

RESOURCE FAMILY APPROVAL

Module 2




FOSTER & KINSHIP CARE EDUCATION PROGRAM College of the Redwoods

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CR COLLEGE OF THE
REDWOODS

North Coast Resource Family Approval Module 2

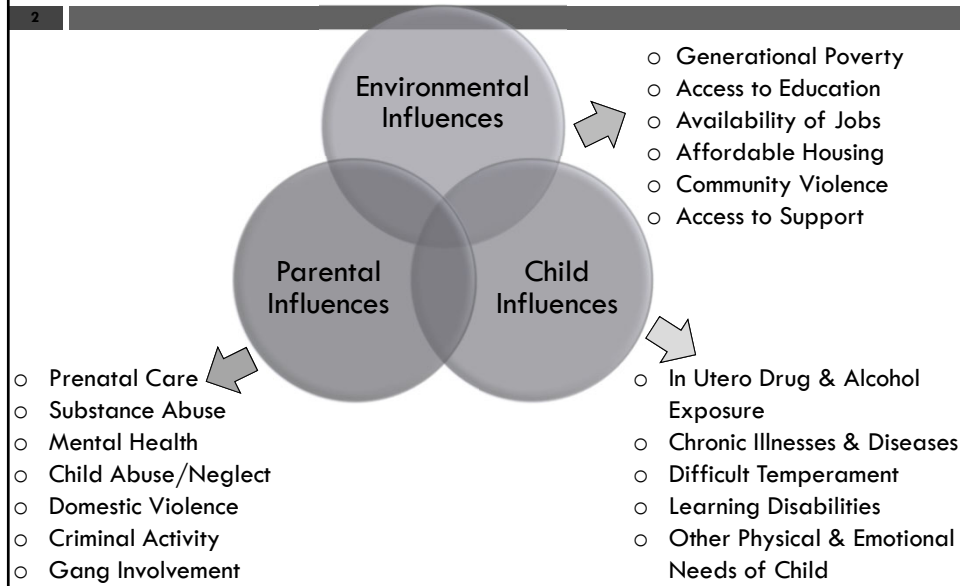


**NORTH COAST
RESOURCE FAMILY TRAINING
MODULE 2**

**CR COLLEGE OF THE
REDWOODS**

Pre-Service Training

Understanding the Developmental Needs of Children & Youth in Foster Care



Understanding Development

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- **Child & Adolescent Development Happens in Stages**
 - Each stage contains critical developmental tasks that serve as the foundation for future stages
- **Is Directional in Nature**
 - Each stage builds upon another allowing for ongoing growth and mastery of developmental milestones
- **Has a Cumulative Effect**
 - If a developmental milestone is missed, immediate & early intervention is required to prevent ongoing &/or pervasive impairment



Role of Attachment on Development

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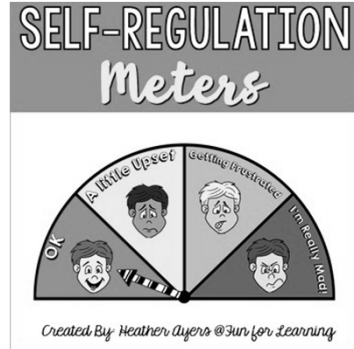
- Attachment is the capacity to form & maintain healthy interpersonal relationships:
 - Begins in utero
 - Most critical period for attachment occurs between ages 0-3
 - Most important relationship in a child's life is the attachment to his or her primary caregiver
 - Healthy attachment develops out of the ability to self regulate & form reciprocal, loving connections with a primary caregiver(s)



Self Regulation & Attachment

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- Self Soothing
- Cortical Modulation
- Dissociation & Disengagement



- ◆ Attachment is compromised in the absence of **SELF REGULATION**

The Continuum of Attachment- A Relationship Based Model

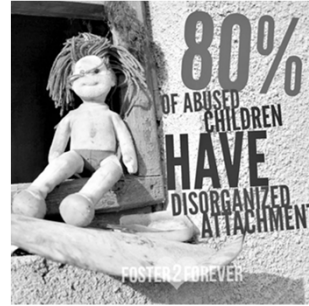
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- **Secure:** Approx. 60% of the population
 - Child– views primary caregiver as secure & trustworthy
 - Caregiver– responds appropriately and consistently to the child’s needs
- **Insecure/Avoidant:** Approx. 15% of the population
 - Child– displays little emotion or affection toward caregiver
 - Caregiver– unresponsive to the child’s needs
- **Insecure/Resistant:** Approx. 15% of the population
 - Child– ambivalent toward caregiver, seeking comfort but also rejecting caregiver
 - Caregiver– inconsistent in response, at times attentive and other times neglectful
- **Disorganized:** Approx. 10% of the population
 - Child– confusion and mistrust of caregiver
 - Caregiver– operates on extremes of maltreatment &/or withdrawal from child

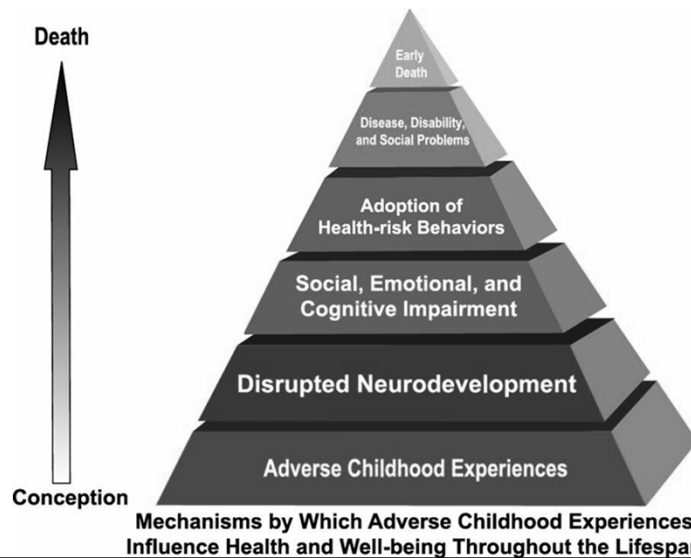


Most Common Form of Attachment among Children and Youth in Foster Care

- **Disorganized Attachment- Why?**
 - Combination of inconsistent and negative patterns of interaction with primary caregiver and subsequent social environment
 - **Impact** of Disorganized Attachment:
 - Developmental Delays
 - Eating Behaviors
 - Emotional Functioning
 - Inappropriate Modeling
 - Aggressive Behaviors



ACES (Adverse Childhood Experiences Study)



ACES (Adverse Childhood Experiences Study)

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While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often...Swear at you, insult you, put you down, or humiliate you? Or Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often or very often...push, grab, slap, or throw something at you? Or Ever hit you so hard that you had marks or were injured?
3. Did an adult person at least 5 years older than you ever...Touch or fondle you or have you touch their body in a sexual way? Or Attempt or actually have oral, anal, or vaginal intercourse with you?
4. Did you often or very often feel that ...No one in your family loved you or thought you were important or special? Or Your family didn't look out for each other, feel close to each other, or support each other?
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

ACES (Adverse Childhood Experiences Study)

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6. Were your parents ever separated or divorced?
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? Or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
10. Did a household member go to prison?

Give 1 point for each question answered "yes".

Now add up your "Yes" answers: _____

This is your ACE Score.

ACES can have lasting effects on....



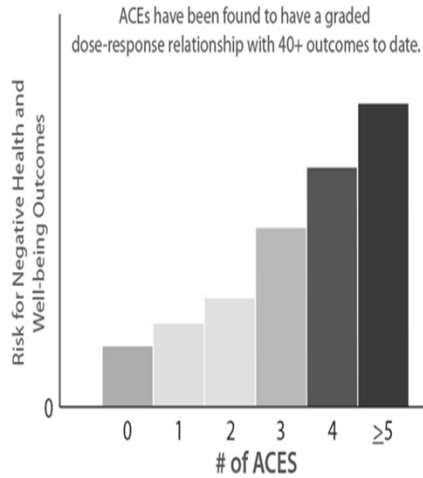
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

Resiliency

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Ability to adapt well to adversity, trauma, tragedy, threats or even significant sources of stress.



See handout

- Make connections
- Help your child help others
- Maintain daily routine
- Take a break
- Teach your child self-care
- Move toward your goals
- Nurture positive self-view
- Keep things in perspective – positive attitude
- Self discovery
- Accept change is part of living

Understanding Barriers to Attachment Formation for Children in Foster Care

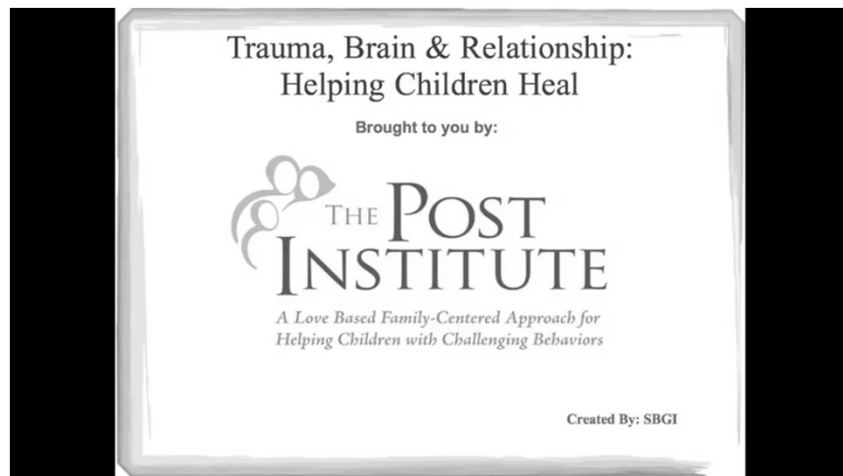
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- History of attachment with primary caregiver
- Removal from biological parent and placement into foster care
- Impact of separation, loss & lifestyle changes
- Divided loyalties between biological parent & resource family
- Needs of foster child may overwhelm resource family interfering with bonding & attachment
- Placement changes disrupt bonding & attachment leading to higher risk for failed permanency



Video:

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Reasonable & Prudent Parent Standard

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- What the Law States:
 - Assigning the authority and responsibility for careful and sensible parental decision making to the care provider for the best interest, safety and well-being of the child
- Purpose of Law:
 - To promote as “normal” of an experience for youth during their time in out of home placement
 - To empower care providers in their role of providing daily care for youth
 - To eliminate the barriers involved in previous decision making protocols
 - To ensure rights of youth are being upheld during time in out of home placement



Prudent Parent Standard Mandates

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- Access and participation in extracurricular, enrichment, and/or social activities
- Access and use of occasional short-term child care
- Access to household kitchen knives & appliances, disinfectants & cleaning solutions
- Access to medications for self-administration
- Access to confidential telephone calls – unless restricted by court order



Prudent Parent Standard Mandates Con't

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- ❑ High risk activities require permission from the court (horseback riding, dirt biking, anything involving guns)
- ❑ Travel: inside California, no permission needed; outside California, need court permission
- ❑ DN Travel: Jackson, Curry & Josephine Counties
- ❑ Don't cut hair without social worker permission
- ❑ Don't post information or pictures on social media
- ❑ Don't let infants/children "cry it out"
- ❑ No spanking or other physical discipline

Applying the Prudent Parent Standard

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- ❑ Exercising reasonable steps for approval with consideration of the following:
 - ❑ Best interest of the child or youth
 - ❑ Age, maturity level, physical and mental health and/or behavioral tendencies
 - ❑ Assessing for risk of harm and/or safety concerns
 - ❑ Ensuring equity among all household members as it relates to parental decision making



Mandated Reporting

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As a Resource Parent, you are a Mandated Reporter and are therefore required by law to report child abuse and/or neglect.

When must you report?

“Whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child [under the age of 18] whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect.” PC 11166

“Reasonable suspicion” means that:

“It is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse.” PC 11166(1)

The Child Abuse and Neglect Reporting Act (CANRA) details all Mandated Reporting information

See handout of Penal Code 11164-11174.3



Who Are Mandated Reporters

PC 11165.7

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- ❑ “(14) An employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities”
- ❑ School Personnel
- ❑ Mental Health Professionals and Social Workers
- ❑ Medical Professionals
- ❑ Law Enforcement Professionals
- ❑ Clergy
- ❑ Some volunteers (including CASA workers)



Types of Child Abuse

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- ❑ **Physical injury** inflicted non-accidentally
 - Unlawful corporal punishment or injury resulting in a traumatic condition
 - Willful harming, injuring or endangering
- ❑ **Sexual abuse**
 - Assault
 - Exploitation
- ❑ **Emotional Maltreatment**
- ❑ **Neglect**
 - General
 - Severe



Physical Abuse

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“A physical injury which is inflicted by other than accidental means on a child by another person.” PC 11165.6

Note: Child abuse does not include a “mutual affray between minors”. It also does not include an injury caused by “reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment.” PC 11165.6

- ❑ **Physical Indicators**
 - Unexplained or improbably explained fractures, lacerations, bruises, facial injuries
 - Burns (cigarette, rope, scalding water, iron, radiator)
 - Bruises or fractures in different states of healing, indicating repeated trauma over time

Sexual Abuse

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“Sexual abuse means sexual assault or sexual exploitation” – PC11165.1



Examples of Sexual Abuse include:

- Exhibitionism, or exposing oneself to a minor
- Fondling
- Intercourse
- Masturbation in the presence of a minor or forcing the minor to masturbate
- Obscene phone calls, text messages, or digital interaction
- Producing, owning, or sharing pornographic images or movies of children
- Sex of any kind with a minor, including vaginal, oral, or anal
- Sex trafficking
- Any other sexual conduct that is harmful to a child's mental, emotional, or physical welfare

A child cannot consent to any form of sexual activity

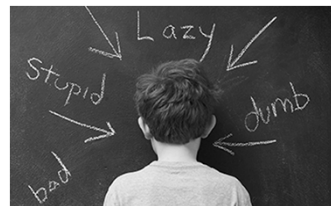
Emotional Maltreatment

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“Any mandated reporter who has knowledge of or who reasonably suspects that a child is suffering serious emotional damage or is at a substantial risk of suffering serious emotional damage, evidenced by states of being or behavior, including but not limited to, severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, may make a report.” PC 11166.05

Examples of Emotional Maltreatment include:

- Rejecting or Ignoring; Shaming or Humiliating; Terrorizing; Isolating; Corrupting
- You are not required to report emotional maltreatment



Neglect

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“Neglect is the negligent treatment or maltreatment of a child by a parent or caretaker under circumstances indicating harm or threatened harm to the child’s health or welfare. It includes both acts and omissions on the part of the responsible person. California law defines two categories of neglect: severe neglect and general neglect.” P.C. 11165.2

Severe: Such as the negligent failure of a parent or caretaker to protect the child from severe malnutrition or medically diagnosed non-organic failure to thrive. It also includes situations where the parent or caretaker willfully causes or permits the body or health of a child to be endangered

General: Such as not providing adequate food, clothing, shelter, medical care or supervision, where no physical injury to the child has occurred

Behavioral Indicators

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- Behavioral indicators are not, in themselves, sufficient grounds for a report. A report should be made only in the presence of other evidence, such as a child’s description of being abused, or the existence of suspicious injuries.
- A child’s behaviors can be used to help assess ambiguous situations.
- It is the *extreme* and *persistent* presence of behavioral indicators that may indicate abuse/neglect.



