

BOARD POLICY

JGI

STUDENTS

DECEMBER 1996

SUSPECTED ~~STUDENT~~ ~~CHILD~~ ABUSE AND NEGLECT

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Any Livonia Public Schools employee, who is a specifically mandated reporting person ~~in-under~~ the Child Protection Law, who has reasonable cause to suspect child abuse or neglect shall make, or ~~cause to be made, assure that~~ an oral report ~~be made~~ immediately to the ~~Wayne County Family Independence Agency (formerly the Department of Social Services)~~ ~~Wayne County Department of Human Services – Child Protective Services~~. In addition, the employee shall also immediately report such ~~suspected child abuse or neglect~~ to the appropriate administrator or supervisor. ~~Within 72 hours, the employee shall file, or cause to be filed, and assure that a written report, is filed within 72 hours.~~ ~~This written report must be made available to the employee's immediate administrator or supervisor. The written report~~ may be cosigned by the employee's immediate administrator or supervisor.

All district employees, who are specifically mandated reporting persons ~~in-under~~ the Child Protection Law, will be advised, at least annually, of their responsibilities under the State of Michigan Child Protection Law.

Any Livonia Public Schools employee, who is not a specifically mandated reporting person ~~in-under~~ the Child Protection Law, who has cause to suspect child abuse or neglect shall immediately report such to their immediate administrator or supervisor.

ADMINISTRATIVE PROCEDURES

JGI

STUDENTS

SUSPECTED CHILD ABUSE/NEGLECT

JUNE 2004

- I. The following regulations regarding child abuse and neglect are written to provide **maximum protection for students and employees of the Livonia Public Schools in cases where abuse and/or neglect is suspected.**

These procedures and the ~~attached requirements of the~~ "Child Protection Law" should be reviewed at least annually with all mandated reporting staff and will be reviewed with other employees as determined appropriate by the administrator or supervisor. Additional copies of the Child Protection Law and the State of Michigan–Wayne County ~~Family Independence Agency, Department of Human Services~~ (reporting form ~~FIA-DHS-3200~~) are available through the Livonia Schools Student Services Department.

- II. Actions Required of Livonia Public Schools Employees:

1. Any Livonia Public School employee who is a specifically mandated reporting person ~~in-under~~ the Child Protection Law who ~~has reasonable cause to suspects~~ **child** abuse or neglect will:

NOTE: Specifically mandated reporting persons ~~in-under~~ the Child Protection Law include: A physician, ~~coroner,~~ dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, a person licensed to provide emergency medical care, audiologist, psychologist, marriage and family therapist, licensed professional counselor, certified social worker, licensed master's social worker, licensed bachelor's social worker, registered social ~~work-service~~ technician, social service technician, a person employed in a professional capacity in any office of the friend of the court, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, or duly regulated child care provider.

- a. Immediately make an oral report or cause an oral report to be made to:
Wayne County ~~Family Independence Agency, Department of Human Services~~
at ~~(800) 716-2234~~ 24-hour hotline at **855-444-3911**
(formerly Department of Social Services)

- b. Immediately Notify his/her/hers immediate administrator or supervisor that the employee has made a report of his/her findings.

NOTE: Solely reporting the suspicion to the administrator does not meet the requirements imposed by law for an employee who is a specifically mandated reporting person in under the Child Protection Law.

- c. File or cause to be filed Assure the completion of a written report as required within 72 hours. This written report must be submitted is made to the Wayne County Family Independence Agency Michigan Department of Human Services, must be made available to the employee's immediate administrator or supervisor, and may be cosigned by the administrator and must follow the oral report. (Copies of the standard reporting form [FIA DHS-3200] are available through the Livonia Public Schools Department of Student Services, online through Livonia Public Schools Staff Central, or online through the Michigan Department of Human Services Website at www.michigan.gov/dhs.)

