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, CABE will use the 911 Universal Emergency Number. CABE will report any incident of alleged Abusive Conduct to its insurance agent.

**Mandated Reporters:** CABE 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 which can be found at mandatedreporterca.com. CABE Representatives shall provide CABE 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, CABE 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 CABE Representatives, should they need it.

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

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

**Anti-Retaliation Statement:** CABE prohibits retaliation of any kind against any CABE 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, CABE strictly prohibits and warns CABE 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.
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**

### A. REPORTING PARTY

<table>
<thead>
<tr>
<th>NAME OF MANDATED REPORTER</th>
<th>TITLE</th>
<th>MANDATED REPORTER CATEGORY</th>
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**REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS**

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<th>Street</th>
<th>City</th>
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**REPORTER'S TELEPHONE (DAYTIME)**

**SIGNATURE**

**TODAY’S DATE**

### B. REPORT NOTIFICATION

- [ ] LAW ENFORCEMENT
- [ ] COUNTY PROBATION
- [ ] COUNTY WELFARE / CPS (Child Protective Services)

**AGENCY**

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<th>Street</th>
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**DATE/TIME OF PHONE CALL**

**TELEPHONE**

### C. VICTIM

**One report per victim**

<table>
<thead>
<tr>
<th>NAME (LAST, FIRST, MIDDLE)</th>
<th>BIRTHDATE OR APPROX. AGE</th>
<th>SEX</th>
<th>ETHNICITY</th>
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**PRESENT LOCATION OF VICTIM**

**SCHOOL**

**CLASS**

**GRADE**

**PHYSICALLY DISABLED?**

- [ ] YES
- [ ] NO

**DEVELOPMENTALLY DISABLED?**

- [ ] YES
- [ ] NO

**OTHER DISABILITY (SPECIFY)**

**PRIMARY LANGUAGE SPOKEN IN HOME**

**IN FOSTER CARE?**

- [ ] YES
- [ ] NO

**IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:**

- [ ] DAY CARE
- [ ] CHILD CARE CENTER
- [ ] FOSTER FAMILY HOME
- [ ] FAMILY FRIEND
- [ ] GROUP HOME OR INSTITUTION
- [ ] RELATIVE’S HOME

**TYPE OF ABUSE (CHECK ONE OR MORE):**

- [ ] PHYSICAL
- [ ] MENTAL
- [ ]-sexual
- [ ] NEGLECT
- [ ] OTHER (SPECIFY)

**RELATIONSHIP TO SUSPECT**

**PHOTOS TAKEN?**

- [ ] YES
- [ ] NO

**DID THE INCIDENT RESULT IN THIS VICTIM’S DEATH?**

- [ ] YES
- [ ] NO
- [ ] UNK

### D. INVOLVED PARTIES

**VICTIM'S SIBLINGS**

<table>
<thead>
<tr>
<th>NAME (LAST, FIRST, MIDDLE)</th>
<th>BIRTHDATE</th>
<th>SEX</th>
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**VICTIM'S PARENTS/GUARDIANS**

<table>
<thead>
<tr>
<th>NAME (LAST, FIRST, MIDDLE)</th>
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**ADDRESS**

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<th>BUSINESS PHONE</th>
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**SUSPECT**

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<tr>
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<th>BIRTHDATE</th>
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<th>ETHNICITY</th>
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**ADDRESS**

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<th>Street</th>
<th>City</th>
<th>Zip</th>
<th>TELEPHONE</th>
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**OTHER RELEVANT INFORMATION**

### E. INCIDENT INFORMATION

**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)**

**IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX**

**IF MULTIPLE VICTIMS, INDICATE NUMBER:**

**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.
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 (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

<table>
<thead>
<tr>
<th>Code</th>
<th>Ethnicity</th>
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<tbody>
<tr>
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<td>Alaskan Native</td>
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