

**APPENDIX  
OF  
CAMP FORMS  
CUB SCOUT/  
WEBELOS  
RESIDENT CAMP**

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# CAMPERSHIP GUIDELINES

## Information About Financial Aid for Summer Campers

The Council's commitment to all Scouts is: Every Scout deserves a week at summer camp, and no Scout will miss camp because of a lack of funds.

A campership is financial assistance awarded to a Cub Scout or Boy Scout to allow him to attend a summer camp program (residential camp or day camp). Camperships are need-based and are awarded to youth who are unable to afford the full summer camp fee. All campership requests will be processed with the highest degree of confidentiality possible.

To be eligible for a need-based campership, a youth must:

- Be a registered youth member of the Connecticut Yankee Council, Boy Scouts of America.
- Plan to attend a summer camp program operated by the Connecticut Yankee Council.
- Secure the approval of his parent or guardian and his unit leader.
- Complete the attached application.
- Be able to arrange for their personal needs while at camp and arrange for their own transportation.
- Furnish the medical, health and other information required of all campers at Scout summer camps.
- Be in need of assistance to pay the full summer camp fee.

A Campership Committee made up of at least three Council volunteers will review all campership applications. The committee is recruited and/or appointed by the Camping Committee Chairman. The committee may award applicants up to 50% of the camp fee based upon the lowest rate available. However, if the need is great, the committee may elect to provide a higher-level campership. A Scout is expected to help provide for his own camping experience; therefore, 100% camperships will not normally be approved. The youth himself should help pay his own way, contributing some portion of the camp fee along with other support that can be provided by his family, troop/pack, and chartering organization.

Camperships to weekend Scouting activities are generally not considered. If a Scout cannot pay his own way, the unit chartering organization or the event committee should provide the needed funds.

Campership requests must be submitted to the camp registrar by May 15. Forms are available at the Scout Service Center, the [ctyankee.org](http://ctyankee.org) website and/or from the unit leaders. **Campership requests must be filled out completely and signed by the parent/guardian and unit leader.**

The Connecticut Yankee Council will apply any awarded campership directly toward the balance of a Scout's summer camp fee. The Scout's parents and unit leader, and camp director will be informed of the account credit. Camperships will not be paid to individuals.

The Connecticut Yankee Council will make every effort to raise funds to aid families in sending their children to camp. Therefore, if you know of any potential donors to the campership fund, please contact your District Executive at (203) 876-6868.

For further information, please contact the Council Director of Camping, Dan Cooley at (203) 876-6868, Ext. 230.



## CONNECTICUT YANKEE COUNCIL, BSA CAMPERSHIP APPLICATION 2012



MUST BE SUBMITTED NO LATER THAN MAY 15, 2012

**Please attach this form to your registration form and include a non-refundable \$50 deposit.**

The information you provide on this form will be kept strictly confidential. However, names of recipients may be publicized to promote the aims of the Boy Scouts of America. A separate application is required for each applicant. Camperships may provide up to one half of the fee. Larger camperships must be fully justified below.

Name: \_\_\_\_\_ Unit: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Rank: \_\_\_\_\_ E-mail: \_\_\_\_\_

Camp Attending: \_\_\_\_\_ Dates of Camp: \_\_\_\_\_

- |   |          |
|---|----------|
| A. Amount of event fee (least expensive rate available)     | \$ _____ |
| B. Amount of money Scout can earn – A Scout is thrifty      | \$ _____ |
| C. Amount of money family can provide                       | \$ _____ |
| D. Amount of money chartering organization/unit can provide | \$ _____ |
| E. Assistance from any other source for this event          | \$ _____ |
| F. Amount of money needed for campership [A-(B+C+D+E)=]     | \$ _____ |

Number of family members in your household, including parents/guardians: \_\_\_\_\_

What is the family's combined NET (take home) annual income: \_\_\_\_\_

AFDC/Welfare/Food Stamps/Foster Care Number: \_\_\_\_\_

Statement concerning need (please explain thoroughly, you may attach additional pages or write on the back of this page):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As a parent or guardian of the above named individual, I certify that he needs the financial aid requested. I understand that any assistance awarded will be credited against his fee and cannot be transferred or used in any other way.

