

[CABE Letterhead]

**ABUSE PREVENTION POLICY**

**ZERO TOLERANCE**

CABE strictly prohibits and will not allow or tolerate any Abusive Conduct toward any Minor by any CABE Representative whose duties require them to work or come into contact with Minors. This policy applies to any CABE Representative, regardless of whether the alleged Abusive Conduct takes place in or on CABE property or in conjunction with a CABE Activity.

Any CABE Representative who CABE knows or reasonably suspects to have engaged in any Abusive Conduct will be appropriately disciplined by CABE, up to and including termination. Furthermore, CABE will support and participate, to the extent legally permissible, in any criminal prosecution deemed appropriate by the authorities.

**DEFINITIONS**

“Abusive Conduct” means physical, sexual, or emotional abuse, molestation, grooming, or any other inappropriate activity. This term also includes “child abuse and neglect” as defined in California Penal Code § 11165.6, which can include:

- A physical injury or death inflicted on a child by another person other than by accidental means.
- The sexual abuse, assault, or exploitation of a child.
- The negligent treatment or maltreatment of a child by a person responsible for the child’s welfare under circumstances indicating harm or threatened harm to the child’s health or welfare. This is whether the harm or threatened harm is from acts or omissions on the part of the responsible person.
- The willful harming or endangerment of the person or health of a child, any cruel or inhumane corporal punishment or any injury resulting in a traumatic condition.

“Minor” includes any person under the age of eighteen (18), whose mental capacity is that of a person under the age of eighteen, or who, regardless of age, is enrolled in school, grade 12 or under.

“CABE” means the California Association for Bilingual Education and its programs and activities.

“CABE Activity” means any and all activities, programs, outings, events, or trips sponsored or instituted by CABE, or any activity to which CABE contributes.

“CABE Representative” means any employee, contractor, volunteer, member of the board of directors, agent, or any other representative of CABE.

## PROCEDURES FOR PREVENTING ABUSIVE CONDUCT

**Abuse Prohibition:** CABE Representatives are strictly prohibited from engaging in any Abusive Conduct, as defined in this Policy, against any Minor.

**One on One Contact Policy:** Under no circumstances may any CABE Representative be alone with any Minor outside the direct line of sight or observation or hearing of other CABE Representatives or the Minor's teacher, parent, or other legal guardian.

**Touch Policy:** Touch is acceptable only if it is respectful and appropriate in the context of the activity or program. Inappropriate touching is strictly prohibited. Inappropriate touching includes excessive touching, inappropriate hugging, kissing, sexually oriented behavior, sexually stimulating or otherwise inappropriate games, rubdowns, massaging, horseplay, or roughhousing, and any other excessive physical contact.

**Communication/Speech Policy:** CABE Representatives must not make any inappropriate comments while engaged in any activity in which they are seen as representing CABE. Inappropriate comments or speech includes but is not limited to sexual innuendo or demeaning, racist, or suggestive comments or jokes.

**Screening:** Under no circumstances may any CABE Representative work, supervise, mentor, volunteer, assist, or participate in any activity with Minors prior to completing and passing the required drug screening and background investigation as required by school districts or California laws applicable to K-12 school districts.

## RED FLAGS FOR ABUSIVE CONDUCT

Red flags for Abusive Conduct are often identified by observing a Minor's behavior at school, recognizing physical signs, and observations of dynamics during routine interactions with certain adults. While the following signs are not proof that a Minor is the subject of Abusive Conduct, they should prompt one to look further.

### **Warning Signs of Emotional Abuse:**

- Excessively withdrawn, fearful, or anxious about doing something wrong.
- Shows extremes in behavior (extremely compliant or extremely demanding; extremely passive or extremely aggressive).
- Doesn't seem to be attached to the parent or caregiver.
- Acts either inappropriately adult-like (taking care of other children) or inappropriately infantile (rocking, thumb-sucking, throwing tantrums).

### **Warning Signs of Physical Abuse:**

- Frequent injuries or unexplained bruises, welts, or cuts.
- Is always watchful and "on alert" as if waiting for something bad to happen.

- Injuries appear to have a pattern such as marks from a hand or belt.
- Shies away from touch, flinches at sudden movements, or seems afraid to go home.
- Wears inappropriate clothing to cover up injuries, such as long-sleeved shirts on hot days.