What is NOT Child Abuse?

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- ❑ An informed and appropriate medical decision - PC 11165.2
- ❑ Refusing specific medical treatment for religious reasons - PC 11165.2[b]
- ❑ Pregnancy of a minor - PC 11166
- ❑ Positive toxicology screen - PC 11165.13
- ❑ Mutual affray between minors - PC 11165.6
- ❑ Reasonable and necessary force used by a peace officer -PC 11165.6
- ❑ Reasonable and necessary force used by a public school official - PC 11165.4
- ❑ Corporal punishment - PC 11165.4



The Reporting Process

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- 1) Reports are made to Child Welfare Services
- 2) Make verbal report “as soon as practically possible”
- 3) Make written report within 36 hours on state form SS8572 Suspected Child Abuse Report (SCAR)
- 4) Keep a copy of the written report
- 5) You will receive feedback regarding result



Suspected Child Abuse Report (SCAR)

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On line, search for the following:

Electronically fillable form:
www.oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf

Form Completion Instructions:
caag.state.ca.us/childabuse/pdf/8572_instruct.pdf

Humboldt County Child Welfare Services

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**24-hour Child Abuse Hotline:
707-445-6180**

Fax number to send SCARs within
36 hours of hotline: 707-445-6254

Or mail written report to:
Humboldt County CWS
Attn: SCAR
2440 6th Street
Eureka, CA 95501



Del Norte County Child Welfare Services

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**24-hour Child Abuse Hotline:
(707) 464-3191**

Fax number to send SCARs within
36 hours of hotline: **(707) 465-1783**



Or mail written report to:
Del Norte County CWS
Attn: SCAR
880 Northcrest Drive
Crescent City, CA 95531

Safeguards for Reporters

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- Reporters are immune from criminal liability for reporting as required
- Reports and identity of reporter are confidential (not anonymous)
- Can't prevent lawsuits, but costs for defending a civil suit are reimbursable

Penalties for Failure to Report

- Up to 6 months in jail and/or \$1000 fine
- May be liable for damages in civil lawsuit
- Risk loss of RFA certification and/or professional licenses or credentials



Quality Parenting Initiative-Humboldt

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- ❑ **Goal:** to ensure every child who is separated from their home by a child protection agency receives the love, nurturing, advocacy and support he or she needs for healthy development
- ❑ **Successful when caregivers have a voice,** not only in issues that affect children they care for, but also in the way that the system treats children and families
- ❑ QPI views the caregiver as the most important intervention that we can provide for the child
- ❑ www.qpicalifornia.org



What is a Quality Caregiver?

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- ❑ A member of the team that supports healthy development & permanency for children who cannot live with their parents.
- ❑ Provides high quality parenting, assumes many of parenting roles provides for the child's needs while the child is in their home.
- ❑ Provides the foster child: food, shelter, medical care, education, safety, encouragement, reassurance, self-esteem, self-worth, security, structure, and love; consistent with the needs of the child.
- ❑ When appropriate mentors the biological parent(s).
- ❑ When appropriate maintains a permanent relationship with the child.



Foster and Kinship Care Education Program

QUESTIONS?

Please complete the evaluation at the end of the training as proof of attendance.

Certificate of Participation will be emailed to you and Child Welfare Services upon verification of attendance.



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Foster and Kinship Care Education Program

WE JUST WANT TO SAY... THANK YOU!

Website: www.redwoods.edu/foster

Facebook: Foster/Kinship Care Education Program-
College of the Redwoods

Phone: (707) 476-4455

Email: foster-kinship@redwoods.edu



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Parenting for Permanency College

Developmental Needs

Resource Family Approval
Pre-Service Training



Learning Objectives

As a result of this training, participants will:

- Understand the guiding principles of child development
 - Understand the critical developmental domains with knowledge of milestones
 - Understand the difference between sexual orientation, gender identity, and expression
 - Understand the relationship between nature and nurture
 - Understand the role of attachment on development
 - Understand the importance of self regulation skill development
 - Understand the developmental needs of children and youth in foster care
-

NORMAL CHILD DEVELOPMENT

Development begins at time of conception and does not end until death. Development involves continuous change and is directional. A child first learns to crawl, then walk, then run. The early tasks are the foundation for later development. Development is cumulative and a child who fails to master early developmental milestones will have more difficulties mastering the demands of later stages. Without intervention the child's development can become more abnormal over time. As the child's life becomes more complex and the environment becomes more demanding deficits from earlier developmental stages become more challenging.

Normal child development also requires consideration of the culture or the system that defines life in a particular group of people through its values, beliefs, attitudes, traditions, and standards of behavior. This is beneficial so that the child's development and progress can be viewed as normal or abnormal within the family's culture.

What is viewed as normal in one culture may appear deficient in another culture for a child. Gender differences are often apparent in different cultures with different expectations for male and female children. When caring for a child in a culturally appropriate manner it is important to remember:

- Protection of the young and transmission of the culture to the offspring.
- Parents learn as they were parented
- Culture often sets the standard and expectations of a "good" parent and shapes parent-child interactions.

Normal Child Development: Birth to 3 months

Social

During the first three months of life newborns social development is dependent upon their state of alertness.

- In the active state, the newborn is very involved with its environment, looking, listening and responding to stimuli.
- In the quiet alert state the newborn is continuing to look and listen but is less physically active.
- In the drowsy state they are quiet and non-responsive

During this period of time the bonding process begins and often occurs during the quiet alert state. This state is a good time to assess the infant for their physical and social development.

During the quiet alert state experiences leave a strong impression on a child.

Physical

The baby gains about 1 oz. per day after initial weight loss in the first week. At birth the child often appears “bent” and their legs and feet may be bowed and turned inward and their knees are bent from being in the mother’s womb. The infant’s development progresses from the head down and inside out. For example, the baby’s brain and central nervous system develop before internal organs and the upper body develops before the legs and feet.

Newborns

- Can see approximately 8-10 inches from their face. This allows social interactions to begin with their caregivers.
- Can recognize voices within a few days of birth.
- Can lift their head
- Reflexes (e.g., sucking, grasping, hands fisted, random movement)

One Month

- Can lift head to 45-degree angle
- Vocalizes and gurgles

Two Months

- Alert to people

Three Months

- Chuckles
- Smiles
- Whines and vocalizes
- Rolls over

Emotional

One study assessed that temperament from infancy into adulthood found that infants fit into one of the following four categories:

- **Easy Babies** (40%) showed positive mood, regular body functions, adapted well, and approached rather than withdrew from new situations.

- **Difficult babies** (10%) displayed negative mood, were slow to adapt, withdrew in novel situations, and were irregular in biological functioning.
- **Slow to warm babies** (15%) were similar to the difficult babies, but reacted with less activity and intensity.
- **Mixed babies** (35%) displayed combinations of all the traits

Children with difficult temperaments developed the most emotional and behavioral problem over time and were more likely to “trigger” negative reactions in caregivers.

The study found two outcomes:

- **Successful parenting of difficult children:** Parents who were patient, consistent, firm and emotionally resolved, and not conflicted could manage these children well.
- **Poor fit and unsuccessful parenting:** Poor fit between parents and children’s temperament accounted for difficulties in parenting.

From: Levy, T.L. & Orlans, M. (1998)

Cognitive

Significant changes in newborns cognitive abilities are noticed during the first three months.

Differentiation in cries are distinguishable at a month infants begin to be able to distinguish what they want and /or need and make sound that serve as indicators. This develops into squeals and cooing sounds. By the 3 months it is likely that one can easily identify feelings of pleasure and unhappiness in the infant.

Normal Child Development: 3 to 6 months

Social

By 3 months infants are responsive to social stimuli and physically react in a voluntary way to other people. Their movements are less reflexive and more controlled and become a child’s way of playing and show how the child is moving from bonding and developing attachments.

Attachment

The child begins to show preferential responses to people that are familiar and may show emotions at a familiar person’s arrival or departure by age 6 months.

Physical

Physical movement is more controlled, and muscles in the upper body and head have greatly improved, and motor development begins to become focused on fine motor skills. The infant is developing hand eye coordination and when they reach for something it is because they want to hold the object. By 5 months gross motor development improves and infant begins to develop lower body coordination.

Emotional

During this period the infant's emotional regulation continues to develop through interaction between internal and emotional states and responds to caretakers. The temperament of the child is noticeable as well as emotional states such as anger, pleasure, pain, fear and protest.

Cognitive

Infants pay attention to objects, but have not yet met the milestone of *object permanence* the process in which the child begins to realize that just because they cannot see an object does not mean that it does not exist. The attention to objects will ultimately help lead to the development of object permanence.

Normal Physical Development 4- 6 months

4 months

- grasps rattle
- pulls to sit up
- can bear some weight on legs
- laughs and smiles

5 months

- Birth weight doubles
- Sits without support
- Feeds self cracker
- Turns toward voice

6 months

- Adds 2-3 inches in height
- Sits up
- Holds 2 cubes and works to reach for desired toy
- Imitates speech sounds

Normal Child Development: 7 to 12 months

Social

By 7 months children have the physical and cognitive ability that motivates them to explore their environment and this becomes the primary purpose of play for infants under the age of 18 months. They are mobile and have cognitive skills that allow them to be goal directed.

They continue to be interactive with the important people around them and make faces, laugh and play. They can now identify and discriminate people they know from those they don't and begin to display new emotional responses of *stranger anxiety and separation anxiety*

Stranger anxiety is when an infant feels unhappiness around unfamiliar people and s/he often protest.

Separation Anxiety is the infant's emotional response to a caregiver's departure and this usually begins around 9 months.

Physical

By 7 months infants have sufficient coordination and body strength that allows them to sit and begin crawling. They will continue to work on their fine motor skills and begin to develop hand-eye coordination. They develop the ability to pick up and move an object.

Emotional

During this period children continue to display emotions and enjoy interaction with their caretakers that strengthen their attachment. With a positive attachment to caregivers children are more likely to explore their environment, but will return to the caretaker for reassurance and comfort when upset. Issues around stranger and separation continue to be present until about 12 months.

At 12 months the child also begins to develop independence or *autonomy* from its caregiver. Autonomy is necessary for the healthy development of the personality. As this develops the generally cooperative child may become willful and uncooperative and this is normal.

Cognitive

The child develops *object permanence* at about 12 months and the child begins to understand that when they don't see an object it still exists. Object permanence is part of early problem solving.

Reference: Newman, B.M & Newman, P. R (1995)

Developmental concerns by the end of one year:

- Does not crawl
- Drags on side of body while crawling (for over one month)
- Cannot stand when supported
- Does not search for object that are hidden while he s/he watches
- Says no single words ("mama" or "dada")
- Does not learn to use gestures, such as waving or shaking head
- Does not point to objects or pictures
- Experiences a dramatic loss of skill s/he once had

Reference Book on Child Developmental Milestones/ Developmentally Appropriate Activities is invaluable for each stage: Northern California Training Academy

Normal Child Development: 1- 3 years

The time between 1 and 3 years is an expansion of the child's need to develop autonomy and mastery of their self and their environment that will lead to the development of will in a child.

Social Development

As the child approaches 1, they typically have developed affectionate and trusting relationship **that are no longer just to a person (attachment) but with (reciprocal connectedness)** other family members and adults. They can also engage in simple games and play. The child also begins to understand the attachment figure and how they will respond. S/he begins to develop the ability to

understand other people's feelings which is essential in developing empathy and the deepening of reciprocal connectedness. Reciprocal connectedness is a higher-level brain function that is required for normal emotion, cognate and social development.

By age 2 the child's primary means of learning and playing is imitation. Children will imitate their caregivers. As the child approaches the age of 3 s/he will begin to imitate other children. Between 2-3 the child will begin parallel play, where children play side by side but still lack the social skills and understanding to be interactive in play.

