

Little trotters



FARM & NURSERY SCHOOL  
GRAND CAYMAN

## CHILD ABUSE AND NEGLECT REPORTING POLICY

September 2023

# CHILD ABUSE AND NEGLECT REPORTING POLICY

## **Definition of Child Abuse**

Child Abuse is defined as any form of physical, emotional or sexual mistreatment or lack of care that leads, or could lead, to injury or harm. Child abuse can be categorised into four different types: physical abuse, sexual abuse, emotional abuse and neglect. A child may be subjected to one or more forms of abuse at any given time. Abuse and neglect can occur within the family, in the community or in an institutional setting. The abuser may be someone known to the child or a stranger, and can be an adult, or another child. In a situation where abuse is alleged to have been carried out by another child, this shall be considered a child welfare and protection issue for both children and child protection procedures will be followed for both the victim and the alleged abuser.

- Physical Abuse: intentional actual or likely physical injury to a child or failure to prevent injury through neglectful actions.
- Child Sexual Abuse: any sexual act, including non-contact acts, with a child performed by an adult or an older child, including but not limited to:
  - sexual touching on any part of the body, clothed or unclothed
  - penetrative sex. including penetration of the mouth
  - encouraging a child to engage in a sexual activity, including masturbation
  - intentionally engaging in sexual activity in front of a child
  - showing children pornography, or using children to create pornography
  - encouraging a child to engage in prostitution
  - exposing oneself or saying sexual things
- Emotional Abuse: actual or likely severe negative impact on a child's emotional, psychological and behavioural development, resulting from persistent or severe emotional/psychological ill-treatment.
- Neglect: severe or persistent failure to provide for a child's physical, emotional or basic needs.

## **Legal Requirement to Notify – Children Law (2012 Revision), Part IIIA.32A**

If a teacher, principal, counsellor or other employee/volunteer in an institution established for the care and education of children has a reasonable suspicion that a child has been or is being abused or neglected, and the suspicion is formed in the course of the person's work, that person shall notify the Department (Department of Children and Family Services) of the suspicion as soon as practicable after s/he forms the suspicion.

A person who contravenes this section commits an offence and is liable on summary conviction to a fine of five thousand dollars or to imprisonment for a term of one year or both.

A notification under this section shall be made by the employee or volunteer following Little Trotters reporting procedures.

## **Responsibilities of School Employees and Volunteers**

Teachers and other school employees/volunteers who have reason to believe that a student is being abused are mandated to report that information to Amy Miller or Lesley Maddock.

- In deciding whether or not to report an incident or situation of suspected abuse/neglect, it is not required that the person making the report have proof that abuse/neglect has occurred. Any uncertainty in deciding to report suspicion shall be resolved in favour of the child and the report made immediately.
- The employee or volunteer will report what has been said by the student or what has been observed leading to the suspicion of child abuse/neglect, including the context of that information. There shall be no attempt by the school employee to question the child, as the role of investigation lies with Department of Children and Family Services (DCFS) and/or Family Support Unit (FSU) of Royal Cayman Islands Police Service (RCIPS). The child shall be protected from repeated disclosures.
- Documentation of what is said (or of any injuries) is important. The student's own words shall be used as much as possible.
- If the child is injured, the employee/volunteer shall escort the student to the school's nurse (or seek appropriate medical attention) and inform Amy Miller or Lesley Maddock of the action.
- The employee or volunteer referring the suspected case of child abuse/neglect must **not** contact the parents.
- Given the sensitive nature of child abuse/neglect referrals, the employee or volunteer should not expect feedback following the referral to the School Child Protection Officer. Children Law, (2012 Revision) Part IIIA.32C provides protection to the notifier and requires that the receiver of notification of suspected child abuse (DCFS/FSU) shall not disclose the identity of the notifier to any other person other than in the instance of communicating to another person acting in the course of official duty. Only in cases when "the court is satisfied that the evidence is of critical importance in the proceedings and that failure to admit it would prejudice the proper administration of justice" will a notifier be called to provide evidence. In these instances, the DES will support the employee by assigning another professional to accompany them at such hearing.
- School leadership shall undertake to ensure that all employees and volunteers are provided with information and training that will enable them to carry out their duty to report suspected child abuse or neglect as well as training regarding identifying and responding appropriately to Child Protection issues.

