



SEXUAL ABUSE PREVENTION POLICY



**SEXUAL ABUSE PREVENTION AND PROTECTION:
A KATY CARES SAFETY POLICY**

A POLICY TO PROTECT SINGLE PARENTS AND CHILDREN

POLICY STATEMENT

Katy Cares, Inc. is unequivocally committed to protecting children and vulnerable adults from all forms of abuse, neglect, exploitation, and harm.

We recognize that single-parent families experiencing trauma and crisis often include children and adults who are particularly vulnerable. As a Christ-centered organization providing trauma-informed therapeutic services, we hold ourselves to the highest standards of safety, supervision, and accountability in every interaction with those we serve.

Zero Tolerance: We maintain zero tolerance for abuse, exploitation, or harm of any kind toward children or vulnerable adults. Any violation of this policy will result in immediate action, including termination of employment or service, reporting to authorities, and full cooperation with investigations.

Biblical Foundation: Our commitment flows from Scripture's clear call to protect the vulnerable: "Defend the weak and the fatherless; uphold the cause of the poor and the oppressed" (Psalm 82:3). We recognize that harming a child or vulnerable person is not only criminal and immoral but a grievous sin that violates the sacred trust placed in us.



TABLE OF CONTENTS

1. Purpose and Scope
2. Definitions
3. Forms of Abuse and Harm
4. Warning Signs and Indicators
5. Prevention Through Screening and Selection
6. Prevention Through Training and Education
7. Prevention Through Supervision and Monitoring
8. Safe Environment Standards
9. Appropriate and Inappropriate Interactions
10. Boundaries and Prohibited Conduct
11. Technology, Social Media, and Digital Safety
12. Mandatory Reporting Requirements
13. Reporting Procedures for Suspected Abuse
14. Response to Allegations and Disclosures
15. Investigation Procedures
16. Support for Victims
17. Consequences and Corrective Action
18. Documentation and Record-Keeping
19. Communication and Media Relations
20. Training Requirements
21. Policy Review and Updates
22. Acknowledgment and Certification
23. Policy Adoption



1. PURPOSE AND SCOPE

Purpose

This policy establishes comprehensive standards and procedures to:

1. **Prevent** abuse, neglect, exploitation, and harm of children and vulnerable adults
2. **Detect** warning signs and concerning behaviors early
3. **Report** suspected abuse promptly and appropriately to authorities
4. **Respond** effectively when abuse is suspected or alleged
5. **Support** victims with trauma-informed, compassionate care
6. **Hold accountable** those who violate boundaries or harm others
7. **Create safe environments** in all programs and services

Scope

This policy applies to:

Protected Populations:

- All children under age 18
- Vulnerable adults (age 18+) who have developmental disabilities, mental illness, or are otherwise unable to protect themselves from abuse
- Program participants experiencing trauma, crisis, or significant vulnerability
- Single mothers and their children in residential or non-residential programs

Covered Individuals:

- All board members, staff, employees (full-time, part-time, temporary, contract)
- All volunteers (regular, occasional, event-specific)
- Interns, practicum students, and trainees
- Contractors, consultants, and vendors with access to protected populations
- Any person representing or acting on behalf of Katy Cares

Settings:

- All Katy Cares facilities (offices, residential housing, program spaces)
- Off-site locations where programs or services are provided
- Transportation provided by or arranged through Katy Cares
- Virtual/online interactions and communications
- Organization-sponsored events and activities



Integration with Other Policies

This policy works in conjunction with:

- Code of Ethics and Conduct
- Non-Discrimination and Harassment Policy
- Confidentiality and Privacy Policy
- Social Media Policy
- Whistleblower Policy
- Employee Handbook
- Volunteer Manual

In the event of a conflict, the most protective standard applies.

2. DEFINITIONS

Child

Any person under 18 years of age. Texas law defines a child as a person younger than 18 years of age who is not and has not been married or who has not had the disabilities of minority removed.

