GRAND ISLAND PUBLIC SCHOOLS

8550 CHILD ABUSE/NEGLECT

When any staff member or volunteer has reasonable cause to believe that a child has been subjected to abuse or neglect, or observes a student(s) being subject to conditions or circumstances which would result in abuse or neglect, shall report such incident or cause a report to be made within a 24-hour period to the proper law enforcement agency or to the Department of Health and Human Services. The principal shall ensure that the report has been made to the proper law enforcement authorities. This requirement shall apply to all staff, including coaches and volunteers, participating in interstate amateur athletic competition.

For the purpose of this policy abuse or neglect shall mean knowingly, intentionally, or negligently causing or permitting a minor child to be: (a) Placed in a situation that endangers his or her life or physical or mental health; (b) Cruelly confined or cruelly punished; (c) Deprived of necessary food, clothing, shelter, or care; (d) Left unattended in a motor vehicle if such minor is six years of age or younger; (e) Sexually abused; or (f) Sexually exploited by allowing, encouraging, or forcing such person to solicit for or engage in prostitution, debauchery, public indecency, or obscene or pornographic photography, films or depictions.

Any person making such a report as required by law will be immune from any civil or criminal liability, except for in the case of making maliciously false statements.

Failure to make such a required report, or knowingly releasing confidential information other than permitted by law will result in a Class III misdemeanor.

It is not the responsibility of staff or volunteers to prove that a student has been abused or neglected. Staff or volunteers should not take it upon themselves to investigate the case or contact the family of the student.

Reference: Neb. Statute 28-711
34 U.S.C. § 20341

Incident Report attached

Policy Adopted - November 3, 1980
Policy Revised: 3-2-98
Policy Revised: 2-7-07
Policy Revised: 04.12.2018
Policy Revised: 10.11.2018
Incident Report
Suspected Abuse

Name of Student Involved: ________________________________

Birthdate: ____________________ Male ☐ Female ☐

Parent or Guardian: ___________________________ Phone: __________

Address: ________________________________

Name of Alleged Abuser: ________________________________

Date and Place of Incident or Incidents: ________________________________

Description of Misconduct (Attach report if necessary):

Name of Witnesses (Complete witness report):

1) ________________________________

2) ________________________________

Other Information (Inc. evidence of abuse, i.e. letters, photos, etc.): __

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of Investigator ___________________________ Date ___________________________
Witness Disclosure Form

Name of Witness: ____________________________________________________________

Position of Witness: ________________________________________________________

Date of Testimony, Interview: _______________________________________________

Description of Instance Witnessed (Attach report if necessary):

Other Information:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

_________________________  __________________________
Signature of Witness             Date