Where there is reasonable suspicion that a child may be suffering or may have suffered abuse/neglect, there is immediate duty to report that suspicion and the information upon which it is based to the Department of Children and Family Services (DCFS). This requirement applies whether or not the information was initially extended in confidence. This requirement also applies whether the information comes directly from the child or indirectly from another employee, volunteer or community member.

Once information for a report has been obtained, a written referral must be submitted to the Multi Agency Safeguarding Hub (MASH) unit as soon as possible, utilising the DCFS *Suspected Child Abuse Report Form*. Where deemed necessary (in time sensitive situations, for example, where there are concerns about the child going home), a telephone call to the MASH would be appropriate. If after hours, the report shall be made directly with the RCIPS. The telephone referral will be followed by a written referral which will be compiled by Amy Miller or Lesley Maddock.

When making the referral to DCFS, how the parents become informed will be discussed and the best course of action agreed upon with that agency.

A record of follow-up contact made to external agencies regarding a referral made shall be kept.

### **Responsibilities of the School after Referring Cases of Suspected Child Abuse and Neglect**

Following any report of suspected child abuse/neglect, Amy Miller or Lesley Maddock will assume a role of student support and advocacy as required. Owners, school leaders, staff and volunteers must cooperate with DCFS and/or FSU throughout any investigation and release relevant student records and employee/volunteer reports, giving consideration to laws addressing data protection.

If the suspected offender is an employee of Little Trotters or is hired to perform duties on the school grounds, the Owner will immediately put said individual on leave pending an investigation and report them to DCFS and RCIPS.

Should DCFS or the RCIPS need to interview a child at Little Trotters, it is not the school's responsibility to inform parents of the interview; however, the subject of parent notification will be discussed with DCFS and a decision taken in the best interest of the child. Little Trotters will assist the DCFS/RCIPS by providing an appropriate interview space and arranging discreetly for the student to be interviewed. The DCFS worker/RCIPS Officer may request that a school employee be present during an interview to offer support to the student. If the worker/officer does not ask for student support, the school representative may make this request on behalf of the student.

If it is necessary for DCFS/RCIPS to remove the child from school during the investigation, the school shall comply with this request.

Following investigation, an appropriate school representative will participate in DCFS case conferences and liaise with DCFS staff on behalf of the child as requested.

All information related to suspected child abuse/neglect cases shall be treated confidentially. Little Trotters will provide a secure cabinet for the filing and maintaining of confidential information related to child abuse/neglect cases. No documentation related to child abuse/neglect reports or investigations shall appear within the student's cumulative folder.

**When following procedures for reporting suspected cases of child abuse/neglect, the safety and welfare of the student will always dictate which course of action is to be pursued. Any uncertainty shall always be resolved in favour of the child's best interest. When in doubt, consult the MASH.**

**Child Abuse and Neglect Reporting Policy Statement of Receipt and Agreement**

I understand that as a person working with and/or providing services to children at Little Trotters, I am subject to a criminal background check. My signature confirms that I have read and understood the Child Abuse and Neglect Reporting Policy, and that I agree to comply with the standards contained therein. I understand that any action that violates this policy may result in disciplinary action up to and including removal from Little Trotters.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:**

### **Reporting Procedure (if alleged offender is not a staff member)**

1. Employee or volunteer has reasonable cause to suspect that a child is being abused or neglected.
2. Employee or volunteer should bring verbal report to the schools Child Protection Officers and complete a Cause To Suspect Abuse form (\* If the suspected abuser is the Child Protection Officer, the employee or volunteer should miss step 3, and submit a DCFS referral directly to DCFS/MASH or RCIPS)
3. The attached DCFS referral must be completed by the Child Protection Officer and submitted to DCFS/MASH.
4. A copy of the DCFS referral form must be added to the Child Protection File.

### **Reporting Procedure (if alleged offender is a staff member)**

1. Employee or volunteer has reasonable cause to suspect that a child is being abused or neglected.
2. Employee or volunteer should bring verbal report to the schools Child Protection Officers and complete a Cause to Suspect Abuse form (\* If the suspected abuser is the Child Protection Officer, the employee or volunteer should miss step 2 and 3, and submit a DCFS referral directly to DCFS/MASH or RCIPS)
3. The suspected abuser and staff member will be put on immediate leave pending the outcome of the investigation.
4. The attached DCFS referral must be completed by the Child Protection Officer and submitted to DCFS/MASH.
5. A copy of the DCFS referral form must be added to the Child Protection File.



