

REPORTING SUSPECTED CHILD ABUSE

Clarksville-Montgomery County School System (CMCSS) recognizes that state law specifies that every citizen has a duty to report suspected brutality, abuse, neglect, or child sexual abuse. In accordance with Tennessee Code TCA 37-1-403(b), the district has developed its own policy and procedures for reporting suspected cases of abuse or neglect.

The district requires any employee who suspects abuse that is not severe physical or sexual abuse to report that suspicion directly to the Department of Children's Services (DCS) AND to the district's Chief Human Resources Officer or designee. In addition to reporting to DCS, any employee who suspects severe physical or sexual abuse is required to report such suspicions directly to the district's Chief Human Resources Officer or designee who will notify the appropriate law enforcement agency.

In all cases where the suspected abuser is a CMCSS employee, volunteer, or contracted services provider, or if it is suspected that the abuse occurred on school grounds or while the child was under the supervision or care of the school, district employees will report their suspicions directly to the Chief Human Resources Officer or designee who will notify the appropriate law enforcement agency.

Persons making a report of child sexual abuse or reporting harm or physical abuse of a child are presumed to be acting in good faith and are immune from any liability, civil or criminal, that may be brought in a state court action. Such person's identity will remain confidential as set forth in the school system's applicable policies and procedures unless otherwise required by law or court order. Their name will not be released to any person other than DCS and school administrators on a need to know basis as required by state law and that may be needed to "protect the health and safety of the student or other individuals."

The information contained in these training guidelines is to provide supervisors information to use in informing all district employees about the definition of child abuse, how to report suspicions of child abuse, and how to accommodate related investigations.

What is Child Abuse?

1. Child abuse or neglect exists when any person under the age of 18 has sustained an injury or is in immediate danger of being injured by the actions or inactions of a parent, relative, guardian, or caretaker.
2. Injury includes significant physical trauma to the child including: broken bones, eye socket injuries, brain or spinal cord injury, puncture wounds, abrasions, auditory damage, any type of burn, any bruising on any part of a child age two or younger that is not the result of an accident, normal developmental activity, or developmentally appropriate discipline, deep penetrating contusions elsewhere on the body of a child over two years of age, any sexual contact, use of life threatening weapons against any child, or any other willful or knowing behavior which may cause any of the injuries.
3. Injury shall also include repeated and continuous failure to provide minimally adequate food, medical care, shelter, or supervision. It may also include psychological abuse such as constant belittling, violent acts directed toward the child's possessions, or any other acts which are likely to cause profound and long-term emotional damage.

How Do I Report Suspicion of Child Abuse? (See Exhibit A)

1. Any CMCSS employee who suspects child abuse that **is not** considered to be **severe physical** or **sexual in nature** must relate their suspicions immediately by telephone, online, or via fax to Central Intake, DCS, Child Protective Services.
 - a. **Telephonic referrals** - call **Central Intake** at **1-877-237-0004**. This line is manned 24-hours a day by Central Intake personnel. The referring party should document the nature of the referral, who they spoke with and other pertinent information related to the referral. [HUM-F050](#), Telephonic Referral Form, is an available tool to assist in documenting telephonic referrals.
 - b. **Faxed and online referrals** – For faxes, fax completed [HUM-F048](#), Child Protective Services Intake Report Faxed Referral, to **Central Intake Fax** at **1-615-254-6018** and a record of receipt of fax must be received by the sender of the fax. For online referral,

complete the online report at <https://app.tn.gov/carat> and keep a record of the online report.
Online and faxed referrals are for non-emergency situations only per DCS.