Attachment and morality

Conscience development requires the internalization of a loving caregiver in whom the child is will to place his/her trust. Through this internalization process the child incorporates another as part of him/herself. Morality begins form the belief that hurting another is hurting oneself.

Physical Development

By age of 1 the child's birth weight has tripled and the child continues to develop gross and fine motor skills. Shortly after 1 year children are likely to be learning more complex skills such as climbing. The child is developing increase strength and coordination. The child is likely developmentally ready for toilet training.

Cognitive Development

The development of **symbolic thought** is central to cognitive development and results in the ability to understand and produce language At the age of about 1 the child learns to process symbols that allow for receptive and expressive language development. This allows the child between ages of 2-3 to work on the perfection of language and communication which becomes the most important cognitive task.

Sexual Development

Toddlers are very curious about their bodily functions, especially those relating to elimination. Their curiosity helps facilitate progress in potty training and gaining control over their bodies. The toddler's sexual development revolves around further exploration of various parts of the body and may include behaviors such as masturbation.

Developmental concerns by the end of two years:

- Cannot walk by 18 months
- Fails to develop a mature heel-toe walking patterns
- Does not speak at least 15 words
- Does not use two work sentences by age two
- By 15 months does not seem to know the functions of common household object (brush, telephone, bell, fork, and spoon).
- Does not imitate actions or words by the end of this period
- Does not follow simple instruction

- Cannot push a wheeled toy by age 2
- Experiences a dramatic loss of skills he or she once had

Normal Child Development: Preschool 3-5 years

Social Development

Between 3-5 the child expands social relationship and the two major tasks for the preschools child are: the development of **interactive play skills** and learning **social roles and rules**.

- The child begins to understand, explore, imitate, and practice social roles
- The child learns concepts of right and wrong and begins to understand the nature of rules. S/he experiences guilt when s/he has done something wrong.

Physical Development

The physical appearance of the toddler begins to change to look more like a “child”. The child gains weight at approximately four to five pound per year and grows approximately three to four inches per year. By age 3 most basic motor skills have emerged and the next few years children will develop more complex physical situations.

Emotional Development

Children who have earlier formed a secure attachment and a sense of autonomy now begin to develop in areas of **initiative, self-control, conscience and self-esteem**.

The Development of Initiative

- A healthy child is self-directed and exuberant. He takes pleasure in attack and conquest and experiments with new roles and skills.
- Initiative has risks and a child that has developed autonomy and trust during the infant and toddler stages have the foundation to develop confidence and a sense of competence.

The Development of Self-control

- Pre-schoolers are learning how to control their emotions are developing coping abilities.
- They are developing delayed gratification due to having predictable and consistent fulfillment of their needs.

The Development of Conscience

- By age 5, most children understand the meaning of right and wrong (this is a very basic and limited understanding).
- The internalization of standard of right and wrong behavior forms the fundamentals of moral behavior and conscience.

The Development of Self-Esteem

- By age three the child has a fundamental sense of self and understands “I” and “me” and knows s/he they are different from other people
- With the development of a conscience s/he will begin to evaluate their behavior as good or bad
- If initial attempts at initiative result in criticism or punishment s/he is likely to personalize this as being a bad child and experience guilt and shame

Cognitive Development

- Thinking at this stage is concrete and egocentric. Problem solving is illogical and magical thinking and fantasy are prevalent.
- The child’s ability to understand and express language is developing rapidly.

- The preschooler is egocentric and they view the world from only their perspective
- The child is beginning to learn social roles and rules

Developmental concerns buy the end of 5 years:

- Acts extremely fearful or timid
- Acts extremely aggressively
- Is unable to separate from parents without major protest
- Is easily distracted and unable to concentrate on any single activity for more than five minutes
- Shows little interest in playing with other children
- Refuses to respond in general, or responds only superficially
- Rarely uses fantasy or imitation in play
- Seems unhappy or sad much of the time
- Seems aloof with other children and adults
- Does not express a wide range of emotions
- Has trouble eating, sleeping or using the toilet
- Can't tell the difference between fantasy and reality
- Seems unusually passive
- Cannot understand two-part commands using prepositions ("put the doll on the bed").
- Can't correctly give first and last name
- Doesn't use plurals and past tense properly when speaking
- Doesn't talk about daily activities and experiences
- Cannot build a tower of 6 to 8 blocks
- Seems uncomfortable holding a crayon
- Has trouble taking off clothing
- Cannot brush teeth efficiently
- Cannot wash and dry hands
- Experiences a dramatic loss of skills s/he once had

Normal Child Development: School-age children- 6-12 years

Social Development

For children at the age of 6, relationships outside the family increase in importance. Until this time the focus has been on relationships with primary caregivers and family, now a shift begins to a focus on friends and peer group. Also the child begins to develop and understanding of social roles and rules.

- The child begins to develop peer relationships
- Begins to have a broader and more sophisticated understanding of rules
- At 5 or 6 years children think rules can be changed to suit one's needs (egocentric thinking)
- By 7 or 8 the child is very conscious about obeying the rules. Rules are fixed and unchangeable. Children become angry when someone has broken rule.
- By age 9 or 10 children understand rules can be negotiated and are a way of regulating activities and not all rules are inflexible
- Children respond with anxiety when rules are ambiguous or absent.
- The child begins to understand social roles, but the behaviors that define a role are concrete and inflexible. A child may be surprised to see his school teacher buying groceries.
- Understanding roles helps a child to adapt to behavior in different situations. S/he may be a leader at school, but needs to sit quietly at church.

- The child is beginning to understand sex role differentiation. S/he realizes that girls and boys are different. Children will emulate qualities that are valued for their gender in their culture.

Physical Development

- Between the age of 6-12 children are very active. This activity allows them to continue to master fine and gross motor skills such as riding a bike with no hands.
- Their growth is slow and steady and will grow an average of three to four inches a year.
- Their body will begin to look similar to that of adults.
- Puberty may begin in children as early as 8 or 9. and more often by the age of 12.
- Sports and activities advance both fine and gross motor skills, including hand and eye-coordination.

Emotional Development

This age is defined by the development of industry vs. inferiority. Children become increasingly decisive, responsive, and dependable about making plans and following through with them.

- The child who fails at being industrious is likely to experience feeling of inferiority.
- The child is sensitive to criticism and needs praise for attempts as well as on final outcomes as the child evaluates their worth on her ability to perform.
- Self-esteem is largely derived from one's perceived abilities.
- Children are beginning to handle difficult frustration and make decisions based on their own moral development.
- The child is also better able to delay gratification
- Tension is often release through hard play

Cognitive Development

Developmentally a dramatic change occurs in this stage commonly called the "five to seven shift." More sophisticated cognitive abilities development as the cerebral cortex that controls cognitive functions makes a "developmental leap" and causes changes in the organization of the child's brain.

The school-aged child's language improves and they can actively listen, follow directions and describe events logically and sequentially and exchange thoughts and options.

Development of Concrete Operations

The child has a relatively accurate perception of objects, events, and relationships, as long as long as they are observable or touchable.

The school age child's thinking is generally rational and logical. Magical and imaginative thinking are understood to be "pretend."

- The child can reflect upon their attributes and can consider two thoughts simultaneously.
- The child has a good understanding of the concepts of space, time and dimension.
- Memory improves and is learning to complete more complex activities.
- The child can remember past actions and consequences and use this information to solve problems and understands more about how actions affect other people and events.
- The school age child improves with language skills which increase their coping ability.

The Emergence of Perspective Taking

Pre-school age children do not recognize that other people have perspectives that might differ from their own. School-age children begin to recognize that other people have perspectives that might differ. This ability is limited at first and then continues to develop.

- A 7 year old in a transitional stage of perspective may recognize that others have opinions but cannot yet assume the role of the other person. They have a difficult time understanding that two contradictory perspectives can coexist.
- By age 8-10 children will recognize the difference between behavior and intent (i.e. someone did not mean to step on them).
- By the age of 10-11 children have the ability to listen to other's points of view discuss them and identify solutions.

Sexual Development

School age children may explore in sex play with children of similar age, size and developmental status on a voluntary basis.

Normal Child Development for Adolescents: 12-21 years

Adolescence is a period of significant transition and is divided into three stages:

Early adolescence refers to the period between 10-12

Middle adolescence refers to the period between 14-17

Late adolescence refers to youth between ages 18-21

Social Development

Adolescent social development occurs along with their cognitive and emotional development. The youth's improved insight and perspective taking ability lead to changed expectations for interpersonal relationships and increased ability for self-disclosure and intimacy.

Stages in Social Development

1. The development of an independent self and youth is psychologically distancing one from family.
2. Strong connection to peers
3. Achieving social status related to membership in a group.
4. Once a youth is in a group they look for social acceptance and may compromise their beliefs to gain acceptance.
5. The youth's need to be independent from parents is generalized to adults outside the family, but they may develop crushes on adults or older youths and try to emulate their dress or behavior
6. Young adolescents are typically ambivalent about sexual relationships and are often shy, embarrassed and self-conscious. Early relationships involve "hanging out" and group dating.
7. In middle adolescence, the youth continues to associate with peer groups, but the peer group declines in importance and individual relationship with same and opposite sex peers become more important.
8. During middle and late adolescence values become individualized and internalized after careful consideration and independent thought. The peer group declines in importance and more youths date in one-on-one relationships.

9. Self-revelation is the first step toward development of interpersonal intimacy and this is a gradual process. Youth raised in families where intimacy is absent or distorted may have difficulty with self-expression and disclosure.
10. Youth develop expectations in their relationships of loyalty, confidence and trust.
11. Youths develop similar expectations for relationships with adults. Middle to late adolescents are less likely to think that an adult can be trusted.
12. Youths who are capable of self-disclosure also begin to expect the same from adults. They respect honest and straightforwardness and are quick to point out hypocrisy and dishonesty in adults.

Physical Development

Adolescents have significant physical changes during this developmental stage. Most youth experience a significant growth spurt and will experience the onset of puberty. Their brain development is also re-energized. Puberty and the youth's brain development affect their physical, social emotional and sexual development.

Puberty

The physiological changes of puberty promote development in two critical areas.

- Rapid physical growth of bones, muscles, and other body tissues.
- There are significant changes in both the sex organs and the secondary sex characteristics.

Girls mature physically on the average two years earlier than boys and experience their growth spurts between 11-14 as well as the onset of menstruation. Hormonal changes promote breast development, pubic hair, maturation of the uterus and ovaries.

Boys mature physically on average between the ages of 13-17. Their sex organs grow in size, and the testicles begin to produce semen. Erections which first occur in the infant, become more frequent, and ejaculations are now possible. The onset of puberty in boys ranges from about ages 12-15.

Brain Development

Brain Development continues during adolescence and impacts the youths in the following way:

- Waves of rapidly changing emotions, which can influence decision-making.
- They can often be perceived as acting out or moody. The rational mediation of their emotions slowly improves and reaches adult-like levels over the next 10-20 years.
- Adolescents have a difficult time handling multiple tasks and may forget what to do or forget a commitment.
- While some abstract thinking ability may be present, it is still difficult for them to grasp and it can be hard to determine what they will and will not understand.
- Adolescents are less able to read subtle social cues such as facial expressions and body language, although others may expect this as they look older than their years.
- Youth have strong sexual feelings, but have little rational perspective for decision-making
- Critical memories may be difficult to access under stress.
- Youth often fail to see patterns or learn quickly from experience.
- Youth may have difficulty maintaining "normal" sleep patterns and are often tired during the day and have difficulty falling asleep at night.

Emotional Development

The primary task of the adolescent's emotional development is to establish their unique identity that is built upon yet separate from the childhood personality. To develop their own personality youth try experimental activities, which allow them to try out different ways of behaving and thinking.

Early adolescence is a chaotic period and their emotions are more labile than any other time during development. This is a stressful time due to rapid changes and youths become more aware of their feelings and emotional states.

Youth's emotional response to puberty may vary, but many are embarrassed, self-curious and worry as to whether they are normal. They may spend considerable emotional energy scrutinizing themselves in the mirror trying to hide, or change perceived flaws.

Young adolescents often engage in activities that promote intense emotional experience. Listening to rock music, attending concerts horror movies, amusement parks and reading about intimate interpersonal or sexual experiences activate intense and new feelings.

Youth's experimentation with drugs and alcohol may be attempts to magnify emotional experiences as well as driving fast, and taking other risks. The combination of volatile emotion, lack of judgment and dangerous activity can have dangerous consequences.

Youth will also pull away from their parents to become their own person (*Identity formation*). The process of identity involves organizing one's perceptions of one's own attitudes, values, behaviors, and beliefs into a coherent whole. Adolescents will participate in activities that tend to reject parental norms, value, and lifestyle in order to discover their own. Youth will come to recognize parents as people, accepting mixed feelings about them without feeling disloyal or guilt-ridden.

Identity confusion is the negative outcome of a failure to develop a positive identity. Some identity confusion is normal.

- Failure to achieve basis trust can have the most severe consequence on the development of identity. The youth cannot look with any confidence toward the future.
- Youths who have not positively resolve the earlier stages may exhibit feeling of self-doubt and shame, pervasive guilt, self-criticism, poor perceptions of self-worth and overly rigid expectations for their own behavior and a sense of inadequacy concerning task related competence.
- Failure to achieve identity can interfere with the future development of mature intimacy.