**Cause for Concern Form**

*To be completed in the event that an individual has cause for concern for the wellbeing of a child.*

Name of Reporting Party: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Cause for Concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reported to: \_\_\_\_\_

Signed: \_\_\_\_\_ (reporter) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (CPO) Date: \_\_\_\_\_

Is there reason to suspect abuse in this case?    Yes            No

## SUSPECTED CHILD ABUSE REPORT

To Be Completed by **MANDATED CHILD ABUSE REPORTERS**  
Pursuant to Section 32A of The Children Law (2012 Revision)

|                       |            |
|-----------------------|------------|
| MASH CASE NAME: _____ | RMS# _____ |
| HOPE #: _____         | CPR# _____ |

I understand that I am making a report of child abuse and/or neglect in good faith and in accordance with the Children Law (2012 Revision) Section 32A, which requires me, as a mandated reporter, to send a report to the Department of Children and Family Services (DCFS).

This form is available for you to use to make a written report of child abuse and/or neglect to DCFS. If you are unable to print out the form, contact DCFS and one will be sent to you.

Complete each item with the information known by you that may be pertinent to the suspected abuse/neglect. **If there are items for which you have no information, please complete with "unknown". It is not necessary for you to try and get all information requested.** If you need more space, please add a page. Once completed it may be printed and emailed to the DCFS office at [MASH@gov.ky](mailto:MASH@gov.ky). The local office, address and fax number are located on this website [www.dcf.gov.ky](http://www.dcf.gov.ky).  
**Thank you for your interest and commitment to the safety and well-being of children.**

|  |  |  |  |   |   |              |
|--|--|--|--|---|---|--------------|
| <b>A.<br/>REPORTING PARTY</b>  | NAME OF MANDATED REPORTER:   |  | POSITION:  |   |   |              |
|  | REPORTER'S BUSINESS/AGENCY NAME & ADDRESS:   |  |  | DID REPORTER WITNESS INCIDENT:<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO |   |              |
|  | REPORTER'S TELEPHONE:<br>FAX:<br>EMAIL:  | SIGNATURE:   |  | TODAY'S DATE AND TIME:  |   |              |
| <b>B.<br/>NOTIFICATION</b>   | <input type="checkbox"/> LAW ENFORCEMENT<br><input type="checkbox"/> DCFS          |  | AGENCY:  |   |   |              |
|  | OFFICIAL CONTACTED – TITLE:  |  | TELEPHONE:<br>(    )   | DATE/TIME OF PHONE CALL:  |   |              |
| <b>C.<br/>DETAILS ABOUT CHILD/YOUNG PERSON<br/>(One report per victim)</b> | NAME (LAST, FIRST, MIDDLE):  |  | BIRTHDATE:   | APPROX. AGE:  | SEX:<br><input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE  | NATIONALITY: |
|  | ADDRESS:   |  |  | TELEPHONE:<br>(    )  |   |              |
|  | PRESENT LOCATION OF CHILD/YOUNG PERSON:  |  | SCHOOL:  | CLASS:  | GRADE:  |              |
|  | PHYSICALLY DISABLED<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | DEVELOPMENTALLY DISABLED:<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO   | OTHER DISABILITY (SPECIFY):  |   | PRIMARY LANGUAGE SPOKEN IN HOME:  |              |
|  | IN FOSTER CARE?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO     | IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK<br>TYPE OF CARE : <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILDCARE CENTRE <input type="checkbox"/> SCHOOL<br><input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> GROUP HOME <input type="checkbox"/> RELATIVE'S HOME<br><input type="checkbox"/> FAMILY FRIEND |  |   | TYPE OF SUSPECTED ABUSE:<br><input type="checkbox"/> PHYSICAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> EMOTIONAL<br><input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY):<br>_____ |              |
|  | RELATIONSHIP TO SUSPECT:   |  | PHOTOS TAKEN?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO |   | DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH :<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO   |              |