MAIL ORIGINAL FORM TO:
WAYNE COUNTY FAMILY INDEPENDENCE AGENCY
I & R UNIT
2929 RUSSELL
DETROIT, MICHIGAN 48207

Centralized Intake for Abuse & Neglect
5321 28th Street Court S.E.
Grand Rapids, Michigan 49546

OR

Fax this form to 616-977-8900 or 616-977-8050 or 616-977-1158 or 616-977-1154

OR

email this form to DHS-CPS-CIGroup@michigan.gov

- d. Retain copy of report in a building administrative file and forward a copy to the Livonia Public Schools Department of Student Services.
- e. Upon completion of the investigation, the Family Independence Agency shall inform the mandated reporting person in writing as to the disposition of the case and shall include in the information at least all of the following:
LEGAL REF: MCLA, 722.628, Sec. 8

1. What determination the department made and the rationale for that decision.
 2. Whether legal action was commenced and, if so, the nature of that action.
 3. Notification that the information being conveyed is confidential.
2. Upon receipt of this notification the school employee shall make it available to the building administrator, and forward a copy to the director of Student Services.
 3. Any Livonia Public Schools employee, who is not specifically a mandated reporting person ~~in-under~~ the Child Protection Law, who has cause to suspect child abuse or neglect shall immediately report such to their immediate administrator or supervisor. (See section III: 2 and 3 below.)
 4. If an employee of the Livonia Public Schools is suspected of abuse or neglect ~~of a student~~, the administrator, supervisor, or another employee must immediately contact the ~~assistant superintendent for personnel~~ **Director of Human Resources**.

III. Additional actions required of Livonia Public Schools administrators/supervisors:

1. In all cases in which an administrator or supervisor determines or is advised by an **employee** who is a **specifically mandated** reporting person ~~in-under~~ the Child Protection Law that there is **reasonable cause** to suspect abuse or neglect, they shall:
 - a. Assure, that an immediate oral report is made to the Wayne County ~~Family Independence Agency~~ **Department of Human Services [800-716-2234] (855-444-3911)**;
 - b. Assure, that the required written report (**DHS-3200**) is filed within 72 hours;
 - c. Retain a copy of the report and provide a copy to the director of Student Services and the appropriate ~~assistant superintendent or~~ director.
2. If the administrator or supervisor is advised ~~that of suspected~~ abuse or neglect ~~is suspected~~ by an **employee** who is **not a specifically mandated** reporting person ~~in-under~~ the Child Protection Law, **the administrator or supervisor will assure oral and written reporting if the administrator or supervisor has reasonable cause** to suspect abuse or neglect. The administrator or supervisor will inform the employee that a report will be made.
3. If the administrator or supervisor is advised ~~of suspected that~~ abuse or neglect ~~is suspected~~ by an **employee** who is **not a specifically mandated** reporting person ~~in-under~~ the Child Protection Law, **the administrator or supervisor will complete the following steps if the administrator or supervisor determines that reasonable cause to suspect abuse or neglect is not present:**
 - a. Advise the employee, who is not a specifically mandated reporting person ~~in-under~~ the Child Protection Law, of the reporting requirement and offer the Wayne County ~~Family Independence Agency~~ **Department of Human Services** phone number **[800-716-2234] (855-444-3911)**.