- c. If the person who suspects child abuse does not have access to a telephone, he or she will contact the highest authority in the building or area who will make a telephone available so that the employee can report the suspected child abuse.
 - d. *After Central Intake has been notified, the employee or his or her supervisor will notify the Department of Human Resources via telephone, email, or fax.*
 - e. School personnel will take no action to verify or investigate the complaint.
 - f. Building Principals and Department Directors must maintain a record of all referrals/supporting documentation (Telephonic and Faxed Referral, Verification of Fax Receipt, Online Reports, etc.) and maintain these in a secure location at the building/site level. Record of referrals should include who made the call, the purpose of the call, and the name of the DCS staff member contacted. Due to the sensitive nature of this information, it must be maintained in a secure manner.
 - g. The employee making the report should provide as much of the following information as possible to DCS: 1) Name, address, and age of child; 2) Name, address and person responsible for the care of the child; 3) Facts that led to the report., and 4) Other pertinent information such as the location of the child's parents, identity of the alleged perpetrator, other agencies working with the family, the family's knowledge of the referral, the school's past experience with the family, and other children in the family.
 - h. Under normal circumstances, DCS will send the person reporting the suspected abuse a letter to tell them whether they have accepted the referral. After DCS completes its investigation, they will follow up with a second letter indicating whether abuse was indicated or unfounded. This letter does not include information regarding how DCS arrived at its decision.
2. In addition to reporting to DCS, any CMCSS employee who suspects child abuse that is of a **severe physical or sexual nature OR if an allegation of abuse is made against a CMCSS employee, volunteer, or contract vendor** must report their suspicions directly to the Chief Human Resources Officer or designee, who will notify the Clarksville Police Department or Montgomery County Sheriff's Office as appropriate.

2.1.1 Only if the alleged abuse is made against a CMCSS employee, volunteer, or contractor, or that the abuse occurred on school grounds or while the child was under the supervision or care of the school, the school administrator will notify parent/guardian of the student.

CLARIFICATION OF INFORMATION

Employees should address questions regarding this information directly to his or her principal or department head for clarification. Principals or Department Heads should notify the Chief Human Resources Officer or the Human Resources General Counsel of any atypical situations involving DCS personnel that may require Central Office involvement.

RELATED TRAINING INFORMATION

PURPOSE: To familiarize participants with the roles, responsibilities and functions of both the Department of Children Services (DCS) and CMCSS regarding the reporting of suspected child abuse AND accommodating investigations into alleged child abuse.

TRAINING FOLLOW UP PLAN: Principals and Department heads will familiarize ALL personnel assigned to their respective buildings/areas with basic procedures for reporting suspected abuse and accommodating DCS investigations.

REFERENCES: Tennessee Code Annotated 37-1-4-01, et. seq. and 37-1-611, 612; DCS Administrative Policy 14.1 – 14.6; CMCSS Policies and Procedures for Reporting Suspected Child Abuse and Accommodating DCS Investigations

INTRODUCTION: Public school systems are considered local agencies with a duty to cooperate in child abuse investigations, therefore, any employee of the public school system must report suspected child abuse in accordance with the district’s related policies and procedures. DCS is the agency charged with conducting such investigations. As such, we share a common goal and must partner together to ensure the protection and privacy of our children. We are not adversaries and must see ourselves as co-advocates in doing what is right for the children in Montgomery County. This is the law!

1. Child Abuse

A. Definition of Child Abuse and Neglect

- 1) Child abuse or neglect exists when any person under the age of 18 has sustained an injury or is in immediate danger of being injured by the actions or inactions of a parent, relative, guardian, or caretaker.
- 2) Injury includes significant physical trauma to the child including: broken bones, eye socket injuries, brain or spinal cord injury, puncture wounds, abrasions, auditory damage, any type of burn, any bruising on any part of a child age two or younger that is not the result of an accident, normal developmental activity, or developmentally appropriate discipline, deep penetrating contusions elsewhere on the body of a child over two years of age, any sexual contact, use of life threatening weapons against any child, or any other willful or knowing behavior which may cause any of the injuries.
- 3) Injury includes repeated and continuous failure to provide minimally adequate food, medical care, shelter, or supervision. It may also include psychological abuse such as constant belittling, violent acts directed toward the child’s possessions, or any other acts which are likely to cause profound and long-term emotional damage.