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|                       |            |
|-----------------------|------------|
| MASH CASE NAME: _____ | RMS# _____ |
| HOPE #: _____         | CPR# _____ |

|   |  |                        |                            |  |  |              |     |  |
|---|--|------------------------|----------------------------|--|--|--------------|-----|--|
| <b>D.<br/>INVOLVED PARTIES</b>                                  | <b>Siblings</b>  | NAME                   | D.O.B                      | SEX  | NAME   | D.O.B        | SEX |  |
|   | 1. _____   | 3. _____               |                            |  |  |              |     |  |
|   | 2. _____   | 4. _____               |                            |  |  |              |     |  |
|   | PARENT'S/GUARDIAN'S NAME (LAST, FIRST, MIDDLE):  |                        | BIRTHDATE:                 | APPROX. AGE:   | SEX:<br><input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | NATIONALITY: |     |  |
|   | ADDRESS:   |                        | HOME PHONE:                |  | BUSINESS PHONE:  |              |     |  |
|   | PARENT'S/GUARDIAN'S NAME (LAST, FIRST, MIDDLE):  |                        | BIRTHDATE/                 | APPROX. AGE:   | SEX:<br><input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | NATIONALITY: |     |  |
|   | ADDRESS:   |                        | HOME PHONE:                |  | BUSINESS PHONE:  |              |     |  |
|   | (1) SUSPECT'S NAME (LAST, FIRST, MIDDLE):  |                        | BIRTHDATE/                 | APPROX. AGE:   | SEX:<br><input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | NATIONALITY: |     |  |
|   | ADDRESS:   |                        |                            |  | TELEPHONE:<br>(    )   |              |     |  |
|   | OTHER RELEVANT INFORMATION:  |                        | RELATIONSHIP TO CHILD:     |  | OCCUPATION:  |              |     |  |
| (2) SUSPECT'S NAME (LAST, FIRST, MIDDLE):                       |  | BIRTHDATE              | APPROX. AGE                | SEX:<br><input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE | NATIONALITY:   |              |     |  |
| ADDRESS:  |  |                        |                            | TELEPHONE:<br>(    )   |  |              |     |  |
| OTHER RELEVANT INFORMATION:                                     |  | RELATIONSHIP TO CHILD: |                            | OCCUPATION:  |  |              |     |  |
| <b>E.<br/>PERSONNEL / AGENCIES<br/>INVOLVED WITH THIS CHILD</b> | SOCIAL WORKER  | NAME                   |                            |  | ADDRESS  |              |     |  |
|   | GENERAL PRACTITIONER   |                        |                            |  |  |              |     |  |
|   | HOSPITAL   |                        |                            |  |  |              |     |  |
|   | SCHOOL   |                        |                            |  |  |              |     |  |
|   | POLICE   |                        |                            |  |  |              |     |  |
| <b>F.<br/>SAFETY CONCERNS</b>                                   | KNOWN RELEVANT CRIMINAL HISTORY OF PARENTS/CARERS:   |                        |                            |  |  |              |     |  |
|   | CURRENT DOMESTIC VIOLENCE ORDER (DVO)/RESTRAINING ORDER (RO):<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> UNKNOWN |                        | WHO IS THE DVO/RO AGAINST? |  | WHO IS PROTECTED BY THE DVO/RO?  |              |     |  |

## SUSPECTED CHILD ABUSE REPORT

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Pursuant to Section 32A of The Children Law (2012 Revision)

|                       |            |
|-----------------------|------------|
| MASH CASE NAME: _____ | RMS# _____ |
| HOPE #: _____         | CPR# _____ |

