

# Michigan Youth Protection Agreement

Please read the following State of Michigan Youth Protection Laws and sign below. Thank you!

Pursuant to the provision STATE OF MICHIGAN AND THE BOY SCOUTS OF AMERICA, all leaders at Owasippe are required to report all suspected cases of Child Abuse/Neglect to their Camp Director. They are also to sign a statement that they have knowledge and understanding of the reporting requirements. The Owasippe Scout Reservation recognizes the intent of the Michigan State Law (Public Act #116 of 1973) and Administrative Rules (#113, #115, #119) in its attempt to ensure the health and the general welfare of its campers.

## RULE 113

Discipline is the responsibility of the unit leader. If you need help, consult your Commissioner and/or Camp Director. Vandalism or injury to others will not be tolerated. Rule #113 of "Rules for licensing of Children's Camp in the State of Michigan" reads, "A camper shall not be deprived of food or sleep, be placed alone without staff supervision, observation and interaction, or be subject to ridicule, threat, corporal punishment, or excessive physical exercise, or excessive restraints by another camper or staff member." HAZING OR INTIATION IS STRICTLY PROHIBITED.

## RULE 115

It is mandatory that any staff member or volunteer report to his or her Director any actual or suspected case of Child Abuse or Neglect immediately. The Director shall immediately contact the Camp Director, who if after the investigation he finds abuse or neglect, shall by phone report within 24 hours to the Department of Social Services and file a written report within 72 hours. "THIS IS THE RESPONSIBILITY OF ALL STAFF MEMBERS AND VOLUNTEER LEADERS."

## Reporting Procedures:

For abuse taking place in at camp contact a senior camp staff member.  
For abuse found in Michigan but taking place in Illinois, call the DCFs hotline, 1-800-252-2873.

## RULE 119

Each staff member and volunteer must be alert at all times to each camper's physical state, any observed change should be reported to the Director for appropriate action.

A copy of the Owasippe procedure for reporting suspected cases of Child Abuse/Neglect follows. This outlines the procedures for you reporting suspected cases of Abuse and Neglect.

## PROCEDURES FOR REPORTING SUSPECTED CASES OF CHILD ABUSE/NEGLECT

1. All camp personnel shall be aware of and guided by Department of Social Services Rule #113, #115, and #119 as printed above.
2. Any camp personnel having reasonable cause to believe that any camper's with whom they have had direct contact has been subjected to Abuse or Neglect shall immediately report the matter to their Camp Director/Supervisor.
3. The Camp Director/Supervisor may consult with the appropriate personnel, evaluate the case, make a record of the report, and SHALL REPORT the incident to the DIRECTOR.
4. The DIRECTOR shall report the matter by telephone within 24 hours to the Department of Social Service.
5. All reports shall be confirmed in writing to the Department of Social Service within 72 hours of the report.
6. Any leader who makes a report shall cooperate with the assigned investigation agency, including full testimony in any judicial proceeding resulting from such report, as to any evidence of Abuse or Neglect, or the case thereof.

All persons must sign this statement that they have knowledge and understanding of the Child Abuse/Neglect reporting requirements. All leaders and staff are required to report suspected cases of Child Abuse/Neglect per these guidelines.

My signature below verifies that I have knowledge and understanding of the requirement for reporting suspected cases of Child Abuse/Neglect.

NAME \_\_\_\_\_  
(PRINT)

NAME \_\_\_\_\_  
(SIGNED)

WEEK \_\_\_\_\_

DATE \_\_\_\_\_

CAMP \_\_\_\_\_

TROOP # \_\_\_\_\_

SITE # \_\_\_\_\_

A personnel record is required to be on file for each staff member, including adult volunteer leaders.

A. Name \_\_\_\_\_

B. Please identify experience, training and certifications received, with expiration date:

CPR \_\_\_\_\_

First Aid \_\_\_\_\_

WSI \_\_\_\_\_

Camp School \_\_\_\_\_

BSA Lifeguard \_\_\_\_\_

Other \_\_\_\_\_

C. Please list previous camp experience:

D. Special skills, qualifications, or talents:

E. **References: (must not be related)**

I recommend the above-identified individual

1. \_\_\_\_\_  
*NAME ADDRESS CITY, STATE PHONE SIGNATURE*
2. \_\_\_\_\_  
*NAME ADDRESS CITY, STATE PHONE SIGNATURE*
3. \_\_\_\_\_  
*NAME ADDRESS CITY, STATE PHONE SIGNATURE*

Have you been convicted of ANY crimes other than Minor Traffic Violations? \_\_\_\_\_

If Yes – Explain: \_\_\_\_\_

Any Infectious Diseases? \_\_\_\_\_

If Yes – Explain: \_\_\_\_\_

BSA REGISTRATION UNIT \_\_\_\_\_ COUNCIL \_\_\_\_\_ EXPIRATION \_\_\_\_\_

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_