For successful emotional development adolescents will also:

- Learn to face problems.
- Prove one's adequacy and ability to function independently.
- Find a philosophy in life; develop an idealism/spirituality, while learning to cope with disillusionment.
- Understand sexuality and make decisions about how to express it and come to terms with one's masculinity/femininity.
- Learn a positive use of leisure time
- Pursue interests and skills toward developing a life's work

Cognitive Development

As youths enter adolescence they begin to enter the stage of cognitive development that the theorist, Piaget referred to as *formal operations*. Not all people achieve this state of cognitive development. During early adolescence, precursors to formal operational thinking appear which include the ability to think hypothetically and to take multiple perspectives. During middle and late adolescence formal operational thinking becomes well developed in a significant percentage of adolescent.

The ability to think hypothetically:

The youth is able to calculate the consequences of thoughts, actions, events, or behaviors without ever having performing them.

The ability to think logically:

Youth can use logic in abstract thought. They can identify and reject a thought based on logic.

The ability to think about thought:

Preoccupation with thought, and especially with thoughts about oneself, is characteristic of adolescent cognition. Introspection and self-analysis are common.

The development of insight:

The youth is able to understand and consider view of other people as well as perspectives of entire social systems. They youth is able to consider how his behavior affects other people and other people's behavior affects them.

The emergence of systematic problem solving:

The youth can attack a problem, weigh the possibilities and choose a solution. The youth can also evaluate the success or failure of his choice and adapt.

Sexual Development

Sexuality is part of the youth's struggle to find out who s/he is as a person. As a result, a youth may experiment in relationships with other form the same sex, opposite sex or body. As a youth begins to develop his/her sexual identity, the significance of gender and sexual roles and rules begin to take a new form. There are many differences among youth in their expression of sexual behavior and these differences are influenced by several factors.

- Personal readiness
- Family values and standards
- Peer pressure
- Religious affiliation
- Internalized moral standards



The ChildTrauma Academy
www.ChildTraumaAcademy.org

Bonding and Attachment in Maltreated Children

Consequences of Emotional Neglect in Childhood



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Adapted in part from: *"Maltreated Children: Experience, Brain Development and the Next Generation"*

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Introduction

The most important property of humankind is the capacity to form and maintain relationships. These relationships are absolutely necessary for any of us to survive, learn, work, love and procreate. Human relationships take many forms but the most intense, most pleasurable and most painful are those relationships with family, friends and loved ones. Within this inner circle of intimate relationships, we are bonded to each other with "emotional glue" - bonded with love.

Each individual's ability to form and maintain relationships using this "emotional glue" is different. Some people seem "naturally" capable of loving. They form numerous intimate and caring relationships and, in doing so, get pleasure. Others are not so lucky. They feel no "pull" to form intimate relationships, find little pleasure in being with or close to others. They have few, if any friends and more distant, less emotional glue with family. In extreme cases an individual may have no intact emotional bond to any other person. They are self - absorbed , aloof or may even present with classic neuropsychiatric signs of being schizoid or autistic.

The capacity and desire to form emotional relationships is related to the organization and functioning of specific parts of the human brain. Just as the brain allows us to see, smell, taste, think, talk and move, it is the organ that allows us to love -- or not. The systems in the human brain that allow us to form and maintain emotional relationships develop during infancy and the first years of life. Experiences during this early vulnerable period of life are critical to shaping the capacity to form intimate

and emotionally healthy relationships. Empathy, caring, sharing, inhibition of aggression, capacity to love and a host of other characteristics of a healthy, happy and productive person are related to the core attachment capabilities which are formed in infancy and early childhood.

What is Attachment?

- Special enduring form of "emotional" relationship with a specific person
- Involves soothing, comfort and pleasure
- Loss or threat of loss of the specific person evokes distress
- The child finds security and safety in context of this relationship

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Frequently Asked Questions

What is attachment?

Well, it depends.

The word attachment is frequently used by mental health, child development and child protection workers but it has slightly different meanings in these different contexts. The first thing to know is that we humans create many kinds of "bonds." A bond is a connection between one person and another. In the field of infant

development, attachment refers to a special bond characterized by the unique qualities of the special bond that forms in maternal- infant or primary caregiver-infant relationships. The attachment bond has several key elements: (1) an attachment bond is an enduring emotional relationship with a specific person; (2) the relationship brings safety, comfort, soothing and pleasure; (3) loss or threat of loss of the person evokes intense distress. This special form of relationship is best characterized by the maternal-child relationship. As we study the nature of these special relationships, we are finding out about how important they can be for the future development of the child. Indeed, many researchers and clinicians feel that the maternal- child attachment provides the working framework for all subsequent relationships that the child will develop. A solid and healthy attachment with a primary caregiver appears to be associated with a high probability of healthy relationships with others while poor attachment with the mother or primary caregiver appears to be associated with a host of emotional and behavioral problems later in life.

In the mental health field, attachment is used loosely has come to reflect the global capacity to form relationships. For the purposes of this paper, attachment capabilities refer to the capacity to form and maintain an emotional relationship while attachment refers to the nature and quality of the actual relationship. A child, for example, may have an "insecure" attachment or "secure" attachment.

What is bonding?

Simply stated, bonding is the process of forming an attachment. Just as bonding is the term used when gluing one object to another, bonding is using our emotional glue to become connected to another. Bonding, therefore, involves a set of behaviors that will help lead to an emotional connection (attachment).

Are bonding and attachment genetic?

The biological capacity to bond and form attachments is most certainly genetically determined. The drive to survive is basic in all species. Infants are defenseless and must depend upon a caregiving adult for survival. It is in the context of this primary dependence, and the maternal response to this dependence, that a relationship develops. This attachment is crucial for survival.

An emotionally and physically healthy mother will be drawn to her infant - she will feel a physical longing to smell, cuddle, rock, coo and gaze at her infant. In turn the infant will respond with snuggling, babbling, smiling, sucking and clinging. In most cases, the mother's behaviors bring pleasure, soothing and nourishment to the infant and the infant's behaviors bring pleasure and satisfaction to the mother. This reciprocal positive feedback loop, this maternal-infant dance, is where attachment develops.

Therefore, despite the genetic potential for bonding and attachment, it is the nature, quantity, pattern and intensity of early life experiences that express that genetic potential. Without predictable, responsive, nurturing and sensory-enriched caregiving, the infant's potential for normal bonding and attachments will be unrealized. The brain systems responsible for healthy emotional relationships will not develop in an optimal way without the right kinds of experiences at the right times in life.

What are bonding experiences?

The acts of holding, rocking, singing, feeding, gazing, kissing and other nurturing behaviors involved in caring for infants and young children are bonding experiences. Factors crucial to bonding include time together (in childhood, quantity does matter!), face-to-face interactions, eye contact, physical proximity, touch and other primary sensory experiences such as smell, sound, and taste. Scientists believe the most important factor in creating attachment is positive physical contact (e.g., hugging, holding, and rocking). It should be no surprise that holding, gazing, smiling, kissing, singing, and laughing all cause specific neurochemical activities in the brain. These neurochemical activities lead to normal organization of brain systems that are responsible for attachment.

The most important relationship in a child's life is the attachment to his or her primary caregiver, optimally, the mother. This is due to the fact that this first relationship determines the biological and emotional 'template' for all future relationships. Healthy attachment to the mother built by repetitive bonding experiences during infancy provides the solid foundation for future healthy relationships. In contrast, problems with bonding and attachment can lead to a fragile biological and emotional foundation for future relationships.

When are these windows of opportunity?

Timing is everything.

Bonding experiences lead to healthy attachments and healthy attachment capabilities when they are provided in the earliest years of life. During the first three years of life, the human brain develops to 90 percent of adult size and puts in place the majority of systems and structures that will be responsible for all future emotional, behavioral, social and physiological functioning during the rest of life. There are critical periods during which bonding experiences *must be present* for the brain systems responsible for attachment to develop normally. These critical periods appear to be in the first year of life and are related to the capacity of the infant and caregiver to develop a positive interactive relationship.

What happens if this window of opportunity is missed?

The impact of impaired bonding in early childhood varies. With severe emotional neglect in early childhood the impact can be devastating. Children without touch, stimulation and nurturing can literally lose the capacity to form any meaningful relationships for the rest of their lives. Fortunately most children do not suffer this degree of severe neglect. There are, however, many millions of children who have some degree of impaired bonding and attachment during early childhood. The problems that result from this can range from mild interpersonal discomfort to profound social and emotional problems. In general, the severity of problems is related to how early in life, how prolonged and how severe the emotional neglect has been.

This does not mean that children with these experiences have no hope to develop normal relationships. Very little is known about the ability of replacement experiences later in life to “replace” or repair the undeveloped or poorly organized bonding and attachment capabilities. Clinical experiences and a number of studies suggest that improvement can take place, but it is a long, difficult and frustrating process for families and children. It may take many years of hard work to help repair the damage from only a few months of neglect in infancy.

Are there ways to classify attachment?

Like traits such as height or weight, individual attachment capabilities are continuous. In an attempt to study this range of attachments, however, researchers have clustered the continuum into four categories of attachment: secure, insecure-resistant, insecure-avoidant, and insecure-disorganized/disoriented. Securely attached children feel a consistent, responsive, and supportive relation to their mothers even during times of significant stress. Insecurely attached children feel inconsistent, punishing, unresponsive emotions from their caregivers and feel threatened during times of stress.

What other factors influence bonding and attachment?

Any factors that interfere with bonding experiences can interfere with the development of attachment capabilities. When the interactive, reciprocal "dance" between the caregiver and infant is disrupted or difficult, bonding experiences are difficult to maintain. Disruptions can occur because of primary problems with the infant, the caregiver, the environment or the "fit" between the infant and caregiver.

Infant: The child's "personality" or temperament influences bonding. If an infant is difficult to sooth, irritable or unresponsive compared to a calm, self-soothing child, he or she will have more difficulty developing a secure attachment. The infant's ability to participate in the maternal-infant interaction may be compromised due to a medical condition such as prematurity, birth defect, or illness.

Caregiver: The caregiver's behaviors can impair bonding. Critical, rejecting, and interfering parents tend to have children that avoid emotional intimacy. Abusive parents tend to have children that become uncomfortable with intimacy and withdraw. The child's mother may be unresponsive to the child due to maternal depression, substance abuse, overwhelming personal problems, or other factors that interfere with her ability to be consistent and nurturing for the child.

Environment: A major impediment to healthy attachment is fear. If an infant is distressed due to pain, pervasive threat or a chaotic environment, they will have a difficult time participating in even a supportive caregiving relationship. Infants or children in domestic violence, refugee, community violence or war zone environments are vulnerable to developing attachment problems.

ATTUNEMENT

- Reading and responding to the cues of another
- Synchronous and interactive
- Helps prevent mismatch between need and provision
- *Can be taught* - reading the non-verbal, social-emotional "language" of another

BD Perry MD, PhD

Fit: The "fit" between the temperament and capabilities of the infant and the mother is crucial. Some caregivers can be just fine with a calm infant but are overwhelmed by an irritable infant. The process of paying attention to, reading each other's non-verbal cues and responding appropriately is essential to maintain the bonding experiences that build in healthy attachments. Sometimes a style of communication and response familiar to a mother from one of her other children may not fit her current infant. The mutual frustration of being "out of sync" can impair bonding.

How does abuse and neglect influence attachment?

There are three primary themes that have been observed in abusive and neglectful families. The most common effect is that maltreated children are, essentially, rejected. Children that are rejected by their parents will have a host of problems (see below) including difficulty developing emotional intimacy. In abusive families, it is common for this rejection and abuse to be transgenerational. The neglectful parent was neglected as a child. They pass on the way they were parented. Another theme is "parentification" of the child. This takes many forms. One common form is when a young immature girl becomes a single parent. The infant is treated like a playmate and very early in life like a friend. It is common to hear these young mothers talk about their four -year -old as "my best friend" or "my little man." In other cases, the adults are so immature and uninformed about children that they treat their children like adults - or even like another parent. As a result, their children may participate in fewer activities with other children who are "immature." This false sense of maturity in children often interferes with the development of same-aged friendships. The third common theme is the transgenerational nature of attachment problems -- they pass from generation to generation.

It is important to note that previously secure attachments can change suddenly following abuse and neglect. The child's perception of a consistent and nurturing world may no longer "fit" with their reality. For example, a child's positive views of adults may change following physical abuse by a baby-sitter.

Are attachment problems always from abuse?

No, in fact the majority of attachment problems are likely due to parental ignorance about development rather than abuse. Many parents have not been educated about the critical nature of the experiences of the first three years of life. With more public education and policy support for these areas, this will improve. Currently, this ignorance is so widespread that it is estimated that 1 in 3 people has an avoidant, ambivalent, or resistant attachment with their caregiver. Despite this insecure attachment, these individuals can form and maintain relationships - yet not with the ease that others can.

What specific problems can I expect to see in maltreated children with attachment problems?

The specific problems that you may see will vary depending upon the nature, intensity, duration and timing of the neglect and abuse. Some children will have profound and obvious problems and some will have very subtle problems that you may not realize are related to early life neglect. Sometimes these children do not appear affected by their experiences. However, it is important to remember why you are working with the children and that they have been exposed to terrible things. There are some clues that experienced clinicians consider when working with these children.

Developmental delays: Children experiencing emotional neglect in early childhood often have developmental delay in other domains. The bond between the young child and caregivers provides the major vehicle for developing physically, emotionally and cognitively. It is in this primary context that children learn language, social behaviors, and a host of other key behaviors required for healthy development. Lack of consistent and enriched experiences in early childhood can result in delays in motor, language, social and cognitive development.