- b. Inform the employee, who is not a specifically mandated reporting person ~~in~~ under the Child Protection Law, that the administrator or supervisor will not make a report.
 - c. Determine appropriate means to document actions.
 - d. Advise the employee who is not a specifically mandated reporting person ~~in~~ under the Child Protection Law that he/she may make a report if he/she continues to suspect abuse or neglect.
4. If the administrator or supervisor is advised that abuse or neglect is **suspected by a community member**, the administrator or supervisor will:
- a. Assure oral and written reporting if the administrator or supervisor has reasonable cause to suspect abuse or neglect, and will:
 - 1) Advise the community member of the reporting requirement and offer the Wayne County ~~Independence Agency~~ Department of Human Services phone number ~~[800-716-2234]~~ [855-444-3911].
 - 2) Determine appropriate means to document actions.
 - b. Complete the following steps if they determine that reasonable cause to suspect abuse or neglect is not present:
 - 1) Advise the community member of the reporting requirement and offer the Wayne County ~~Independence Agency~~ Department of Human Services phone number ~~[800-716-2234]~~ [855-444-3911].
 - 2) Determine appropriate means to document actions.
5. In all cases of **suspected sexual abuse or sexual exploitation**, the administrator or supervisor shall (in addition to assuring the required notification and report to the Wayne County ~~Family Independence Agency~~ Department of Human Services) immediately notify the appropriate local police department.
- | | |
|---|---------------------------|
| Livonia Police Department | [734-466-2470] |
| Youth Bureau/Sex Crimes Unit | [734-466-2314] |
| Westland Police Department | [734-722-9600] |
| Youth Bureau/Sex Crimes Unit | [734-721-6311] |
- 6. The administrator or supervisor will involve, as appropriate, the school social worker, other student services staff, instructional staff, and administrative staff.
 - 7. The administrator or supervisor will assure appropriate notification of central office administrative staff of the investigation activities.
 - 8. Access to review educational records: During an investigation, the Wayne County ~~Family Independence Agency~~ Department of Human Services will have access to the student's educational records as part of their investigation. In these cases, the administrator must document such review in the student's CA-90 or confidential file.

9. Parental approval will be secured by the administrator prior to providing access to a non-referred student by representatives of the Wayne County ~~Family Independence Agency~~ Department of Human Services as part of their investigation regarding a referred student.
10. Access to siblings of the referred student living in the same household will be provided to representatives of the ~~Family Independence Agency~~ Wayne County Department of Human Services without parental consent if access is determined by FIA-DHS to be necessary to complete the investigation or to prevent abuse or neglect of the child.

~~11. Wayne County Family Independence Agency staff identification cards contain the following:~~

- ~~Michigan Family Independence Agency~~
- ~~First Initial and Last Name~~
- ~~Title and Location of Office~~
- ~~Photograph of Staff Person~~

IV. Child Protection Law: Investigations at Schools:

LEGAL REF: MCLA, 722.628, Sec. 8

- (8) Schools and other institutions shall cooperate with the department during an investigation of a report of child abuse or neglect. Cooperation includes allowing access to the child without parental consent if access is determined by the department to be necessary to complete the investigation or to prevent abuse or neglect of the child. ~~However,~~ The department (~~Family Independence Agency~~) shall notify the person responsible for the child's health or welfare about the department's contact with the child at the time or as soon afterward as the person can be reached. The department may delay the notice if the notice would compromise the safety of the child or child's siblings or the integrity of the investigation, but only for the time one of those conditions exists.
- (9) If the department has contact with a child in a school, all of the following apply:
 - a) Before contact with the child, the department investigator shall review with the designated school staff person the department's responsibilities under this act and the investigation procedure.
 - b) After contact with the child, the department investigator shall meet with the designated school staff person and the child about the response the department will take as a result of contact with the child. The department may also meet with the designated school staff person without the child present and share additional information the investigator determines may be shared subject to the confidentiality provisions of this act.
 - c) Lack of cooperation by the school does not relieve or prevent the department from proceeding with its responsibilities under this act.

(10) A child shall not be subjected to a search at a school that requires the child to remove his or her clothing to expose his buttocks or genitalia or her breasts, buttocks, or genitalia unless the department has obtained an order from a court of competent jurisdiction

permitting such a search. If the access occurs within a hospital, the investigation shall be conducted so as not to interfere with the medical treatment of the child or other patients.