**Forms must be signed by the unit leader, in the box below, prior to being forwarded to the Scout office.**

Parent/Guardian's Signature: \_\_\_\_\_ Daytime phone No. \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed this application and verify this Scout is registered in my unit, in good standing  
and deserving of the assistance requested.

Unit Leader: \_\_\_\_\_ Unit: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Application received: \_\_\_\_\_ Amount of approved campership: \$ \_\_\_\_\_

## REFUND REQUEST FORM

**Name:**

**Address:**

**City:**

**State:**

**Telephone:**

**Unit Leader:**

**Session #**

**Campsite:**

**Reason for Refund: (Must be completed)**

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### REFUND POLICY – FAMILY WEEKEND & CUB SCOUT/WEBELOS RESIDENT CAMP 2012

Full refund less \$50.00 will be issued if cancellation prior to June 30.

The camp fee minus \$150.00 will be issued if cancellation is on or after July 1.

Refund requests must be submitted in writing to the Camp Director.

**No refund requests will be accepted after August 31.**

<b>Amount Paid to Date:</b>	\$
<b>Less Non-Refundable Deposit/Fee</b>	\$ <b>(- 50.00) or (- 150.00)</b>
<b>Total Refund Due:</b>	\$

<b>Mail Refund to:</b>	Name:		
	Address:		
	City:	State:	Zip:

Unit Leader Approval:		Date	
Camp Director Approval:		Date	
Refund Request Received	Date	By	
Refund Issued	Date	Amount	Check No#



# Cub Scout/Webelos Resident Camp

- Session 1: Thursday, July 26 – Sunday, July 29
- Session 2: Monday, July 30 – Wednesday, August 1
- Session 3: Thursday, August 2 – Sunday, August 5
- Session 5: Thursday, August 9 – Sunday, August 12
- Session 6: Monday, August 13 – Wednesday, August 15

The camping facility at Deer Lake in Killingworth, Connecticut, is **Out of This World!** Cub Scouts (boys entering grades 2-5) and their parents will share their days shooting archery and BB-guns, swimming, boating, fishing, doing crafts, playing sports and camping in the great outdoors. Choose your launch date and prepare for an astronomically fun adventure.

## Cub Scout/Webelos Resident Camp Application

(PLEASE PRINT CLEARLY)

Scout's Name: \_\_\_\_\_ D.O. B. \_\_\_\_\_

Adult Partner's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Pack #: \_\_\_\_\_ District: \_\_\_\_\_ Are you attending with your pack/den \_\_\_\_\_ or on your own \_\_\_\_\_?

Session Attending: **Session 1:** July 26-29, 2012 \_\_\_\_\_ **Session 2:** July 30-Aug 1, 2012 \_\_\_\_\_  
**Session 3:** August 2-5, 2012 \_\_\_\_\_ **Session 6:** August 13-15, 2012 \_\_\_\_\_  
**Session 5:** August 9-12, 2012 \_\_\_\_\_

Cub Scout's Grade (as of September 2012): \_\_\_\_\_

Youth T-shirt size: Adult S \_\_\_\_\_, Adult M \_\_\_\_\_, Adult L \_\_\_\_\_, Adult XL \_\_\_\_\_

Adult partner's T-shirt size: S \_\_\_\_\_, M \_\_\_\_\_, L \_\_\_\_\_, XL \_\_\_\_\_, XXL \_\_\_\_\_, XXXL \_\_\_\_\_

We would like to order a camp photo and have included the \$10 photo fee in the payment enclosed.