Eating: Odd eating behaviors are common, especially in children with severe neglect and attachment problems. They will hoard food, hide food in their rooms, eat as if there will be no more meals even if they have had years of consistent available foods. They may have failure to thrive, rumination (throwing up food), swallowing problems and, later in life, odd eating behaviors that are often misdiagnosed as anorexia nervosa.

Soothing behavior: These children will use very primitive, immature and bizarre soothing behaviors. They may bite themselves, head bang, rock, chant, scratch or cut themselves. These symptoms will increase during times of distress or threat.

Emotional functioning: A range of emotional problems is common in these children including depressive and anxiety symptoms. One common behavior is indiscriminant attachment. All children seek safety. Keeping in mind that attachment is important for survival; children may seek attachments -- any attachments -- for their safety. Non-clinicians may notice abused and neglected children are "loving" and hug virtual strangers. Children do not develop a deep emotional bond with relatively unknown people; rather, these "affectionate" behaviors are actually safety seeking behaviors. Clinicians are concerned because these behaviors contribute to the abused child's confusion about intimacy and are not consistent with normal social interactions.

Inappropriate modeling: Children model adult behavior - even if it is abusive. They learn abusive behavior is the "right" way to interact with others. As you can see, this potentially causes problems in their social interactions with adults and other children. For children that have been sexually abused, they may become more at-risk for future victimization. Males that have been sexually abused may become sexual offenders.

Aggression: One of the major problems with these children is aggression and cruelty. This is related to two primary problems in neglected children: (1) lack of empathy and (2) poor impulse control. The ability to emotionally "understand" the impact of your behavior on others is impaired in these children. They really do not understand or feel what it is like for others when they do or say something hurtful. Indeed, these children often feel compelled to lash out and hurt others - most typically something less powerful than they are. They will hurt animals, smaller children, peers and siblings. One of the most disturbing elements of this aggression is that it is often accompanied by a detached, cold lack of empathy. They may show regret (an intellectual response) but not remorse (an emotional response) when confronted about their aggressive or cruel behaviors.

What Can I Do To Help?

Parents and caregivers make all the difference in the lives of maltreated children. This section suggests a few different ways to help.

Nurture these children: These children need to be held and rocked and cuddled. Be physical, caring and loving to children with attachment problems. Be aware that for many of these children, touch in the past has been associated with pain, torture or sexual abuse. In these cases, make sure you carefully monitor how they respond – be “attuned” to their responses to your nurturing and act accordingly. In many ways, you are providing replacement experiences that should have taken place during their infancy – but you are doing this when their brains are harder to modify and change. Therefore they will need even more bonding experiences to help develop attachments.

Try to understand the behaviors before punishment or consequences: The more you can learn about attachment problems, bonding, normal development and abnormal development, the more you will be able to develop useful behavioral and social interventions. Information about these problems can prevent you from misunderstanding the child’s behaviors. When these children hoard food, for example, it should not be viewed as "stealing" but as a common and predictable result of being food deprived during early childhood. A punitive approach to this problem (and many others) will not help the child mature. Indeed, punishment may actually increase the child's sense of insecurity, distress and need to hoard food. Many of these children's behaviors are confusing and disturbing to caregivers. You can get help from professionals if you find yourself struggling to create or implement a practical and useful approach to these problems.

Parent these children based on emotional age: Abused and neglected children will often be emotionally and socially delayed. And whenever they are frustrated or fearful, they will regress. This means that, at any given moment, a ten -year old child may emotionally be a two- year old. Despite our wishes that they would “act their age” and our insistence to do so, they are not capable of that. These are the times that we must interact with them at their emotional level. If they are tearful, frustrated, overwhelmed (emotionally age two) parent them as if they were that age. Use soothing non-verbal interactions. Hold them. Rock them. Sing quietly. This is not the time to use complex verbal arguments about the consequences of inappropriate behavior.

Be consistent, predictable and repetitive: Maltreated children with attachment problems are very sensitive to changes in schedule, transitions, surprises, chaotic social situations, and, in general, any new situation. Busy and unique social situations will overwhelm them, even if they are pleasant! Birthday parties, sleepovers, holidays, family trips, the start of the school year, and the end of the school year -- all can be disorganizing for these children. Because of this, any efforts that can be made to be consistent, predictable and repetitive will be very important in making these children feel "safe" and secure. When they feel safe and secure they can benefit from the nurturing and enriching emotional and social experiences you provide them. If they are anxious and fearful, they cannot benefit from your

nurturing in the same ways.

Model and teach appropriate social behaviors: Many abused and neglected children do not know how to interact with other people. One of the best ways to teach them is to model this in your own behaviors - and then narrate for the child what you are doing and why. Become a play by play announcer: "I am going to the sink to wash my hands before dinner because...." or "I take the soap and get soapy here and...." Children see, hear and imitate.

In addition to modeling, you can "coach" maltreated children as they play with other children. Use a similar play-by-play approach: "Well, when you take that from someone they probably feel pretty upset so if you want them to have fun when you play this game..." By more effectively playing with other children, they will develop some improved self-esteem and confidence. Over time, success with other children will make the child less socially awkward and aggressive. Maltreated children are often "a mess" because of their delayed socialization. If the child were teased because of their clothes or grooming, it would be helpful to have "cool" clothes and improved hygiene.

One area that these children have problems in is in modulating appropriate physical contact. They don't know when to hug, how close to stand, when to establish or break eye contact, what are appropriate contexts to pick their nose, touch their genitals, or do other grooming behaviors.

Ironically, children with attachment problems will often initiate physical contact (hugs, holding hands, crawling into laps) with strangers. Adults misinterpret this as affectionate behavior. It is not. It is best understood as "supplication" behavior and it is socially inappropriate. How the adults handle this inappropriate physical contact is very important.

We should not refuse to hug the child and lecture them about "appropriate behavior." We can gently guide the child on how-to interact differently with grown-ups and other children (Why don't you sit over here?). It is important to make these lessons clear using as few words as possible. They do not have to be directive -- rely on nonverbal cues. It is equally important to explain in a way that does not make the child feel bad or guilty.

Listen to and talk with these children: One of the most pleasurable things to do is just stop, sit, listen and play with these children. When you are quiet and interactive with them you find that they will begin to show you and tell you about what is really inside them. Yet as simple as this sounds it is one of the most difficult things for adults to do - to stop, quit worrying about the time or your next task and really relax into the moment with a child. Practice this. You will be amazed at the results. These children will sense that you are there just for them. They will feel how you care for them.

It is during these moments that you can best reach and teach these children. This is a great time to begin teaching children about their different "feelings." Regardless of the activity, the following principles are important to include: (1) All feelings are okay to

feel -- sad, glad, or mad (more emotions for older children); (2) Teach the child healthy ways to act when sad, glad, or mad; (3) Begin to explore how other people may feel and how they show their feelings - "How do you think Bobby feels when you push him?" (4) When you sense that the child is clearly happy, sad, or mad, ask them how they are feeling. Help them begin to put words and labels to these feelings.

Have realistic expectations of these children: Abused and neglected children have so much to overcome. And, for some, they will not overcome all of their problems. For a Romanian orphan adopted at age five after spending her early years without any emotional nurturing, the expectations should be limited. She was robbed of some, but not all, of her potential. We do not know how to predict potential in a vacuum, but we do know how to measure the emotional, behavioral, social and physical strengths and weaknesses of a child. A comprehensive evaluation by skilled clinicians can be very helpful in beginning to define the skill areas of a child and the areas where progress will be slower.

Be patient with the child's progress and with yourself: Progress will be slow. The slow progress can be frustrating and many adoptive parents will feel inadequate because all of the love, time and effort they spend with their child may not seem to be having any effect. But it does. Don't be hard on yourself. Many loving, skilled and competent parents have been swamped by the needs of a neglected and abused child that they have taken in.

Take care of yourself: Caring for maltreated children can be exhausting and demoralizing. You cannot provide the consistent, predictable, enriching and nurturing care these children need if you are depleted. Make sure you get rest and support. Respite care can be crucial. Use friends, family and community resources. You will not be able to help your child if you are exhausted, depressed, angry, overwhelmed and resentful.

Take advantage of other resources: For more information on this and other like topics, visit www.ChildTraumaAcademy.org. Many communities have support groups for adoptive or foster families. Professionals with experience in attachment problems or maltreated children can be very helpful. You will need help. Remember, the earlier and more aggressive the interventions, the better. Children are most malleable early in life and as they get older change is more difficult.

Glossary

Attachment: A special form of emotional relationship. Attachment involves mutuality, comfort, safety and pleasure for both individuals in the relationship.

Attunement: The ability to read and respond to the communicated needs of another. This involves synchronous and responsive attention to the verbal and non-verbal cues of another.

Bond: A bond is a relationship. Bonds may be of special mutual emotional nature such as an attachment or they may be based upon other emotions (e.g., fear – such as seen in the bond between captor and captive).

Bonding: Any activity, action or behavior that helps establish or maintain a relationship.

Strange-Situation procedure: A specialized clinical-research procedure involving eight separations and reunions with an infant and their caregiver designed to determine the nature of the attachments.

ATTACHMENT: Making relationships

What it is: The capacity to form and maintain healthy emotional bonds with another person. It is first acquired in infancy, as a child interacts with a loving, responsive and attentive caregiver.

Why it's important: This core strength is the cornerstone of all the others. An infant's interactions with the primary caregiver create his or her first relationship. Healthy attachments allow a child to love, to become a good friend, and to have a positive model for future relationships. As a child grows, other consistent and nurturing adults such as teachers, family friends, and relatives will shape his or her ability for attachment. The attached child will be a better friend, student, and classmate, which promotes all kinds of learning.

Signs of struggle: A child who has difficulty with this strength has a hard time making friends and trusting adults. She may show little empathy for others and may act in what seems to be remorseless ways. With few friends and disconnected from his peers, he is also at greater risk when exposed to violence. Children unable to attach lack the emotional anchors needed to buffer the violence they see. They may self-isolate, act out, reject a peer's friendly overture because they distrust it, or socially withdraw.

*** Bruce D. Perry, M.D., Ph.D.

Dr. Perry is the Senior Fellow of the ChildTrauma Academy. Dr. Perry served as the Thomas S. Trammell Research Professor of Child Psychiatry at Baylor College of Medicine and Chief of Psychiatry at Texas Children's Hospital in Houston, Texas from 1992 to 2001. In addition he has served as the Director of Provincial Programs in Children's Mental Health for Alberta, Canada, and is the author of more than 200 scientific articles and chapters. He is the recipient of dozens of awards and honors and is an internationally recognized authority in the area of child maltreatment and the impact of trauma and neglect on the developing brain.

The CDC's Adverse Childhood Experiences Study (ACE Study) uncovered a stunning link between childhood trauma and the chronic diseases people develop as adults, as well as social and emotional problems. This includes heart disease, lung cancer, diabetes and many autoimmune diseases, as well as depression, violence, being a victim of violence, and suicide.

Additional Effects
This list is not exhausted

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease
- Depression
- Premature death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease
- Liver disease

- Poor work performance
- Sexually transmitted diseases
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
- Risk for sexual violence
- Poor academic achievement

- Financial stress
- Risk for intimate partner violence
- Multiple sexual partners

Finding Your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often...Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?
If yes enter 1 _____
2. Did a parent or other adult in the household often or very often...Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? If yes enter 1 _____
3. Did an adult person at least 5 years older than you ever...Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?
If yes enter 1 _____
4. Did you often or very often feel that ...No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other? If yes enter 1 _____
5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? If yes enter 1 _____
6. Were your parents ever separated or divorced? If yes enter 1 _____
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit at least a few minutes or threatened with a gun or knife? If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
If yes enter 1 _____
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
If yes enter 1 _____
10. Did a household member go to prison?
If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score.

The good news is that resilience skills can be learned!

Building resilience — the ability to adapt well to adversity, trauma, tragedy, threats or even significant sources of stress — can help our children manage stress and feelings of anxiety and uncertainty. However, being resilient does not mean that children won't experience difficulty or distress. Emotional pain and sadness are common when we have suffered major trauma or personal loss, or even when we hear of someone else's loss or trauma.

Resilient Skills / Building Resilience

1. Make connections

Teach your child how to make friends, including the skill of empathy, or feeling another's pain. Encourage your child to be a friend in order to get friends. Build a strong family network to support your child through his or her inevitable disappointments and hurts. At school, watch to make sure that one child is not being isolated. Connecting with people provides social support and strengthens resilience. Some find comfort in connecting with a higher power, whether through organized religion or privately and you may wish to introduce your child to your own traditions of worship.

2. Help your child by having him or her help others

Children who may feel helpless can be empowered by helping others. Engage your child in age-appropriate volunteer work, or ask for assistance yourself with some task that he or she can master

3. Maintain a daily routine

Sticking to a routine can be comforting to children, especially younger children who crave structure in their lives. Encourage your child to develop his or her own routines.

4. Take a break

While it is important to stick to routines, endlessly worrying can be counter-productive. Teach your child how to focus on something besides what's worrying him. Be aware of what your child is exposed to that can be troubling, whether it be news, the Internet or overheard conversations, and make sure your child takes a break from those things if they trouble her

5. Teach your child self-care

Make yourself a good example, and teach your child the importance of making time to eat properly, exercise and rest. Make sure your child has time to have fun, and make sure that your child hasn't scheduled every moment of his or her life with no "down time" to relax. Caring for oneself and even having fun will help your child stay balanced and better deal with stressful times.

