

GRAND ISLAND PUBLIC SCHOOLS

8550 CHILD ABUSE/NEGLECT

When any school employee 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, he/she shall report such incident or cause a report to be made as soon as possible to the proper law enforcement agency or to the department (Health and Human Services).

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 employees or volunteers to prove that a student has been abused or neglected. Employees or volunteers should not take it upon themselves to investigate the case or contact the family of the student.

Reference: Neb. Rev. Stat. Section 28-710; 28-711

Policy Adopted -November 3, 1980

Policy Revised: 3-2-98

Policy Revised: 2-7-07

Policy Revised: 04.12.2018

## GRAND ISLAND PUBLIC SCHOOLS

### 8550.1 Administrative Procedures for 8550

When any school personnel suspects or has knowledge of any type of abuse or neglect as defined by Grand Island Board of Education Policy 8550 or 8551, the principal or administrator in authority will be notified immediately.

- 1) In the case of suspected abuse or flagrant neglect, the witness or complainant shall contact the proper authorities after reporting to the school administrator, and apprising him or her of the situation. An oral report shall be made on the HHS Child Abuse Hotline at 800-652-1999. *Every case of suspected abuse or neglect will be reported to the proper authorities.*
- 2) The authorities will be responsible for a formal investigation and will contact the parents/guardians.
- 3) Following police contact, the administrator or Liaison Officer will complete an incident report (attached) and place on file at school building.
- 4) If neglect of a non-flagrant nature is suspected, the administrator will document incidences on the attached form. If three documented incidences occur the School/Community Liaison office will be contacted for investigation. The School/Community Liaison officer will contact the appropriate authorities, if warranted. Documented incidences should be forwarded to the Superintendent's Office after contact with authorities.
- 5) All information regarding the involved student must remain confidential. During the investigation, the administrator shall make every effort to ensure that the student is protected from harm.

**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**