Amount Enclosed \$ \_\_\_\_\_ Check No. \_\_\_\_\_ (payable to Connecticut Yankee Council)

Credit Card Payment: (VISA, MC, AMEX) \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Cub Scout Resident Camp fee for one Scout and one adult partner is:

**Sessions 1, 3 & 5: \$310 (\$290 if paid in full by 5/1/12)**

**Sessions 2 & 6: \$250 (\$235 if paid in full by 5/1/12)**

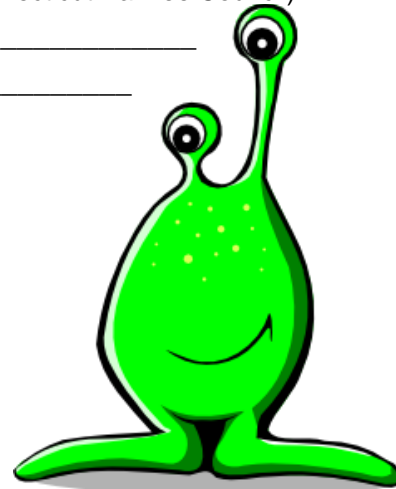
Early Bird fees are due in full by 5/1/12. Regular rates are due in full by 7/1/12.

Special discounts are available for second session or second family member.

Call for details.

Price includes patch & T-shirt for Scout and partner plus meals and all program supplies.

\$20 of each Scout registration fee is deposited in a Camp Development and Maintenance Fund.



Please send registrations and payments to:

Connecticut Yankee Council, BSA

Attn: Carolyn Cruson

P.O. Box 32

Milford, CT 06460-0032

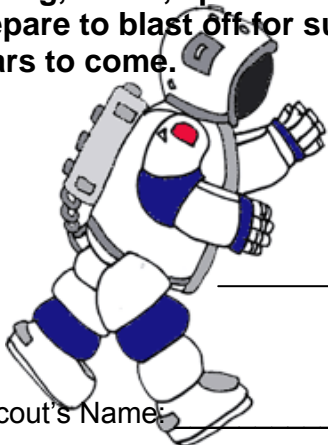
Phone: (203) 876-6868, ext. 273

Fax: 203-876-6884

Email: ccruson@bsamail.org

# Webelos Resident Camp

Where will Scouts be going for summer camp in the year 2525? No one knows, but Deer Lake in Killingworth is the place for Webelos to start preparing for those adventures to come, no matter what planet they are on. Experience a taste of the activities that await you in Boy Scouting and also enjoy archery and BB-gun shooting, swimming, boating, fishing, crafts, sports and camping. So, put on your spacesuit and prepare to blast off for summer fun that you will remember for light years to come.



**Two sessions just for Webelos:**  
**Session 4: Monday, Aug. 6 – Wednesday, Aug. 8**  
**Session 7: Thursday, August 16 – Sunday, August 19**  
(Get more information at [ctyankee.org/camping/residentcamp](http://ctyankee.org/camping/residentcamp))

## Webelos Resident Camp Application

(PLEASE PRINT CLEARLY)

Scout's Name: \_\_\_\_\_ D.O. B. \_\_\_\_\_

Adult Partner's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Pack #: \_\_\_\_\_ District: \_\_\_\_\_ Are you attending with your pack/den \_\_\_\_\_ or on your own \_\_\_\_\_?

Session Attending: **Session 4:** August 6-8, 2012 \_\_\_\_\_ **Session 7:** August 16-19, 2012 \_\_\_\_\_

Cub Scout's Grade (as of September 2012): 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_

Youth T-shirt size: Adult S \_\_\_\_\_, Adult M \_\_\_\_\_, Adult L \_\_\_\_\_, Adult XL \_\_\_\_\_

Adult partner's T-shirt size: S \_\_\_\_\_, M \_\_\_\_\_, L \_\_\_\_\_, XL \_\_\_\_\_, XXXLarge \_\_\_\_\_, XXXLarge \_\_\_\_\_

We would like to order a camp photo and have included the \$10 photo fee in the payment enclosed.