6. Move toward your goals

Teach your child to set reasonable goals and then to move toward them one step at a time. Moving toward that goal — even if it's a tiny step — and receiving praise for doing so will focus your child on what he or she has accomplished rather than on what hasn't been accomplished, and can help build the resilience to move forward in the face of challenges

7. Nurture a positive self-view

Help your child remember ways that he or she has successfully handled hardships in the past and then help him understand that these past challenges help him build the strength to handle future challenges. Help your child learn to trust himself to solve

problems and make appropriate decisions. Teach your child to see the humor in life, and the ability to laugh at one's self.

8. **Keep things in perspective and maintain a hopeful outlook**

Even when your child is facing very painful events, help him look at the situation in a broader context and keep a long-term perspective. Although your child may be too young to consider a long-term look on his own, help him or her see that there is a future beyond the current situation and that the future can be good. An optimistic and positive outlook enables your child to see the good things in life and keep going even in the hardest times.

9. **Look for opportunities for self-discovery**

Tough times are often the times when children learn the most about themselves. Help your child take a look at how whatever he is facing can teach him "what he is made of."

10. **Accept that change is part of living**

Change often can be scary for children and teens. Help your child see that change is part of life and new goals can replace goals that have become unattainable.

Sense of Purpose / Learning to Help Others

Positive Beliefs in Your Abilities / Nurture Positive Self-View - Give Opportunities for Self Discovery

A Strong Social Network / Give Opportunities to Make Connections

Ability to Embrace Change / Coach How to Accept Change (change isn't always bad)

Optimistic / Encourage a Hopeful Outlook

Ability to Nurture Self / Teach Self Care - Take a Break

Develop Problem-Solving Skills / Help them to Keep Things in Perspective

Establish Goals / Take Steps towards Goals (small steps are okay)

It is Okay to make Mistakes / Use it as a Learning Tool - Learning Experience

Maintain Daily Routines



REASONABLE AND PRUDENT PARENT STANDARD

For Certified Family Homes and Licensed Foster Family Homes

Title 22 of the California Code of Regulations (22 CCR), Section 89377: Reasonable and Prudent Parent Standard 22 CCR, Section 89377(a): The caregiver shall be responsible for applying the Reasonable and Prudent Parent Standard as defined in Welfare and Institutions Code section 362.04 and specified in sections 362.05 and 727

Each time a situation occurs that the reasonable and prudent parent standard must be applied, Certified/Licensed foster parents must analyze the situation and make a well-reasoned decision on how to address or approach the situation. However, situations not specifically addressed in law may also occur with children in the foster care system that needs to be addressed by the Certified/Licensed foster parent. The department strongly recommends that a Certified/Licensed foster parent use the reasonable and prudent parent standard in those situations. The intent of this document is to clarify when the reasonable and prudent parent standard must or should be used.

Definition of the Reasonable and Prudent Parent Standard

“Reasonable and prudent parent standard” means the standard characterized by careful and sensible parental decisions that maintain the child’s health, safety, and best interests while at the same time encouraging the emotional and developmental growth of the child.

In This Resource Guide	
Typical Scenarios	2
Telephone Access	2
Use of Occasional and Short term Babysitters	3

Goal of the Reasonable and Prudent Parent Standard

The goal of the reasonable and prudent parent standard is to help normalize the lives of foster children by allowing them to participate in activities, such as sleep-overs with friends, social events, school-sponsored field trips, and scouting. Participation in these types of activities is important to the child’s well-being and assists in developing valuable life skills.

Applying the Reasonable and Prudent Parent Standard

In order to apply the reasonable and prudent parent standard, Certified/Licensed foster parents must take “reasonable steps” to determine the appropriateness of the request, activity, or situation before approving it. These steps include:

- Considering the best interests of a child based on information known to the Certified/Licensed foster parent.

- This may include information about the child's history, needs and services plan, any requests from social workers, and any orders by the court.
- Considering the child's age, mental and physical health, behavioral tendencies, maturity, and developmental level.
- Determining if there are any inherent risks of harm involved in the activity.
 - The Certified/Licensed foster parent may consider factors that minimize the risk of harm, such as wearing safety equipment or ensuring that there is appropriate supervision for the activity (e.g. a lifeguard on duty at the pool).

Scenarios in which the Reasonable and Prudent Parent Standard is Required to be Used:

- Allowing the child to participate in age-appropriate extracurricular, enrichment, and social activities, such as:
 - Sleep-overs with friends,
 - Social events,
 - School-sponsored field trips, and
 - Scouting.
- Use of occasional short-term babysitters and alternative caregivers.
- Leaving a child alone without adult supervision or in a parked vehicle consistent with the requirements of Vehicle Code section 15620.
- Access to fish ponds, fountains, creeks, and similar bodies of water.
- Access to household kitchen knives and appliances, disinfectants, and cleaning solutions.
- Access to medications for self-administration.

Telephone Access

Welfare and Institutions Code 16001.9(a)(9) states that all children in foster care have the right to receive and make confidential telephone calls unless prohibited by court order.¹ The Certified/Licensed foster parent, county social worker, or probation officer may impose reasonable restrictions.²

Examples of reasonable restrictions may include not allowing social calls after bedtime or until homework has been completed, or limiting social calls to ensure that telephone use does not infringe upon the rights of others. An example of an unreasonable restriction would be to limit telephone calls to a child's siblings without a court order or to a child's social worker or probation officer, Court Appointed Special Advocate (CASA), or foster youth advocates and supporters.³ Foster care providers can only restrict phone calls if they believe a child's health and safety is at risk from making the phone call.⁴

¹ Welf. & Inst. Code, § 16001.9(a)(9). Personal rights include the right to make and receive confidential telephone calls and send and receive unopened mail, unless prohibited by court order.

² 89372(a)(5)(A) Personal Rights. Reasonable restrictions may be imposed by the caregiver, social worker, or probation officer on calls and correspondence.

³ 89372(a)(5)(C) & (D) Personal Rights. No restrictions shall be applied to telephone calls, mail, and electronic communication with relatives, unless prohibited by court order, or social workers, authorized representatives, attorneys, foster youth advocates and supporters, Court Appointed Special Advocates (CASA), and probation officers.

⁴ Welfare and Institutions Code 16001.9(b); 22 CCR § 89372(b).

The Reasonable and Prudent Parent Standard may assist Certified/Licensed foster parents in developing:

- Reasonable disciplinary measures (telephone restrictions are subject to social worker/probation officer review).
- Limitations on the length/time of telephone calls to ensure that everyone has equal access to the phone and that telephone usage does not infringe upon the rights of others.
- House rules for the protection of a child.
- Needs and services plan requirements.

The Reasonable and Prudent Parent Standard Does Not Allow a Certified/Licensed foster parent to:

- Make decisions that conflict with applicable statute or regulation

Use of Occasional Short-Term Babysitters

California law authorizes Certified/Licensed foster parents to arrange for an occasional short-term babysitter to watch child(ren) without requiring the babysitter to undergo a criminal record clearance, Child Abuse Index Clearance (CACI) clearance, health screening, or CPR training. However, the Certified/Licensed foster parent must use the reasonable and prudent parent standard in determining and selecting appropriate babysitters for occasional short-term use. The short-term babysitter can be used for, but is not limited to, medical appointments, grocery shopping, special occasions, adult social gatherings, or trainings.

Some Guidelines to Remember

- Parent must provide the babysitter with pertinent information,⁵ including:
 - Information about the child's emotional, behavioral, medical or physical conditions including the need for medication.
 - Current emergency contact information.
- "Short-term" means that it cannot last for more than twenty-four (24) consecutive hours.⁶
- In addition to using the "applying the Reasonable and Prudent Parent" section considerations, a parent must also consider the maturity, experience, and ability of the babysitter to provide appropriate care.
- Occasional short-term babysitters are not to be used as regular daycare while a Certified/Licensed foster parent is at work or school. Certified/Licensed foster parents may use a licensed child care facility for regular daycare.

Foster family homes and foster family agencies with additional questions about how to apply the reasonable and prudent parent standard may contact their assigned Licensing Program Analyst or contact the Technical Support Program at Technicalsupportprogram@dss.ca.gov.

⁵ Per Welf. & Inst. Code, § 362.04(d)

⁶ Welf. & Inst. Code, § 362.04(b)

Prudent Parent Activity

Review your assigned prudent parent scenario below and record which of these is true and how you came to that conclusion:

- ***Within reason of prudent parent standard***
- ***Not within reason of prudent parent standard***
- ***Or whether further consultation would be needed with assigned social worker***

1. A resource parent would like to get a babysitter because he would like to take his wife to a concert. He contacts his sister and asks if she would babysit his foster children, ages 6 and 4. The littlest having severe asthma and eczema.
2. Your foster daughter asks for your permission to attend a slumber party this upcoming weekend.
3. A 13 year old would like to call her cousin who lives out of state. The resource parent is concerned about the length of these calls and how other children in the home may feel about them.
4. A resource family would like to go on an adult only weekend getaway and plan to leave their two foster children, ages 12 and 15, with the Johnson's their immediate neighbors.
5. A 10 year old foster youth would like to keep attending the same karate studio in his old neighborhood. In order to do so, he must ride public transportation to and from his karate sessions.
6. You have a new placement of a 17 year old foster daughter. She expresses to you she would like to get a part time job at the local mall.

DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM SS 8572

All Penal Code (PC) references are located in Article 2.5 of the PC. This article is known as the Child Abuse and Neglect Reporting Act (CANRA). The provisions of CANRA may be viewed at: <http://www.leginfo.ca.gov/calaw.html> (specify "Penal Code" and search for Sections 11164-11174.3). A mandated reporter must complete and submit the form SS 8572 even if some of the requested information is not known. (PC Section 11167(a).)

I. MANDATED CHILD ABUSE REPORTERS

- Mandated child abuse reporters include all those individuals and entities listed in PC Section 11165.7.

II. TO WHOM REPORTS ARE TO BE MADE ("DESIGNATED AGENCIES")

- Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff's department (not including a school district police or security department), the county probation department (if designated by the county to receive mandated reports), or the county welfare department. (PC Section 11165.9.)

III. REPORTING RESPONSIBILITIES

- Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof *within 36 hours* of receiving the information concerning the incident. (PC Section 11166(a).)
- No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by CANRA. Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC Section 11172(a).)

IV. INSTRUCTIONS

- **SECTION A - REPORTING PARTY:** Enter the mandated reporter's name, title, category (from PC Section 11165.7), business/agency name and address, daytime telephone number, and today's date. Check yes-no whether the mandated reporter witnessed the incident. The signature area is for either the mandated reporter or, if the report is telephoned in by the mandated reporter, the person taking the telephoned report.

IV. INSTRUCTIONS (Continued)

- **SECTION B - REPORT NOTIFICATION:** Complete the name and address of the designated agency notified, the date/time of the phone call, and the name, title, and telephone number of the official contacted.
- **SECTION C - VICTIM (One Report per Victim):** Enter the victim's name, address, telephone number, birth date or approximate age, sex, ethnicity, present location, and, where applicable, enter the school, class (indicate the teacher's name or room number), and grade. List the primary language spoken in the victim's home. Check the appropriate yes-no box to indicate whether the victim may have a developmental disability or physical disability and specify any other apparent disability. Check the appropriate yes-no box to indicate whether the victim is in foster care, and check the appropriate box to indicate the type of care if the victim was in out-of-home care. Check the appropriate box to indicate the type of abuse. List the victim's relationship to the suspect. Check the appropriate yes-no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in the victim's death.
- **SECTION D - INVOLVED PARTIES:** Enter the requested information for: Victim's Siblings, Victim's Parents/Guardians, and Suspect. Attach extra sheet(s) if needed (provide the requested information for each individual on the attached sheet(s)).
- **SECTION E - INCIDENT INFORMATION:** If multiple victims, indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

V. DISTRIBUTION

- **Reporting Party:** After completing Form SS 8572, retain the yellow copy for your records and submit the top three copies to the designated agency.
- **Designated Agency:** *Within 36 hours* of receipt of Form SS 8572, send **white copy** to police or sheriff's department, **blue copy** to county welfare or probation department, and **green copy** to district attorney's office.

ETHNICITY CODES

1 Alaskan Native	6 Caribbean	11 Guamanian	16 Korean	22 Polynesian	27 White-Armenian
2 American Indian	7 Central American	12 Hawaiian	17 Laotian	23 Samoan	28 White-Central American
3 Asian Indian	8 Chinese	13 Hispanic	18 Mexican	24 South American	29 White-European
4 Black	9 Ethiopian	14 Hmong	19 Other Asian	25 Vietnamese	30 White-Middle Eastern
5 Cambodian	10 Filipino	15 Japanese	21 Other Pacific Islander	26 White	31 White-Romanian

SUSPECTED CHILD ABUSE REPORT

To Be Completed by **Mandated Child Abuse Reporters**
Pursuant to Penal Code Section 11166

CASE NAME: _____

PLEASE PRINT OR TYPE

CASE NUMBER: _____

A. REPORTING PARTY	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY			
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS		Street	City	Zip	DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	REPORTER'S TELEPHONE (DAYTIME) ()		SIGNATURE		TODAY'S DATE			
B. REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY					
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)		ADDRESS		City	Zip		
	DATE/TIME OF PHONE CALL		OFFICIAL CONTACTED - TITLE		TELEPHONE ()			
C. VICTIM One report per victim	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX		
	ADDRESS			Street	City	Zip		
	PRESENT LOCATION OF VICTIM			SCHOOL		CLASS		
	GRADE			PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	OTHER DISABILITY (SPECIFY)			PRIMARY LANGUAGE SPOKEN IN HOME				
	IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> NO <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME		TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY)		
RELATIONSHIP TO SUSPECT			PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
D. INVOLVED PARTIES	VICTIM'S SIBLINGS							
	NAME		BIRTHDATE	SEX	ETHNICITY	NAME		
	1. _____		3. _____		2. _____		4. _____	
	2. _____		4. _____					
	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY	
	ADDRESS			Street	City	Zip	HOME PHONE ()	
	BUSINESS PHONE ()			NAME (LAST, FIRST, MIDDLE)		BIRTHDATE OR APPROX. AGE		
	SEX			ETHNICITY		ADDRESS		
	Street			City	Zip	HOME PHONE ()	BUSINESS PHONE ()	
	SUSPECT'S NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY	
ADDRESS			Street	City	Zip	TELEPHONE ()		
OTHER RELEVANT INFORMATION								
E. INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____							
	DATE / TIME OF INCIDENT		PLACE OF INCIDENT					
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect)							

**RESOURCE FAMILY APPROVAL
STATEMENT ACKNOWLEDGING
REQUIREMENT TO REPORT CHILD ABUSE**

Instructions: This form is to be provided to each applicant along with a copy of Penal Code Sections 11165.7, 11166, and 11167 (*Attachment A). An applicant shall sign and return this form prior to approval as a Resource Family.