B. DCS accepts a report of child maltreatment provided it meets these three criteria:

- 1) The report pertains to a child under the age of 18 years, and
- 2) The report alleges harm or imminent risk of harm to the child, and
- 3) The alleged perpetrator is:
 - a. A parent or caretaker, or
 - b. A relative or other person living in the home, or
 - c. An educator, volunteer or employee of a recreational/ organizational setting who is responsible for the child; or any individual providing treatment, care or supervision for the child. (Note: you have a professional obligation to report suspected abuse. “If you think it. . . report it.”)

C. Referral types

Minor physical abuse	Lack of Supervision	Other
Severe physical abuse	Abandonment	Abuse – Death
Failure to thrive	Sexual Abuse	Neglect – Death
Malnutrition	Emotional Abuse	Substantial Risk, Physical Injury
Physical Neglect	Emotional Neglect	Substantial Risk, Sex Abuse
Medical Neglect	Educational Neglect	Substance Affected Infant

- D. DCS does not investigate allegations of minor injuries that are the result of developmentally appropriate discipline or allegations of physical abuse of children by strangers or persons who were not in a caretaking role unless the parent refuses to take necessary action to protect the child from future harm.

DCS accepts all referrals involving sexual abuse of children under the age of 13 years regardless of the previous relationship between the alleged victim and the alleged

perpetrator. DCS does not investigate sexual abuse allegations of a child 13 to 18 years old by an alleged perpetrator who does not have a relationship with the child as defined in B.3) above. DCS may assist law enforcement or the district attorney's office in such cases if resources allow.

- E. Child abuse may lead to behavioral manifestations in the child victim. While most of the below listed behavioral indicators can have numerous explanations besides child abuse, they are important when they are linked to abuse allegations.

Preadolescent	Adolescent
1. Stylized behavior; excessive seductiveness	1. Stylized behavior; excessive provocativeness beyond norm for age
2. Unusual interest in sex organs of self or others	2. Shy, withdrawn, overburdened appearance
3. Fearful or suspicious of adults	3. Change in school grades
4. Tugging at clothing in genital area	4. Running away
5. Tired, lethargic, sleepy appearance	5. Self-destructive behavior
6. Regressive behaviors, such as whining, negative changes in toilet habits	6. Substance abuse that is more than experimental
7. Persistent fears or overwhelming nightmares	7. Unwillingness to participate in group activities
8. Blaming or dislike of self	8. Stealing; shoplifting
9. Change in school grades	9. Pregnancy wishes
10. Public or excessive masturbation	10. Prostitution
11. Developmental delays	11. Fear or distrust of men, adults
12. Perceived and/or treated by parent as bad, unusual, and/or different	12. Statements about being bad or undesirable
13. Behavioral extremes (e.g., extremely aggressive or passive, persistent crying)	13. Wary of/avoidance of physical contact
14. Child assumes parent role (i.e., caretaking of one or both parents and/or siblings beyond normal "role-playing" for child's age.	14. Child assumes parent role (i.e., caretaking of one or both parents and/or siblings beyond normal "role-playing" for child's age.
	15. Excessive longing for affection
	16. Reluctant to change clothes for gym

- F. Conversely, there are "normal" preadolescent and adolescent behaviors that in and of themselves that do not indicate great need for concern. These might include the following.

Preadolescent	Adolescent
1. Playing doctor.	1. Sexually explicit conversations, non-coercive, with similar age peers
2. Occasional masturbation	2. Sexual innuendo – flirting
3. Imitation – kissing and flirting	3. Hugging, kissing and holding hands
4. Genital conversations with similar age peers	4. Petting and fondling, non-coercive
5. Show me and I will show you mine with similar age peers	5. Dirty words or jokes

Associated Documents: [HUM-A009](#) Reporting Suspected Child Abuse
[HUM-A010](#) Accommodating DCS Investigations
[HUM-P014](#) Reporting Suspected Child Abuse Procedure
[HUM-P015](#) Accommodating DCS Investigations Procedure
[HUM-F048](#) Child Protective Services Intake Report
[HUM-F050](#) Department of Children's Services (DCS) Referral
[HUM-G006](#) Training Guidelines for Accommodating DCS Investigations

A flowchart detailing these training guidelines is below.

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