

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  
Policy Revised: 11.12.2020

The Grand Island Public Schools does not discriminate on the basis of sex in any educational program or activity that it operates. The District is required by Title IX (20 U.S.C. § 1681) and 34 CFR Part 106 not to discriminate in such a manner. This requirement not to discriminate also applies to admission and employment. Any inquiries about the application of Title IX may be referred to the District Title IX Coordinator, to the Assistant Secretary of the Office of Civil Rights, or both. The GIPS Board of Education designates the following individuals to serve as GIPS Title IX Coordinators for students and staff and serve as Compliance Coordinator:

Title: Dr. Robin R. Dexter, Associate Superintendent  
Coordinator for Student Complaints and Compliance Coordinator  
Office address:  
Kneale Administration Building, 123 S. Webb Road, Grand Island, NE 68802  
Email: rdexter@gips.org  
Phone number: 308-385-5900

Title: Ms. Kristen Irely, Chief of Human Capital Management

## GRAND ISLAND PUBLIC SCHOOLS

Coordinator for Staff Complaints

Office address:

Kneale Administration Building, 123 S. Webb Road, Grand Island, NE 68802

Email: [kriey@gips.org](mailto:kriey@gips.org)

Phone number: 308-385-5900

For information regarding the Grand Island Public Schools procedure for complaints of sexual harassment including the complaint process, how to file a report or a complaint of sexual harassment, how to file a formal complaint of sexual harassment, and how the District will respond to such complaints see Board Policy, 6205 Staff and 8505 Student, located on the GIPS web site.

**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**