Applicant One:	
Applicant Two:	
TO BE COMPLETED BY RFA PROGRAM STAFF	
County:	Phone Number To Report Child Abuse:

MANDATED REPORTERS

A Resource Parent is considered a mandated reporter, as defined in 11165.7(a)(46) of the California Penal Code. California law REQUIRES certain individuals (“mandated reporters”) to report known or suspected child abuse.

WHEN AND HOW TO REPORT CHILD ABUSE

As a mandated reporter, a Resource Parent who has knowledge of or observes a child whom the Resource Parent knows or reasonably suspects has been the victim of child abuse or neglect, must report the suspected incident. The Resource Parent must contact the county child welfare department immediately or as soon as practically possible by telephone, pursuant to Penal Code Section 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 and 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 place 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]

(Copy to Resource Family and County Resource Family File)

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)]

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 \$1000, or both. [PC § 11166(b)]

ACKNOWLEDGMENT OF RESPONSIBILITY

I have knowledge of my responsibility to report known or suspected child abuse in compliance with Penal Code section 11166, and have been provided a copy of Penal Code sections 11165.7, 11166, and 11167 (*Attachment A).

Applicant One Signature:	Date:
Applicant Two Signature:	Date:

**Attachment A to be provided to applicant, as well as a signed copy of the RFA 11*

(Copy to Resource Family and County Resource Family File)

PENAL CODE - PEN

PART 4. PREVENTION OF CRIMES AND APPREHENSION OF CRIMINALS [11006 - 14315]

(Part 4 added by Stats. 1953, Ch. 1385.)

TITLE 1. INVESTIGATION AND CONTROL OF CRIMES AND CRIMINALS [11006 - 11482]

(Title 1 added by Stats. 1953, Ch. 1385.)

CHAPTER 2. Control of Crimes and Criminals [11150 - 11199.5]

(Chapter 2 added by Stats. 1953, Ch. 70.)

ARTICLE 2.5. Child Abuse and Neglect Reporting Act [11164 - 11174.3]

(Heading of Article 2.5 amended by Stats. 1987, Ch. 1444, Sec. 1.)

11165.7.

- (a) As used in this article, "mandated reporter" is defined as any of the following:
- (1) A teacher.
 - (2) An instructional aide.
 - (3) A teacher's aide or teacher's assistant employed by a public or private school.
 - (4) A classified employee of a public school.
 - (5) An administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of a public or private school.
 - (6) An administrator of a public or private day camp.
 - (7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
 - (8) An administrator, board member, or employee of a public or private organization whose duties require direct contact and supervision of children, including a foster family agency.
 - (9) An employee of a county office of education or the State Department of Education whose duties bring the employee into contact with children on a regular basis.
 - (10) A licensee, an administrator, or an employee of a licensed community care or child day care facility.
 - (11) A Head Start program teacher.
 - (12) A licensing worker or licensing evaluator employed by a licensing agency, as defined in Section 11165.11.
 - (13) A public assistance worker.
 - (14) An employee of a child care institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
 - (15) A social worker, probation officer, or parole officer.
 - (16) An employee of a school district police or security department.
 - (17) A person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in a public or private school.
 - (18) A district attorney investigator, inspector, or local child support agency caseworker, unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.
 - (19) A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.
 - (20) A firefighter, except for volunteer firefighters.
 - (21) A physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage and family therapist, clinical social worker, professional clinical counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

- (22) An emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.
- (23) A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.
- (24) A marriage and family therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.
- (25) An unlicensed associate marriage and family therapist registered under Section 4980.44 of the Business and Professions Code.
- (26) A state or county public health employee who treats a minor for venereal disease or any other condition.
- (27) A coroner.
- (28) A medical examiner or other person who performs autopsies.
- (29) A commercial film and photographic print or image processor as specified in subdivision (e) of Section 11166. As used in this article, “commercial film and photographic print or image processor” means a person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, or who prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or an image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image, for compensation. The term includes any employee of that person; it does not include a person who develops film or makes prints or images for a public agency.
- (30) A child visitation monitor. As used in this article, “child visitation monitor” means a person who, for financial compensation, acts as a monitor of a visit between a child and another person when the monitoring of that visit has been ordered by a court of law.
- (31) An animal control officer or humane society officer. For the purposes of this article, the following terms have the following meanings:
 - (A) “Animal control officer” means a person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.
 - (B) “Humane society officer” means a person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.
- (32) A clergy member, as specified in subdivision (d) of Section 11166. As used in this article, “clergy member” means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.
- (33) Any custodian of records of a clergy member, as specified in this section and subdivision (d) of Section 11166.
- (34) An employee of any police department, county sheriff’s department, county probation department, or county welfare department.
- (35) An employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 5.655 of the California Rules of Court.
- (36) A custodial officer, as defined in Section 831.5.
- (37) A person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institutions Code.
- (38) An alcohol and drug counselor. As used in this article, an “alcohol and drug counselor” is a person providing counseling, therapy, or other clinical services for a state licensed or certified drug, alcohol, or drug and alcohol treatment program. However, alcohol or drug abuse, or both alcohol and drug abuse, is not, in and of itself, a sufficient basis for reporting child abuse or neglect.
- (39) A clinical counselor trainee, as defined in subdivision (g) of Section 4999.12 of the Business and Professions Code.

- (40) An associate professional clinical counselor registered under Section 4999.42 of the Business and Professions Code.
- (41) An employee or administrator of a public or private postsecondary educational institution, whose duties bring the administrator or employee into contact with children on a regular basis, or who supervises those whose duties bring the administrator or employee into contact with children on a regular basis, as to child abuse or neglect occurring on that institution's premises or at an official activity of, or program conducted by, the institution. Nothing in this paragraph shall be construed as altering the lawyer-client privilege as set forth in Article 3 (commencing with Section 950) of Chapter 4 of Division 8 of the Evidence Code.
- (42) An athletic coach, athletic administrator, or athletic director employed by any public or private school that provides any combination of instruction for kindergarten, or grades 1 to 12, inclusive.
- (43) (A) A commercial computer technician as specified in subdivision (e) of Section 11166. As used in this article, "commercial computer technician" means a person who works for a company that is in the business of repairing, installing, or otherwise servicing a computer or computer component, including, but not limited to, a computer part, device, memory storage or recording mechanism, auxiliary storage recording or memory capacity, or any other material relating to the operation and maintenance of a computer or computer network system, for a fee. An employer who provides an electronic communications service or a remote computing service to the public shall be deemed to comply with this article if that employer complies with Section 2258A of Title 18 of the United States Code.
- (B) An employer of a commercial computer technician may implement internal procedures for facilitating reporting consistent with this article. These procedures may direct employees who are mandated reporters under this paragraph to report materials described in subdivision (e) of Section 11166 to an employee who is designated by the employer to receive the reports. An employee who is designated to receive reports under this subparagraph shall be a commercial computer technician for purposes of this article. A commercial computer technician who makes a report to the designated employee pursuant to this subparagraph shall be deemed to have complied with the requirements of this article and shall be subject to the protections afforded to mandated reporters, including, but not limited to, those protections afforded by Section 11172.
- (44) Any athletic coach, including, but not limited to, an assistant coach or a graduate assistant involved in coaching, at public or private postsecondary educational institutions.
- (45) An individual certified by a licensed foster family agency as a certified family home, as defined in Section 1506 of the Health and Safety Code.
- (46) An individual approved as a resource family, as defined in Section 1517 of the Health and Safety Code and Section 16519.5 of the Welfare and Institutions Code.
- (b) Except as provided in paragraph (35) of subdivision (a), volunteers of public or private organizations whose duties require direct contact with and supervision of children are not mandated reporters but are encouraged to obtain training in the identification and reporting of child abuse and neglect and are further encouraged to report known or suspected instances of child abuse or neglect to an agency specified in Section 11165.9.
- (c) Except as provided in subdivision (d), employers are strongly encouraged to provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in child abuse and neglect identification and training in child abuse and neglect reporting. Whether or not employers provide their employees with training in child abuse and neglect identification and reporting, the employers shall provide their employees who are mandated reporters with the statement required pursuant to subdivision (a) of Section 11166.5.

- (d) Pursuant to Section 44691 of the Education Code, school districts, county offices of education, state special schools and diagnostic centers operated by the State Department of Education, and charter schools shall annually train their employees and persons working on their behalf specified in subdivision (a) in the duties of mandated reporters under the child abuse reporting laws. The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting.
- (e) (1) On and after January 1, 2018, pursuant to Section 1596.8662 of the Health and Safety Code, a child care licensee applicant shall take training in the duties of mandated reporters under the child abuse reporting laws as a condition of licensure, and a child care administrator or an employee of a licensed child day care facility shall take training in the duties of mandated reporters during the first 90 days when he or she is employed by the facility.
- (2) A person specified in paragraph (1) who becomes a licensee, administrator, or employee of a licensed child day care facility shall take renewal mandated reporter training every two years following the date on which he or she completed the initial mandated reporter training. The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting.
- (f) Unless otherwise specifically provided, the absence of training shall not excuse a mandated reporter from the duties imposed by this article.
- (g) Public and private organizations are encouraged to provide their volunteers whose duties require direct contact with and supervision of children with training in the identification and reporting of child abuse and neglect.

(Amended by Stats. 2017, Ch. 573, Sec. 77. (SB 800) Effective January 1, 2018.)

11166.

- (a) Except as provided in subdivision (d), and in Section 11166.05, a mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in the mandated reporter's professional capacity or within the scope of the mandated reporter's employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make an initial report by telephone to the agency immediately or as soon as is practicably possible, and shall prepare and send, fax, or electronically transmit a written followup report within 36 hours of receiving the information concerning the incident. The mandated reporter may include with the report any nonprivileged documentary evidence the mandated reporter possesses relating to the incident.
- (1) For purposes of this article, "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on the person's training and experience, to suspect child abuse or neglect. "Reasonable suspicion" does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect; any "reasonable suspicion" is sufficient. For purposes of this article, the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse.
- (2) The agency shall be notified and a report shall be prepared and sent, faxed, or electronically transmitted even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.
- (3) A report made by a mandated reporter pursuant to this section shall be known as a mandated report.

- (b) If, after reasonable efforts, a mandated reporter is unable to submit an initial report by telephone, the mandated reporter shall immediately or as soon as is practicably possible, by fax or electronic transmission, make a one-time automated written report on the form prescribed by the Department of Justice, and shall also be available to respond to a telephone followup call by the agency with which the mandated reporter filed the report. A mandated reporter who files a one-time automated written report because the mandated reporter was unable to submit an initial report by telephone is not required to submit a written followup report.
- (1) The one-time automated written report form prescribed by the Department of Justice shall be clearly identifiable so that it is not mistaken for a standard written followup report. In addition, the automated one-time report shall contain a section that allows the mandated reporter to state the reason the initial telephone call was not able to be completed. The reason for the submission of the one-time automated written report in lieu of the procedure prescribed in subdivision (a) shall be captured in the Child Welfare Services/Case Management System (CWS/CMS). The department shall work with stakeholders to modify reporting forms and the CWS/CMS as is necessary to accommodate the changes enacted by these provisions.
- (2) This subdivision shall not become operative until the CWS/CMS is updated to capture the information prescribed in this subdivision.
- (3) This subdivision shall become inoperative three years after this subdivision becomes operative or on January 1, 2009, whichever occurs first.
- (4) This section does not supersede the requirement that a mandated reporter first attempt to make a report via telephone, or that agencies specified in Section 11165.9 accept reports from mandated reporters and other persons as required.
- (c) A mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars (\$1,000) or by both that imprisonment and fine. If a mandated reporter intentionally conceals the mandated reporter's failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until an agency specified in Section 11165.9 discovers the offense.
- (d) (1) A clergy member who acquires knowledge or a reasonable suspicion of child abuse or neglect during a penitential communication is not subject to subdivision (a). For the purposes of this subdivision, "penitential communication" means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of the clergy member's church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of the clergy member's church, denomination, or organization, has a duty to keep those communications secret.
- (2) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected child abuse or neglect when the clergy member is acting in some other capacity that would otherwise make the clergy member a mandated reporter.
- (3) (A) On or before January 1, 2004, a clergy member or any custodian of records for the clergy member may report to an agency specified in Section 11165.9 that the clergy member or any custodian of records for the clergy member, prior to January 1, 1997, in the clergy member's professional capacity or within the scope of the clergy member's employment, other than during a penitential communication, acquired knowledge or had a reasonable suspicion that a child had been the victim of sexual abuse and that the clergy member or any custodian of records for the clergy member did not previously report the abuse to an agency specified in Section 11165.9. The provisions of Section 11172 shall apply to all reports made pursuant to this paragraph.
- (B) This paragraph shall apply even if the victim of the known or suspected abuse has reached the age of majority by the time the required report is made.
- (C) The local law enforcement agency shall have jurisdiction to investigate any report of child abuse made pursuant to this paragraph even if the report is made after the victim has reached the age of majority.