Amount Enclosed \$ \_\_\_\_\_ Check No. \_\_\_\_\_ (payable to Connecticut Yankee Council)

Credit Card Payment: (VISA, MC, AMEX) \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

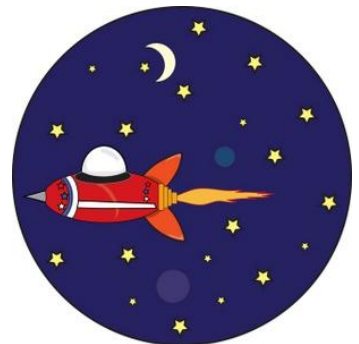
### Webelos Resident Camp fee for one Scout and one adult partner is:

**Session 4: \$250 (\$235 if paid in full by 5/1/12)**

**Session 7: \$310 (\$290 if paid in full by 5/1/12)**

Early Bird fees are due in full by 5/1/12. Regular rates are due in full by 7/1/12. Special discounts are available for second session or second family member. Call for details.

Price includes patch & T-shirt for Scout and partner plus meals and all program supplies. \$20 of each Scout registration fee is deposited in a Camp Development and Maintenance Fund.



Please send registrations and payments to:

Connecticut Yankee Council, BSA

Attn: Carolyn Cruson

P.O. Box 32

Millford, CT 06460-0032

Phone: (203) 876-6868, ext. 273

Fax: 203-876-6884

Email: [ccruson@bsamail.org](mailto:ccruson@bsamail.org)

# Cub Scout and Webelos Family Weekend

July 20-22, 2012  
from  
Friday, 7:00 pm  
To Sunday, 3:00 pm

Price includes  
patch, meals and  
an all day schedule  
of camp activities  
and fun.



Guess what we did last weekend!

"Dad would have stepped on a skunk if Mom hadn't had the flashlight." "I laughed so hard milk came out my nose."



Every Scout loves to camp and for good reasons. The activity, sights, sounds, and smells of the outdoors make indelible memories and strengthen ties with family and friends that last a lifetime . . . but that comes after the fun part.

**SWIM - CANOE - KAYAK - BB GUNS - ARCHERY - SPORTS - HIKES - CRACKER BARREL - FAMILY FUN - CRAFTS**

Spend a weekend at our beautiful new Cub camping facility at Deer Lake and join your Scouting family for a weekend of leisure, games, outdoor activities and family fun. All you have to do is get there. Our event chairlady, Andrea Ulery and her staff will work with you to ensure you go home with a new attitude and well fed.



## Cub Scout Family Weekend Application

(PLEASE PRINT CLEARLY)



Scout's Name: \_\_\_\_\_ D.O. B. \_\_\_\_\_

Adult Partner's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Pack #: \_\_\_\_\_ District: \_\_\_\_\_ Are you attending with your pack \_\_\_\_ or on your own \_\_\_\_?

Cub Scout's Grade (as of September 2012), circle one: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>

Scout and Partner (names above) \$180 (\$170 if paid in full by 5/1/12) \$ \_\_\_\_\_

\_\_\_\_ Additional children 6-10 years old @ \$60 each (\$55 if paid by 5/1/12) \$ \_\_\_\_\_

Name(s) and age(s) of above: \_\_\_\_\_

\_\_\_\_ Additional children 4-5 years old and additional adults @ \$30 each \$ \_\_\_\_\_

Name(s) and age(s) of above: \_\_\_\_\_

\_\_\_\_ Siblings, 3 and younger (no charge)

Name(s) of above: \_\_\_\_\_

\_\_\_\_ We would like to order a camp photo for \$10 \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Early Bird fees are due in full by 5/1/12. Regular rates are due in full by 7/1/12.

Amount Enclosed \$ \_\_\_\_\_ Check No. \_\_\_\_\_ (payable to Connecticut Yankee Council)

Credit Card Payment: (VISA, MC, AMEX) \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_



Please send registrations and payments to:  
Connecticut Yankee Council, BSA  
Attn: Carolyn Cruson  
P.O. Box 32  
Milford, CT 06460-0032



Phone: (203) 876-6868, ext. 273

Fax: 203-876-6884

Email: [ccruson@bsamail.org](mailto:ccruson@bsamail.org)