Vulnerable Adult

An adult (age 18 or older) who, because of age, disability, illness, impairment, or other condition, is unable to protect themselves from abuse, neglect, or exploitation adequately. This includes adults with:

- Developmental or intellectual disabilities
- Mental illness or cognitive impairment
- Physical disabilities limit self-protection
- Significant trauma that impairs judgment or self-protection
- Substance use disorders
- Homelessness or extreme poverty creates vulnerability

Abuse

Any act or failure to act that causes or creates substantial risk of:

- Physical harm
- Sexual abuse or exploitation
- Emotional or psychological harm
- Neglect
- Financial exploitation



Perpetrator/Offender

A person who commits or is alleged to have committed abuse, neglect, or exploitation. Perpetrators may be:

- Adults (age 18 or older)
- Adolescents (in cases of peer-to-peer abuse)
- Parents, family members, caregivers
- Staff, volunteers, or other trusted adults
- Strangers or acquaintances

Mandatory Reporter

Under Texas law, certain professionals are required to report suspected child abuse or neglect. Katy Cares designates **all staff, board members, and volunteers as mandatory reporters** regardless of whether Texas law requires it for their specific profession.

Grooming

Deliberate actions taken to manipulate, exploit, and control a child or vulnerable adult, often as a precursor to abuse. Grooming creates dependency, secrecy, and compliance while gradually eroding boundaries.

Boundary Violation

Exceeding appropriate limits in professional or personal interactions, including physical, emotional, sexual, or relational boundaries that compromise safety or appropriate professional distance.

Trauma-Informed Care

An approach that recognizes the widespread impact of trauma and understands potential paths for recovery; recognizes signs and symptoms of trauma in clients, families, staff, and others; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to resist re-traumatization actively.

3. FORMS OF ABUSE AND HARM

PHYSICAL ABUSE

Definition: Non-accidental physical injury or substantial risk of physical injury caused by acts or omissions.

Examples:

- Hitting, punching, kicking, slapping, shaking
- Pushing, shoving, and restraining inappropriately
- Burning, cutting, or inflicting pain



- Use of objects or weapons to cause harm
- Excessive or inappropriate physical discipline
- Withholding food, water, or necessary care
- Forcing physical activities causes pain or exhaustion
- Medical abuse (unnecessary medical procedures, withholding needed care)

Indicators in Children:

- Unexplained bruises, welts, burns, fractures
- Injuries in various stages of healing
- Injuries are inconsistent with the explanation
- Flinching when approached
- Fear of going home or being with certain adults
- Wearing long sleeves in warm weather to hide injuries
- Behavioral extremes (aggressive or withdrawn)

Indicators in Vulnerable Adults:

- Unexplained injuries
- Conflicting explanations for injuries
- Delayed medical treatment
- Pattern of moving between facilities or providers
- Fear of the caregiver
- Withdrawal or depression

SEXUAL ABUSE

Definition: Any sexual activity with a child or vulnerable adult where consent is not or cannot be given, or any inappropriate sexual behavior or contact.

Categories:

Contact Sexual Abuse:

- Sexual intercourse (vaginal, oral, anal)
- Fondling or touching intimate body parts
- Forcing a child/vulnerable adult to touch the perpetrator
- Penetration with objects
- Kissing in a sexual manner

Non-Contact Sexual Abuse:

- Exposing intimate body parts or sexual acts to a child/vulnerable adult
- Voyeurism (watching a child/vulnerable adult undress, bathe, etc.)
- Showing pornography to a child/vulnerable adult
- Making sexually explicit comments or jokes
- Sexualized photography or videography



- Sex trafficking or commercial sexual exploitation

Online Sexual Abuse:

- "Sexting" with minors or vulnerable adults
- Soliciting sexual images
- Online grooming for sexual purposes
- Exposing a child/vulnerable adult to sexual content online
- Child sexual abuse material (CSAM/child pornography)

Important Notes:

- Sexual abuse often begins with boundary violations and grooming
- Children and many vulnerable adults cannot legally consent to sexual activity, even if they appear willing
- Any sexual contact between staff/volunteers and program participants is prohibited, regardless of apparent consent
- Power differential between staff and clients means true consent is impossible

Indicators in Children:

- Age-inappropriate sexual knowledge or behavior
- Sexually transmitted infections
- Pregnancy
- Pain, bleeding, or discharge in the genital/anal area
- Difficulty walking or sitting
- Reluctance to be alone with certain adults
- Regression in behavior (bedwetting, thumb-sucking in older child)
- Self-harm or suicidal ideation
- Sudden changes in behavior, appetite, or sleep
- Nightmares or sleep disturbances
- Avoidance of certain places or people