***Warning Signs of Neglect:***

- Clothes are ill-fitting, filthy, or inappropriate for the weather.
- Hygiene is consistently bad (unbathed, matted and unwashed hair, noticeable body odor).
- Untreated illnesses and physical injuries.
- Is frequently unsupervised or left alone or allowed to play in unsafe situations and environments.
- Is frequently late or missing from school.

***Warning Signs of Sexual Abuse:***

- Trouble walking or sitting.
- Displays knowledge or interest in sexual acts inappropriate to his or her age, or even seductive behavior.
- Makes strong efforts to avoid a specific person, without an obvious reason.
- Doesn't want to change clothes in front of others or participate in physical activities.
- A sexually transmitted disease (STD) or pregnancy, especially under the age of fourteen.
- Runs away from home.

**REPORTING AND INVESTIGATION PROCEDURES**

***Reporting Procedure:*** CABE Representatives who witness or suspect abuse, as mandated reporters, will complete a state form, submit it to the state, call CPS and report it, then submit a copy to HR office order to maintain a record of such report confidentially:

Name: Joshua Jauregui

Title: Director of Administrative Systems

E-mail: joshua@gocabe.org

Phone Number: 626-814-4441 x105

Where appropriate or required by law, CABE will report incidents of known or reasonably suspected Abusive Conduct to the appropriate authorities. If the Abusive Conduct involves a vulnerable adult, CABE will also report the abuse to the local or state Adult Protective Services (APS) Agency. CABE may contact any of the following:

California Department of Social Services-Child Protective Services	800-540-4000
California Department of Social Services-Adult Protective Services	833-401-0832
Los Angeles County Adult Protective Services	877-477-3646
Los Angeles County Sheriff's Department (City of Walnut)	909-595-2264

In cases of a life-threatening emergency, CAFE will use the 911 Universal Emergency Number.

CAFE will report any incident of alleged Abusive Conduct to its insurance agent.

**Mandated Reporters:** CAFE Representatives whose duties require direct contact with and supervision of persons under the age of 18 are required to take the [California Child Abuse Mandated Reporter Training-General Training](http://mandatedreporter.ca.com) which can be found at [mandatedreporter.ca.com](http://mandatedreporter.ca.com). CAFE Representatives shall provide CAFE with the certificate proof of completion provided upon completion of the training. Annual reminder of mandated reporter policy will be provided as part of continuous training.

Pursuant to California Penal Code § 11166, in cases of known or reasonably suspected Abusive Conduct towards a person under the age of 18, CAFE Representatives who have direct contact with and supervision of persons under the age of 18 shall, in addition to reporting to the Director of Administrative Systems, report such Abusive Conduct directly to one or more of the above law enforcement or child welfare agencies. The report should be made immediately over the telephone and should be followed up in writing using a Suspected Child Abuse Report or any special forms used by the law enforcement agency for this purpose. If a report cannot be made immediately over the telephone, then an initial report may be made via e-mail or fax. The Director of Administrative Systems is available to assist CAFE Representatives, should they need it.

**Investigation and Follow Up Procedure:** CAFE takes all allegations of Abusive Conduct seriously and will promptly and thoroughly investigate each and every allegation. CAFE may use an outside third-party to conduct the investigation. If CAFE has a trained internal investigation team in place, the team may be used to investigate the allegations. It is CAFE's objective that any investigation be conducted in a fair and impartial manner. CAFE will, at its discretion, place the accused CAFE Representative on leave of absence or on reassignment to a non-Minor contact program while the investigation is ongoing. CAFE will make reasonable efforts to keep the alleged conduct confidential while still allowing for a prompt and thorough investigation. Any CAFE Representative accused of Abusive Conduct will be given an opportunity to respond to any and all allegations made against them.

CAFE will cooperate fully with any investigation conducted by a school district partner, law enforcement, or any regulatory agency.

**Anti-Retaliation Statement:** CAFE prohibits retaliation of any kind against any CAFE Representative who reports a good faith complaint of Abusive Conduct or other violation of this Policy or who participates in any related investigation. Given the serious consequences to the accused of any false and/or bad faith accusations, CAFE strictly prohibits and warns CAFE Representatives against making false and/or malicious allegations and/or deliberately providing false information during an investigation. Anyone who violates this rule will be subject to disciplinary action, up to and including termination, and if permitted by law, criminal prosecution or civil action.