Check out [ctyankee.org](http://ctyankee.org) for additional information





## DIETARY RESTRICTION

To: Deer Lake Camp Director – Resident Camp

Subject: Special dietary request

Please provide alternative meal for \_\_\_\_\_

Name

\_\_\_\_\_

Unit

\_\_\_\_\_

Session

\_\_\_\_\_

Campsite

On \_\_\_\_\_ for \_\_\_\_\_

Date

Meal

Specify dietary restriction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

## DIETARY RESTRICTION

To: Deer Lake Camp Director – Resident Camp

Subject: Special dietary request

Please provide alternative meal for \_\_\_\_\_

Name

\_\_\_\_\_

Unit

\_\_\_\_\_

Session

\_\_\_\_\_

Campsite

On \_\_\_\_\_ for \_\_\_\_\_

Date

Meal

Specify dietary restriction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

## Statement of Temporary Guardianship

Effective dates: \_\_\_\_\_ to \_\_\_\_\_

I/We, the undersigned, \_\_\_\_\_

Parent(s) of \_\_\_\_\_

Date of Birth (dd/mm/yy) \_\_\_\_\_

Do hereby appoint, as TEMPORARY GUARDIAN(S) of my/our child, the person(s) whose particulars are indicated below, who will act for and on our behalf as parents, namely:

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_

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

I/We understand guardianship in this case includes, among others, the following specific responsibilities:

- Direct care and supervision of the child on matters pertaining to his/her general well being during the duration of his time at Camp Sequassen, including all travel to and from camp.
- Authorization to make decisions, on behalf of the parents, in the event of a medical emergency or any other emergency situation.

Parents' contact information (phone number, fax number, email address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Information: \_\_\_\_\_

Signed this day \_\_\_\_\_, 2012

PARENT(S)	GUARDIAN(S)
Signature: _____	Signature: _____

Printed Name: _____	Printed Name: _____
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Signature: _____	Signature: _____
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Printed Name: _____	Printed Name: _____
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# REPORT OF SUSPECTED CHILD ABUSE/NEGLECT

DCF-136  
10/01/02 (Rev)



HOTLINE  
1-800-842-2288

Within forty-eight hours of making an oral report, a mandated reporter shall submit a written report (DCF-136) to the Hotline. See the reverse side of this form for a summary of Connecticut law concerning the protection of children.

*Please print or type*

CHILD'S NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female	AGE OR BIRTH DATE
CHILD'S ADDRESS		
NAME OF PARENTS OR OTHER PERSON RESPONSIBLE FOR CHILD'S CARE	ADDRESS	PHONE NUMBER
WHERE IS THE CHILD STAYING PRESENTLY IF NOT AT HOME?	PHONE NUMBER	DATE PROBLEM(S) NOTED
NAME OF HOTLINE WORKER TO WHOM ORAL REPORT WAS MADE	DATE OF ORAL REPORT	DATE AND TIME OF SUSPECTED ABUSE/NEGLECT
NAME OF SUSPECTED PERPETRATOR, IF KNOWN	ADDRESS AND/OR PHONE NUMBER, IF KNOWN	RELATIONSHIP TO CHILD

NATURE AND EXTENT OF THE CHILD'S INJURY(IES), MALTREATMENT OR NEGLECT.

INFORMATION CONCERNING ANY PREVIOUS INJURY(IES), MALTREATMENT OR NEGLECT OF THE CHILD OR HIS/HER SIBLINGS.

LIST NAMES AND AGES OF SIBLINGS, IF KNOWN.

DESCRIBE THE CIRCUMSTANCES IN WHICH THE INJURY(IES), MALTREATMENT OR NEGLECT CAME TO BE KNOWN TO THE REPORTER.

WHAT ACTION, IF ANY, HAS BEEN TAKEN TO TREAT, PROVIDE SHELTER OR OTHERWISE ASSIST THE CHILD?