V. **Child Protection Law “Definitions”:**
LEGAL REF: MCLA, 722.622, Sec. 2

1. **Specifically mandated reporting persons in the Child Protection Law include:**

~~A physician, dentist, physician’s assistant, registered dental hygienist, medical examiner, nurse, a person licensed to provide emergency medical care, audiologist, psychologist, marriage and family therapist, licensed professional counselor, social worker, licensed master’s social worker, licensed bachelor’s social worker, registered social service technician, social service technician, a person employed in a professional capacity in any office of the friend of the court, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, or duly regulated child care provider.~~ A physician, coroner, dentist, medical examiner, nurse, a person licensed to provide emergency medical care, audiologist, psychologist, family therapist, ~~certified social worker, social worker, social work technician, school administrator, school counselor or teacher, law enforcement officer, or duly regulated child care provider.~~

2. **“Child”** means a person under 18 years of age.

3. **“Child abuse”** means harm or threatened harm to a child’s health or welfare ~~by a person responsible for the child’s health or welfare, which occurs through non-accidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, that occurs through~~ non-accidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child’s health or welfare or by a teacher, a teacher’s aide, or a member of the clergy.

4. **“Child neglect”** means harm or threatened harm to a child’s health or welfare by a parent, legal guardian or any other person responsible for the child’s health or welfare which occurs through negligent treatment including the failure to provide adequate food, clothing, shelter, or medical care either of the following:

- Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
- Placing a child at an unreasonable risk to the child’s health or welfare by failure of the parent, legal guardian, or other person responsible for the child’s health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

5. **“Sexual abuse”** means engaging in sexual contact or sexual penetration, as defined by law, with a child by a person responsible for the child’s health or welfare.

6. **“Sexual exploitation”** includes allowing, permitting, or encouraging a child to engage in prostitution by a person responsible for the child’s welfare; or allowing, permitting, encouraging, or engaging in the photographing, filming, or depicting of a child engaged in a listed sexual act, as defined by law, by a person responsible for the child’s health or welfare.
7. **“Person responsible for the child’s health or welfare”** includes, but is not limited to, a parent, legal guardian, stepparent, or any other individual to whom a parent or legal guardian delegates the care of the child.

NOTE: Within the Child Protection Law the term “department” refers to the FIA [Family Independent Agency](#).

EXHIBIT

JGI

STUDENT SUSPECTED CHILD ABUSE/NEGLECT

~~JUNE 2004~~

The Department of Student Services has been assigned specific, system-wide responsibilities for issues related to child abuse and neglect. These responsibilities include:

1. To be a resource to administrators/supervisors related to understanding the Child Protection Law and mandates for school personnel;
2. To facilitate/provide staff in-service regarding abuse/neglect warning signs and procedures to follow;
3. To be available for case consultation as requested;
4. To assure involvement of Department of Student Services staff in cases of suspected child abuse/neglect;
5. If the reporting person is unable to contact the Wayne County ~~Family Independence Agency~~ Department of Human Service or is dissatisfied with the response from that agency, they should immediately contact the director of Student Services or ~~assistant superintendent appropriate~~ director.

Appendix A: The “**Report of Actual or Suspected Child Abuse or Neglect:** (~~FIA-DHS~~-3200) is filed according to state law and as specified in the procedures.

NOTE: A copy of this report is provided to the Livonia Public Schools’ director of Student Services and the appropriate ~~assistant superintendent or~~ director.

(Replace with current DHS-3200 FORM)

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Family Independence Agency
EXHIBIT JGI—APPENDIX A