**[CABE LETTERHEAD]**

**ACKNOWLEDGING RECEIPT AND UNDERSTANDING OF  
CABE ABUSE PREVENTION POLICY**

I acknowledge that I have received, read and understood the CABE Abuse Prevention Policy and/or have had it explained to me. I understand that CABE will not tolerate any Abusive Conduct as described in the policy. I understand that disciplinary action will be taken against those who are found to have committed any Abusive Conduct in violation of this policy.

I agree and understand that:

- (1) it is my responsibility to abide by all rules contained in this policy; and
- (2) if my duties require direct contact with and supervision of person(s) under the age of 18, I am a mandated reporter for child abuse and neglect pursuant to California Penal Code Section 11165.7; and
- (3) if my duties require direct contact with and supervision of person(s) under the age of 18, I have received and reviewed copies of California Penal Code Sections 11165.7, 11166, and 11167; and
- (4) if my duties require direct contact with and supervision of person(s) under the age of 18, I will comply with the provisions of California Penal Code Section 11166; and
- (5) if my duties require direct contact with and supervision of person(s) under the age of 18, it is my responsibility to take the California Child Abuse Mandated Reporter Training-General Training once a year and to provide a certificate of completion; and
- (6) I will report, in good faith, any incidents of Abusive Conduct which I witness or reasonably suspect, or of which I become aware as set forth in this policy; and
- (7) I shall not retaliate against any person exercising his or her rights under this policy; and
- (8) I shall not make false and/or malicious Abusive Conduct allegations, or deliberately provide false information during an investigation; and
- (9) a violation of this policy can lead to disciplinary action against me by CABE, up to and including termination of my employment and/or any other relationship I may have with CABE.

**CABE Representative:**

Signature: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_

Date/annual review: \_\_\_\_\_

**CABE Confirmation by:**

Signature: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_



## SUSPECTED CHILD ABUSE REPORT (Pursuant to Penal Code section 11166)

**To Be Completed by Mandated Child Abuse Reporters**  
PLEASE PRINT OR TYPE

**CASE NAME:** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

<b>A. REPORTING PARTY</b>	NAME OF MANDATED REPORTER		TITLE		MANDATED REPORTER CATEGORY				
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS			Street	City	Zip	DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	REPORTER'S TELEPHONE (DAYTIME)		SIGNATURE			TODAY'S DATE			
<b>B. REPORT NOTIFICATION</b>	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		AGENCY						
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)		ADDRESS		Street	City	Zip	DATE/TIME OF PHONE CALL	
	OFFICIAL CONTACTED - NAME AND TITLE					TELEPHONE			
<b>C. VICTIM One report per victim</b>	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY			
	ADDRESS		Street	City	Zip	TELEPHONE			
	PRESENT LOCATION OF VICTIM			SCHOOL	CLASS	GRADE			
	PHYSICALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEVELOPMENTALLY DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER DISABILITY (SPECIFY)			PRIMARY LANGUAGE SPOKEN IN HOME			
	IN FOSTER CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:			TYPE OF ABUSE (CHECK ONE OR MORE):				
		<input type="checkbox"/> DAY CARE	<input type="checkbox"/> CHILD CARE CENTER	<input type="checkbox"/> FOSTER FAMILY HOME	<input type="checkbox"/> PHYSICAL	<input type="checkbox"/> MENTAL			
		<input type="checkbox"/> FAMILY FRIEND	<input type="checkbox"/> GROUP HOME OR INSTITUTION	<input type="checkbox"/> RELATIVE'S HOME	<input type="checkbox"/> SEXUAL	<input type="checkbox"/> NEGLECT			
				<input type="checkbox"/> OTHER (SPECIFY) _____					
	RELATIONSHIP TO SUSPECT			PHOTOS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				
<b>VICTIM'S SIBLINGS</b>	NAME		BIRTHDATE	SEX	ETHNICITY	NAME	BIRTHDATE	SEX	ETHNICITY
	1. _____					3. _____			
	2. _____					4. _____			
<b>D. INVOLVED PARTIES PARENTS/GUARDIANS</b>	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY			
	ADDRESS		Street	City	Zip	HOME PHONE	BUSINESS PHONE		
	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY			
	ADDRESS		Street	City	Zip	HOME PHONE	BUSINESS PHONE		
<b>SUSPECT</b>	SUSPECT'S NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE	SEX	ETHNICITY			
	ADDRESS		Street	City	Zip	TELEPHONE			
	OTHER RELEVANT INFORMATION								
<b>E. INCIDENT INFORMATION</b>	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____								
	DATE/TIME OF INCIDENT		PLACE OF INCIDENT						
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incident's involving the victim(s) or suspect)								

**DO NOT** submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code section 11169 to submit to DOJ a Child Abuse or Severe Neglect Indexing Form BCIA 8583 if (1) an active investigation was conducted and (2) the incident was determined to be substantiated.