REPORTER'S NAME AND AGENCY	ADDRESS	PHONE NUMBER
REPORTER'S SIGNATURE	POSITION	DATE

WHITE COPY: TO DCF HOTLINE, 505 Hudson Street, Hartford, CT 06106

YELLOW COPY: REPORTER'S COPY

## SUMMARY OF LEGAL REQUIREMENTS CONCERNING CHILD ABUSE/NEGLECT

### PUBLIC POLICY OF THE STATE OF CONNECTICUT

To protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and to make the home safe for children by enhancing the parental capacity for good child care; to provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes to require the reporting of suspected child abuse, investigation of such reports by a social agency, and provision of services, where needed, to such child and family.

### WHO IS MANDATED TO REPORT CHILD ABUSE/NEGLECT?

Battered Women's Counselors	Optomists
Chiropractors	Parole Officers (Juvenile or Adult)
Dental Hygienists	Pharmacists
Dentists	Physical Therapists
Department of Children and Families Employees	Physician Assistants
Licensed/Certified Alcohol and Drug Counselors	Podiatrists
Licensed/Certified Emergency Medical Services Providers	Police Officers
Licensed Marital and Family Therapists	Probation Officers (Juvenile or Adult)
Licensed or Unlicensed Resident Injoms	Psychologists
Licensed or Unlicensed Resident Physicians	Registered Nurses
Licensed Physicians	School Coaches
Licensed Practical Nurses	School Guidance Counselors
Licensed Professional Counselors	School Paraprofessionals
Licensed Surgeons	School Principals
Medical Examiners	School Teachers
Members of the Clergy	Sexual Assault Counselors
Mental Health Professionals	Social Workers

Any person paid to care for a child in any public or private facility, child day care center, group day care home or family day care home which is licensed by the State.

Department of Public Health employees responsible for the licensing of child day care centers, group day care homes, family day care homes or youth camps.

The Child Advocate and any employee of the Office of the Child Advocate.

### DO THOSE MANDATED TO REPORT INCUR LIABILITY?

No. Any person, institution or agency which, in good faith, makes or does not make a report, shall be immune from any civil or criminal liability provided such person did not perpetrate or cause such abuse or neglect.

### IS THERE A PENALTY FOR NOT REPORTING?

Yes. Any person, institution or agency required to report who fails to do so shall be fined \$500.00 - \$2,500.00 and shall be required to participate in an educational and training program.

### IS THERE A PENALTY FOR MAKING A FALSE REPORT?

Yes. Any person, institution or agency who knowingly makes a false report of child abuse or neglect shall be fined not more than \$2,000.00 or imprisoned not more than one year or both. The identity of such person shall be disclosed to the appropriate law enforcement agency and to the alleged perpetrator of the abuse.

### WHAT ARE THE REPORTING REQUIREMENTS?

- An oral report shall be made by a mandated reporter by telephone or in person to the DCF Hotline or to a law enforcement agency as soon as practicable, but not later than 12 hours after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm. If a law enforcement agency receives an oral report, it shall immediately notify Hotline. Oral reports to the Hotline shall be recorded on tape.
- Within forty-eight hours of making an oral report, a mandated reporter shall submit a written report to the DCF Hotline.
- When the report concerns an employee of a facility or institution which is licensed by the State, the mandated reporter shall also send a copy of the written report to the executive head of the state licensing agency.

### DEFINITIONS OF ABUSE AND NEGLECT

**Child Abuse:** any child or youth who has a non-accidental physical injury, or injuries which are at variance with the history given of such injuries, or is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment.

**Child Neglect:** any child or youth who has been abandoned or is being denied proper care and attention, physically, educationally, emotionally, or morally or is being permitted to live under conditions, circumstances or associations injurious to his well-being.

**Exception:** The treatment of any child by an accredited Christian Science practitioner shall not of itself constitute neglect or maltreatment.

**Child Under 13 with Venereal Disease:** a physician or facility must report to Hotline upon the consultation, examination or treatment for venereal disease of any child not more than twelve (12) years old.

### DO PRIVATE CITIZENS HAVE A RESPONSIBILITY FOR REPORTING?

Yes. Any person having reasonable cause to suspect or believe that any child or youth under the age of eighteen (18) is in danger of being abused or has been abused or neglected, may cause a written or oral report to be made to the Hotline or a law enforcement agency. A person making the report in good faith is also immune from any liability, civil or criminal. However, the person is subject to the penalty for making a false claim.

