____ Yes ____ No
Date Submitted to Superintendent ____/____/____  Name/Signature _____	Date Submitted to Law Enforcement ____/____/____  Name/Signature _____
Date Submitted to Law Enforcement ____/____/____  Name/Signature _____	Date Submitted to Commissioner      /      /  Name/Signature _____