|  |   |  |        |                              |                             |       |                              |                             |
|--|---|--|--------|------------------------------|-----------------------------|-------|------------------------------|-----------------------------|
| <b>G.</b><br><b>INCIDENT INFORMATION</b> | FAMILY LAW COURT ORDERS: _____  |  |        |                              |                             |       |                              |                             |
|  | ANY KNOWN SAFETY ISSUES?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO   | IF YES, BE SPECIFIC _____  |        |                              |                             |       |                              |                             |
| <b>G.</b><br><b>INCIDENT INFORMATION</b> | IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS AND INDICATE NUMBER: _____   |  |        |                              |                             |       |                              |                             |
|  | DATE/TIME OF INCIDENT: _____  | PLACE OF INCIDENT: _____   |        |                              |                             |       |                              |                             |
|  | NARRATIVE DESCRIPTION:<br>(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. Nature and extent or cause of each child(s) injuries, neglect or endangered conditions, including any previous known or suspected abuse of this child or child's siblings).  |  |        |                              |                             |       |                              |                             |
| <b>H.</b><br><b>INFORMATION</b>          | Is the parent, child or young person aware that this report has been made? <table style="margin-left: 20px;"> <tr> <td>Parent</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> <tr> <td>Child</td> <td><input type="checkbox"/> YES</td> <td><input type="checkbox"/> NO</td> </tr> </table>   |  | Parent | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Child | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Parent                                   | <input type="checkbox"/> YES  | <input type="checkbox"/> NO  |        |                              |                             |       |                              |                             |
| Child                                    | <input type="checkbox"/> YES  | <input type="checkbox"/> NO  |        |                              |                             |       |                              |                             |
| <b>I.</b><br><b>CONSENT</b>              | Do you consent for your identifying information to be provided to the Joint Investigation Response Team (RCIPS and DCFS) in the event that the JIRT does not accept the report for action? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><br>If the report is referred to the RCIPS, the same protections and confidentiality relating to your identity will continue to apply as per Section 32C of The Children Law (2012 Revision) |  |        |                              |                             |       |                              |                             |
| <b>J.</b><br><b>MASH RECEIPT</b>         | <b>OFFICIAL USE</b><br><br>Officer: _____ DATE: _____<br><br>Social Worker: _____ DATE: _____   | <b>RISK</b><br><br><input type="checkbox"/> High<br><br><input type="checkbox"/> Medium<br><br><input type="checkbox"/> Low<br><br><input type="checkbox"/> None/Other |        |                              |                             |       |                              |                             |

SEND COMPLETED FORM TO [MASH@gov.ky](mailto:MASH@gov.ky)

## SUSPECTED CHILD ABUSE REPORT

To Be Completed by **MANDATED CHILD ABUSE REPORTERS**  
Pursuant to Section 32A of The Children Law (2012 Revision)

MASH CASE NAME: \_\_\_\_\_

RMS# \_\_\_\_\_

HOPE #: \_\_\_\_\_

CPR# \_\_\_\_\_

### The Children Law (2012 Revision)

#### Definition of Abuse or Neglect

“abuse” or “neglect”, in relation to a child means –

- (a) Sexual abuse of the child; or
- (b) Physical or emotional abuse of the child, or neglect of the child to the extent that –
  - (i) The child has suffered, or is likely to suffer, physical or psychological injury detrimental to the child's wellbeing; or
  - (ii) The child's physical or psychological development is in jeopardy

Sexual abuse includes –

- (a) the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or stimulation of such conduct for the purpose of producing a visual depiction of such conduct;
- (b) the rape, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children; or
- (c) involving children in looking at pornographic material or watching sexual activity or encouraging children to behave on sexually inappropriate ways

#### Protection from Liability – Section 32B

A person who, whether voluntarily or pursuant to a requirement of this Law, notifies the Department of a suspicion that a child has been or is being abused or neglected or provides an information to the Department in respect of such a notification –

- (a) Cannot, by virtue of doing so, be held to have breached any code of professional etiquette or ethics, or to have departed from any accepted form of professional conduct; and
- (b) Insofar as he has acted in good faith, incurs no civil or criminal liability in respect of the notification or the provision of the information

#### Penalties for Failure to Report – Section 32A(5)

A person who contravenes this section commits an offence and is liable on summary conviction to a fine of five thousand dollars or to imprisonment for a term of one year or both.

## Internal Follow Up Regarding Reported Suspected Abuse

|  |        |
|--|--------|
| <b>Students Name:</b>                          |        |
| Referent Information:<br>Referring Individual: | Title  |
| Address:                                       | Phone: |
| Relationship to the child:                     |        |

|                               |                 |  |
|-------------------------------|-----------------|--|
| Agency (Agencies) Contacted:  |                 | Date copy given to Lesley Maddock/Josie Doran: |
| DCFS Name of Intake Officer:  | Date contacted: |  |
| RCIPS Name of Intake Officer: | Date contacted: | Date Mailed to DCFS/RCIPS:                     |

| <b>FOLLOW UP</b>            |       |          |                               |       |          |
|-----------------------------|-------|----------|-------------------------------|-------|----------|
| Follow up calls to:<br>DCFS |       |          | Follow up calls to:<br>RCIPS: |       |          |
| DCFS Worker:                | Date: | Outcome: | RCIPS Officer:                | Date: | Outcome: |
| 1.                          |       |          | 1.                            |       |          |
| 2.                          |       |          | 2.                            |       |          |
| 3.                          |       |          | 3.                            |       |          |
| 4.                          |       |          | 4.                            |       |          |