### WHAT IS THE AUTHORITY AND RESPONSIBILITY OF THE DEPARTMENT OF CHILDREN AND FAMILIES (DCF)?

All children's protective services are the responsibility of the Department of Children and Families.

Upon the receipt of a child abuse/neglect report, the Hotline shall cause the report to be classified, evaluated immediately and forwarded to the appropriate investigation unit for the commencement of an investigation within timelines specified by statute and policy.

If the investigation produces evidence of child abuse/neglect, the Department shall take such measures as it deems necessary to protect the child, and any other children similarly situated, including, but not limited to, immediate notification to the appropriate law enforcement agency, and the removal of the child or children from his home with the consent of the parents or guardian or by order of the Superior Court, Juvenile Matters.

If the Department has probable cause to believe that the child or any other child in the household is in imminent risk of physical harm from his surroundings, and that immediate removal from such surroundings is necessary to ensure the child's safety, the Commissioner or designee shall authorize any employee of the Department or any law enforcement officer to remove the child and any other child similarly situated from such surroundings without the consent of the child's parent or guardian. The removal of a child shall not exceed ninety-six (96) hours. If the child is not returned home within such ninety-six hour period, with or without protective services, the Department shall file a petition for custody with the Superior Court, Juvenile Matters.

### WHAT MEANS ARE AVAILABLE FOR REMOVING A CHILD FROM HIS HOME?

- 96-Hour Hold by the Commissioner of DCF (see above)
- 96-Hour Hold by a Hospital - Any physician examining a child with respect to whom abuse or neglect is suspected shall have the right to keep such child in the custody of a hospital for no longer than ninety-six hours in order to perform diagnostic tests and procedures necessary to the detection of child abuse or neglect and to provide necessary medical care with or without the consent of such child's parents or guardian or other person responsible for the child's care, provided the physician has made reasonable attempts to (1) advise such child's parents or guardian or other person responsible for the child's care that he suspects the child has been abused or neglected and (2) obtain consent of such child's parents or guardian or other person responsible for the child's care. In addition, such physician may take or cause to be taken photographs of the area of trauma visible on a child who is the subject of such report without the consent of such child's parents or guardian or other person responsible for the child's care. All such photographs or copies thereof shall be sent to the local police department and the Department of Children and Families.
- Custody Order - Whenever any person is arrested and charged with an offense under Section 53-20 or 53-21 or under Part V, VI, or VII of Chapter 952, as amended, the victim of which offense was a minor residing with the defendant, any judge of the Superior Court may, if it appears that the child's condition or circumstances surrounding his case so require, issue an order to the Commissioner of the Department of Children and Families to assume immediate custody of such child and, if the circumstances so require, any other children residing with the defendant and to proceed thereon as in cases reported.

### WHAT IS THE CHILD ABUSE CENTRAL REGISTRY?

The Department of Children and Families maintains a registry of reports received and permits its use on a twenty-four hour daily basis to prevent or discover child abuse of children. Required confidentiality is ensured.

DCF CHILD ABUSE AND NEGLECT HOTLINE: 1-800-842-2288

STATUTORY REFERENCES: §17a-28; §17a-101 et. seq.; §45b-120.

# PACK DUTY ROSTER

(POST ON BULLETIN BOARD)

DUTY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST WAITER	X			
LUNCH WAITER	X			X
DINNER WAITER				X
LATRINE CLEAN-UP				X
FIRE WARDEN				X
FIREWOOD FIRE WATER				X
LITTER CONTROL				

# PACK DUTY ROSTER

(POST ON BULLETIN BOARD)

DUTY	MONDAY	TUESDAY	WEDNESDAY
BREAKFAST WAITER	X		
LUNCH WAITER	X		X
DINNER WAITER			X
LATRINE CLEAN-UP			X
FIRE WARDEN			X
FIREWOOD FIRE WATER			X
LITTER CONTROL			