- (e) (1) A commercial film, photographic print, or image processor who has knowledge of or observes, within the scope of that person's professional capacity or employment, any film, photograph, videotape, negative, slide, or any representation of information, data, or an image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image depicting a child under 16 years of age engaged in an act of sexual conduct, shall, immediately or as soon as practicably possible, telephonically report the instance of suspected abuse to the law enforcement agency located in the county in which the images are seen. Within 36 hours of receiving the information concerning the incident, the reporter shall prepare and send, fax, or electronically transmit a written followup report of the incident with a copy of the image or material attached.
- (2) A commercial computer technician who has knowledge of or observes, within the scope of the technician's professional capacity or employment, any representation of information, data, or an image, including, but not limited to, any computer hardware, computer software, computer file, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image that is retrievable in perceivable form and that is intentionally saved, transmitted, or organized on an electronic medium, depicting a child under 16 years of age engaged in an act of sexual conduct, shall immediately, or as soon as practicably possible, telephonically report the instance of suspected abuse to the law enforcement agency located in the county in which the images or materials are seen. As soon as practicably possible after receiving the information concerning the incident, the reporter shall prepare and send, fax, or electronically transmit a written followup report of the incident with a brief description of the images or materials.
- (3) For purposes of this article, "commercial computer technician" includes an employee designated by an employer to receive reports pursuant to an established reporting process authorized by subparagraph (B) of paragraph (43) of subdivision (a) of Section 11165.7.
- (4) As used in this subdivision, "electronic medium" includes, but is not limited to, a recording, CD-ROM, magnetic disk memory, magnetic tape memory, CD, DVD, thumbdrive, or any other computer hardware or media.
- (5) As used in this subdivision, "sexual conduct" means any of the following:
 - (A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.
 - (B) Penetration of the vagina or rectum by any object.
 - (C) Masturbation for the purpose of sexual stimulation of the viewer.
 - (D) Sadoomasochistic abuse for the purpose of sexual stimulation of the viewer.
 - (E) Exhibition of the genitals, pubic, or rectal areas of a person for the purpose of sexual stimulation of the viewer.
- (f) Any mandated reporter who knows or reasonably suspects that the home or institution in which a child resides is unsuitable for the child because of abuse or neglect of the child shall bring the condition to the attention of the agency to which, and at the same time as, the mandated reporter makes a report of the abuse or neglect pursuant to subdivision (a).
- (g) Any other person who has knowledge of or observes a child whom the person knows or reasonably suspects has been a victim of child abuse or neglect may report the known or suspected instance of child abuse or neglect to an agency specified in Section 11165.9. For purposes of this section, "any other person" includes a mandated reporter who acts in the person's private capacity and not in the person's professional capacity or within the scope of the person's employment.

- (h) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.
- (i) (1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article. An internal policy shall not direct an employee to allow the employee's supervisor to file or process a mandated report under any circumstances.
- (2) The internal procedures shall not require any employee required to make reports pursuant to this article to disclose the employee's identity to the employer.
- (3) Reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person shall not be a substitute for making a mandated report to an agency specified in Section 11165.9.
- (j) (1) A county probation or welfare department shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse or neglect, as defined in Section 11165.6, except acts or omissions coming within subdivision (b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child that relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.
- (2) A county probation or welfare department shall immediately, and in no case in more than 24 hours, report to the law enforcement agency having jurisdiction over the case after receiving information that a child or youth who is receiving child welfare services has been identified as the victim of commercial sexual exploitation, as defined in subdivision (d) of Section 11165.1.
- (3) When a child or youth who is receiving child welfare services and who is reasonably believed to be the victim of, or is at risk of being the victim of, commercial sexual exploitation, as defined in Section 11165.1, is missing or has been abducted, the county probation or welfare department shall immediately, or in no case later than 24 hours from receipt of the information, report the incident to the appropriate law enforcement authority for entry into the National Crime Information Center database of the Federal Bureau of Investigation and to the National Center for Missing and Exploited Children.
- (k) A law enforcement agency shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the agency given responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code and to the district attorney's office every known or suspected instance of child abuse or neglect reported to it, except acts or omissions coming within subdivision (b) of Section 11165.2, which shall be reported only to the county welfare or probation department. A law enforcement agency shall report to the county welfare or probation department every known or suspected instance of child abuse or neglect reported to it which is alleged to have occurred as a result of the action of a person responsible for the child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child's welfare knew or reasonably should have known that the minor was in danger of abuse. A law enforcement agency also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

(Amended by Stats. 2019, Ch. 27, Sec. 16. (SB 80) Effective June 27, 2019.)

11167.

- (a) Reports of suspected child abuse or neglect pursuant to Section 11166 or Section 11166.05 shall include the name, business address, and telephone number of the mandated reporter; the capacity that makes the person a mandated reporter; and the information that gave rise to the reasonable suspicion of child abuse or neglect and the source or sources of that information. If a report is made, the following information, if known, shall also be included in the report: the child's name, the child's address, present location, and, if applicable, school, grade, and class; the names, addresses, and telephone numbers of the child's parents or guardians; and the name, address, telephone number, and other relevant personal information about the person or persons who might have abused or neglected the child. The mandated reporter shall make a report even if some of this information is not known or is uncertain to him or her.
- (b) Information relevant to the incident of child abuse or neglect and information relevant to a report made pursuant to Section 11166.05 may be given to an investigator from an agency that is investigating the known or suspected case of child abuse or neglect.
- (c) Information relevant to the incident of child abuse or neglect, including the investigation report and other pertinent materials, and information relevant to a report made pursuant to Section 11166.05 may be given to the licensing agency when it is investigating a known or suspected case of child abuse or neglect.
- (d) (1) The identity of all persons who report under this article shall be confidential and disclosed only among agencies receiving or investigating mandated reports, to the prosecutor in a criminal prosecution or in an action initiated under Section 602 of the Welfare and Institutions Code arising from alleged child abuse, or to counsel appointed pursuant to subdivision (c) of Section 317 of the Welfare and Institutions Code, or to the county counsel or prosecutor in a proceeding under Part 4 (commencing with Section 7800) of Division 12 of the Family Code or Section 300 of the Welfare and Institutions Code, or to a licensing agency when abuse or neglect in out-of-home care is reasonably suspected, or when those persons waive confidentiality, or by court order.
- (2) No agency or person listed in this subdivision shall disclose the identity of any person who reports under this article to that person's employer, except with the employee's consent or by court order.
- (e) Notwithstanding the confidentiality requirements of this section, a representative of a child protective services agency performing an investigation that results from a report of suspected child abuse or neglect made pursuant to Section 11166 or Section 11166.05, at the time of the initial contact with the individual who is subject to the investigation, shall advise the individual of the complaints or allegations against him or her, in a manner that is consistent with laws protecting the identity of the reporter under this article.
- (f) Persons who may report pursuant to subdivision (g) of Section 11166 are not required to include their names.

(Amended by Stats. 2010, Ch. 95, Sec. 1. (AB 2339) Effective January 1, 2011.)



Children & Family Services
Administrative Offices

2440 6th Street, Eureka, CA 95501

phone: (707) 476-4700 | fax: (707) 445-6254

Caregiver: Internet, Electronic Communication & Social Media Guidelines

As a resource parent, you are entrusted with confidential about the foster child in your care. It is the child's right and expectation that confidential information will be respected and safeguarded by their caregivers. Sharing a foster child's information in an email or on a social networking site with friends, other foster parents, and others not involved with direct services to that child/family constitutes a breach in confidentiality.

- Do not post pictures that may contain identifying information of foster children via the internet, (Facebook, MySpace, email, or on any other websites).
- Do not post information pertaining to the foster children: names, ages, or any identifying information on the internet or other forms of electronic communication.
- When communication with others, do not share the private information about the foster children in your home or the private information about their parents/family of origin.

It is no longer possible to imagine our society today without the internet. The use of social media, in particular, is available just about everywhere you go with smartphones and wifi hotspots. The term 'social media' refers to websites and networks where users have the opportunity the share photos, videos, opinions or even reviews and reports on their experiences. Blogs, Wikipedia, YouTube, Facebook, and Twitter are all examples of social media.

Email and social networking have created their own category of security concerns. These technologies make it very simple to disseminate information. And once that information leaves your building, it can rarely, if ever, be recalled. Assume that nothing will stay private on the internet.

Privacy does not exist in the world of social media. Consider what would happen if a post becomes widely known and how that may reflect on the poster. Search engines can turn up posts years after they are created, and comments can be forwarded or copied.

Once something has been published online it is extremely difficult to remove. By simply performing a search and cross-referencing the results, for example, conclusions can be drawn about your personal relationships, professional responsibilities, and views on specific subjects.



Mental Health
phone: (707) 268-2990
fax: (707) 476-4049

Public Health
phone: (707) 445-6200
fax: (707) 445-6097

Social Services
phone: (707) 476-4700
fax: (707) 441-2096

- **Treat confidential information confidentially.** You are not allowed to share confidential information that you learn about the foster child or their family of origin.
- **Observe the law.** Do not publish slanderous, malicious, insulting, or otherwise illegal content.
- **Photography:** Photographs posted on social media sites can easily be appropriated by visitors. Do not under any circumstances post pictures of foster youth.



Partnership Agreement

Children need normal childhoods as well as loving and skillful parenting that honor their loyalty to their biological family and their need to develop and maintain permanent lifelong connections.



RESOURCE FAMILY EXPECTATIONS

Caregivers and Agency Staff Work Together as Respected Partners

- Caregivers will conduct themselves in a professional manner and will work together with Agency staff as a respected partner.
- Caregivers will share all relevant information and will provide input for the child's case plan.
- Caregivers will respect the privacy and confidentiality of all information related to the child and family.
- Caregivers will participate in all team meetings and court hearings.
- Caregivers will obtain and maintain records that are important and relevant to the child's well-being.

Nurturing Children and Youth

- Caregivers will provide excellent parenting by being trauma informed.
- Caregivers must be willing and able to learn about the child's culture and ethnicity to support the child's connections.
- Caregivers will fully incorporate the child into their family activities, including vacations.
- Caregivers will not notice to remove a child unless the removal is demonstrated to be in the best interest of the child or poses a safety risk to the child, caregivers, or others in the home.
- Caregivers will participate and adhere to the child's transition plan developed by team members.
- Caregivers are expected to take advantage of all trainings they need to improve their skills as excellent parents.

Supporting Families

- Caregivers will facilitate continuity for the child, with biological family by encouraging participation in medical related care, school and other important activities.
- Caregivers will facilitate a smooth transition to another placement by sharing information about the needs of the child.
- Caregivers will respect and support the child's ties to family (parents, siblings, extended family members), and other significant relationships, and will assist the child in maintaining these relationships through facilitating appropriate visitation and other forms of communication in accordance with the case plan.

Strengthening Communities

- Caregivers will advocate for children with the Agency, the court and community agencies.
- Caregivers will support the child's school success; including: participating in IEP meetings, attending school events, school conferences, assisting with school assignments and advocate/support tutoring.
- Caregivers will provide developmentally appropriate opportunities to allow children and youth to learn and practice life skills and have hands-on experiences in preparation for transition to adulthood.

X _____ Date _____

ACCEPTANCE OF AGREEMENT, Caregiver

Partnership Agreement

Children need normal childhoods as well as loving and skillful parenting that honor their loyalty to their biological family and their need to develop and maintain permanent lifelong connections.



AGENCY STAFF EXPECTATIONS

Caregivers and Agency Staff Work Together as Respected Partners

- Agency staff will conduct themselves in a professional manner and will work together with caregivers as a respected partner.
- Agency staff will share all relevant information regarding the child and family within the County established guidelines.
- Agency staff will support and facilitate caregiver participation in all team meetings and court hearings.
- Agency staff will provide an alternative way for caregivers to participate in all team meetings, if the caregiver cannot be present.

Nurturing Children and Youth

- Agency staff will provide caregivers with the services and support they need to be excellent parents.
- Agency staff will support caregivers in overcoming barriers to full participation in family life and activities.
- Agency staff will participate and adhere to the child's transition plan developed by team members.
- Agency staff is expected to remain current on trauma informed practice.
- Agency staff will support the child's connections to culture and ethnicity.

Supporting Families

- Agency staff will support caregivers by working together as a team by communicating the family's reunification plan.
- Agency staff will support a smooth transition plan for the child by sharing information about him/her, and support contact between the child and initial foster family.
- Agency staff will support caregivers with information, guidance and support necessary to fulfill their responsibility.

Strengthening Communities

- Agency staff will support the caregiver's role as an advocate and respect their input.
- Agency staff will share with caregivers' information about the child's health and well being.
- Agency staff will support and facilitate the caregiver's participation with all of the child's educational needs.
- Agency staff will support caregiver's decisions that meet the prudent parent standards.
- Agency staff will work with caregivers in facilitating appropriate opportunities to allow children and youth to learn and practice life skills and have hands on experiences in preparation for transition to adulthood.

X _____ Date _____

ACCEPTANCE OF AGREEMENT, Agency Staff