INSTRUCTIONS: REFERRING PERSON: Complete items 1-20. Send PART I to local County Family Independence Agency where the child is found. Retain PART 2 for your records. See additional instructions on back.		1. Date	
2. List of Child(ren) Suspected of being Abused or Neglected (List additional children on back of Part 1)			
NAME	BIRTH DATE	SOCIAL SECURITY #	SEX RACE
3. Father's Name			
4. Mother's Name			
5. Name of Alleged Perpetrator of Abuse or Neglect		6. Relationship to Child(ren)	
7. Child(ren)'s Address (No. & Street)		8. City	9. County 10. Phone No.
11. Person(s) the Child(ren) Living with when Abuse / Neglect Occurred			
14. Source of Referral (Check appropriate box)			
<input type="checkbox"/> PHYSICIAN <input type="checkbox"/> AUDIOLOGIST <input type="checkbox"/> PROFESSIONAL COUNSELOR			
<input type="checkbox"/> MEDICAL EXAMINER (Coroner) <input type="checkbox"/> SOCIAL WORKER <input type="checkbox"/> TEACHER <input type="checkbox"/> FIA FACILITY			
<input type="checkbox"/> DENTIST/DENTAL HYGIENIST <input type="checkbox"/> SCHOOL ADMINISTRATOR <input type="checkbox"/> LAW ENFORCEMENT OFFICER <input type="checkbox"/> DCH FACILITY			
<input type="checkbox"/> NURSE <input type="checkbox"/> SCHOOL COUNSELOR <input type="checkbox"/> CHILD CARE PROVIDER <input type="checkbox"/> OTHER (Specify below)			
<input type="checkbox"/> EMERGENCY MEDICAL SERVICES PERSONNEL <input type="checkbox"/> PSYCHOLOGIST <input type="checkbox"/> HOSPITAL <input type="checkbox"/> MARRIAGE/FAMILY THERAPIST			
15. Referring Person's Name		16. Name of Referring Organization (school, hospital, etc.)	
17. Address (No. & Street)		18. City	19. State 20. Phone No.
TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE			
21. Summary Report and Conclusions of Physical Examination			
22. Laboratory Report			
23. X-Ray		24. Other (specify)	
25. History or Physical Signs of Previous Abuse / Neglect		YES NO	
26. Prior Hospitalization or Medical Examination for this Child			
DATES		PLACES	
27. Physician's Signature		28. Date	29. Hospital (if applicable)
The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA Office in your county.		AUTHORITY: P.A. 238 OF 1975 COMPLETION: Mandatory PENALTY: None	
FIA-3200 (Rev. 4-96) Previous edition may be used. INCLUDES CERTIFIED SOCIAL WORKER, SOCIAL WORKER, SOCIAL WORK TECHNICIAN (Act No. 362, P.A. of 1972, as amended)			

INSTRUCTIONS

GENERAL INFORMATION:

This form is to be completed as the written follow-up to the oral report required in the above Sec. 3. (1) Act. No. 238, P.A. of 1975, as amended and mailed to the local county Family Independence Agency. Referring person is to fill out as completely as possible items 1-20. Only medical personnel may complete items 21-29.

1. Date — Enter the date the form is being completed.
2. List child(ren) suspected of being abused or neglected — Enter available information for the child(ren) believed to be abused or neglected.
3. Father's name — Enter father's name (or father substitute) and other available information.
4. Mother's name — Enter mother's name (or mother substitute) and other available information.
5. Name of alleged perpetrator of abuse or neglect — Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
6. Relationship to child(ren) — Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuses, i.e. parent, grandparent, babysitter.
7. Child(ren)'s address — Enter the address of the child(ren).
8. City — Self explanatory
9. County — Self explanatory
10. Phone — Enter phone number of the household where child(ren) resides.
11. Person(s) child(ren) living with when abuse/neglect occurred — Enter name(s).
12. Address where abuse / neglect occurred — Self explanatory.
13. Describe injury or conditions and reason of suspicion of abuse or neglect — Indicate the basis for making a report and the information available about the abuse or neglect.
14. Source of referral — Check appropriate box noting professional group or appropriate category
Note: — If abuse or neglect is suspected in a hospital, check hospital.
- FIA Facility — Refers to any group home, shelter home, halfway house or institution operated by the Family Independence Agency.
- DCH Facility — Refers to any institution or facility operated by the Department of Community Health.
15. Referring person's name — Enter your name if you are referring or reporting this matter.
16. Name of referring organization — Enter the name of the agency or organization, if appropriate.
17. Address — Self explanatory
18. City — Self explanatory
19. State — Self explanatory
20. Phone Number — Self explanatory