## SUSPECTED CHILD ABUSE REPORT (Pursuant to Penal Code section 11166)

### DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM BCIA 8572

All Penal Code (PC) references are located in Article 2.5 of the California PC. This article is known as the Child Abuse and Neglect Reporting Act (CANRA). The provisions of CANRA may be viewed at: <http://leginfo.legislature.ca.gov/faces/codes.xhtml> (specify "Penal Code" and search for sections 11164-11174.3). A mandated reporter must complete and submit form BCIA 8572 even if some of the requested information is not known. (PC section 11167(a).)

#### I. MANDATED CHILD ABUSE REPORTERS

Mandated child abuse reporters include all those individuals and entities listed in PC section 11165.7.

#### II. TO WHOM REPORTS ARE TO BE MADE ("DESIGNATED AGENCIES")

Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff's department (not including a school district police or security department), the county probation department (if designated by the county to receive mandated reports), or the county welfare department. (PC section 11165.9.)

#### III. REPORTING RESPONSIBILITIES

Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof **within 36 hours** of receiving the information concerning the incident. (PC section 11166(a).)

No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by CANRA. Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC section 11172(a).)

#### IV. INSTRUCTIONS

**SECTION A – REPORTING PARTY:** Enter the mandated reporter's name, title, category (from PC section 11165.7), business/agency name and address, daytime telephone number, and today's date. Check yes/no whether the mandated reporter witnessed the incident. The signature area is for either the mandated reporter or, if the report is telephoned in by the mandated reporter, the person taking the telephoned report.

#### IV. INSTRUCTIONS (continued)

**SECTION B – REPORT NOTIFICATION:** Complete the name and address of the designated agency notified, the date/time of the phone call, and the name, title, and telephone number of the official contacted.

**SECTION C – VICTIM (One Report per Victim):** Enter the victim's name, birthdate or approximate age, sex, ethnicity, address, telephone number, present location, and, where applicable, enter the school, class (indicate the teacher's name or room number), and grade. List the primary language spoken in the victim's home. Check the appropriate yes/no box to indicate whether the victim may have a developmental disability or physical disability and specify any other apparent disability. Check the appropriate yes/no box to indicate whether the victim is in foster care, and check the appropriate box to indicate the type of care if the victim was in out-of-home care. Check the appropriate box to indicate the type of abuse. List the victim's relationship to the suspect. Check the appropriate yes/no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in the victim's death.

**SECTION D – INVOLVED PARTIES:** Enter the requested information for Victim's Siblings, Victim's Parents/Guardians, and Suspect. Attach extra sheet(s) if needed (provide the requested information for each individual on the attached sheet(s)).

**SECTION E – INCIDENT INFORMATION:** If multiple victims, indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

#### V. DISTRIBUTION

**Reporting Party:** After completing form BCIA 8572, retain a copy for your records and submit copies to the designated agency.

**Designated Agency:** **Within 36 hours** of receipt of form BCIA 8572, the initial designated agency will send a copy of the completed form to the district attorney and any additional designated agencies in compliance with PC sections 11166(j) and 11166(k).

#### ETHNICITY CODES

1 Alaskan Native	6 Caribbean	11 Guamanian	16 Korean	22 Polynesian	27 White-Armenian
2 American Indian	7 Central American	12 Hawaiian	17 Laotian	23 Samoan	28 White-Central American
3 Asian Indian	8 Chinese	13 Hispanic	18 Mexican	24 South American	29 White-European
4 Black	9 Ethiopian	14 Hmong	19 Other Asian	25 Vietnamese	30 White-Middle Eastern
5 Cambodian	10 Filipino	15 Japanese	21 Other Pacific Islander	26 White	31 White-Romanian