Indicators in Vulnerable Adults:

- Unexplained sexually transmitted infections
- Genital trauma or bleeding
- Torn, stained, or bloody underclothing
- Extreme fear or anxiety around certain individuals
- Sudden changes in behavior
- Self-isolation or withdrawal
- Sleep disturbances
- Reluctance to change clothes or be examined



EMOTIONAL/PSYCHOLOGICAL ABUSE

Definition: Pattern of behavior that impairs emotional development or sense of self-worth, including constant criticism, threats, rejection, humiliation, or withholding love and support.

Examples:

- Constant criticism, belittling, shaming, humiliation
- Name-calling, insults, verbal assaults
- Threats or intimidation
- Rejecting, isolating, or ignoring
- Terrorizing or threatening harm
- Corrupting or exploiting
- Excessive demands or expectations
- Withholding affection as punishment
- Exposure to domestic violence
- Undermining sense of safety and worth

Indicators:

- Low self-esteem or self-worth
- Withdrawal from normal activities
- Depression, anxiety, or excessive fear
- Extreme behaviors (compliant, demanding, passive, aggressive)
- Delayed emotional or intellectual development
- Suicide attempts or self-harm
- Developmental regression

NEGLECT

Definition: Failure to provide adequate food, shelter, supervision, medical care, education, or other necessities, or abandonment.

Types:

Physical Neglect:

- Inadequate food, clothing, shelter
- Inadequate hygiene
- Lack of appropriate supervision
- Abandonment

Medical Neglect:

- Failure to provide necessary medical, dental, or mental health care
- Delay in seeking care
- Non-compliance with prescribed treatment without medical guidance



Educational Neglect:

- Failure to enroll in school
- Chronic absenteeism
- Failure to address special education needs

Emotional Neglect:

- Inadequate nurturing or affection
- Inattention to emotional needs
- Exposure to domestic violence or substance abuse
- Failure to provide psychological care

Indicators:

- Poor hygiene, dirty or inappropriate clothing
- Constant hunger, hoarding, or stealing food
- Untreated medical or dental problems
- Frequent school absences
- Developmental delays
- Assuming adult responsibilities inappropriately
- Statements about the lack of care at home

FINANCIAL/MATERIAL EXPLOITATION

Definition: Illegal or improper use of a vulnerable person's funds, property, or resources for another person's profit or advantage.

Examples:

- Theft of money, property, or possessions
- Misuse of the power of attorney or guardianship
- Coercion to sign documents (wills, contracts, deeds)
- Fraud or forgery
- Forcing changes to financial documents
- Unauthorized use of credit cards, bank accounts
- Scams targeting vulnerable individuals
- Charging excessive fees for services
- Withholding access to funds or property

Indicators:

- Sudden changes in bank accounts or financial documents
- Unexplained withdrawals or transfers
- Missing property or possessions
- Unpaid bills despite adequate resources
- Sudden appearance of previously uninvolved "friends."



- A person lacks knowledge of their own financial situation
- Caregiver refuses to spend money on care needs

EXPLOITATION

Definition: Using a child or vulnerable adult for profit, labor, sexual purposes, or other advantage.

Forms:

- Sexual exploitation (prostitution, trafficking, pornography)
 - Labor trafficking
 - Forcing illegal activities
 - Using for personal benefit or profit
 - Manipulating for emotional or material gain
-

4. WARNING SIGNS AND INDICATORS

Recognizing Abuse: General Principles

Single indicators may not definitively indicate abuse, but should raise concern and trigger closer attention. **Multiple indicators, time-series patterns, or clusters of signs warrant immediate reporting.**

Trust your instincts: If something feels wrong, it probably is. Report concerns, even if you're uncertain.

Context matters: Consider the child/adult's age, development, culture, and situation when evaluating indicators.

Behavioral Indicators

In Children:

- Sudden changes in behavior or school performance
- Fearfulness around certain adults or reluctance to be alone with them
- Inappropriate sexual knowledge or behavior for age
- Regression (bedwetting, thumb-sucking in older children)
- Extreme aggression or withdrawal
- Self-harm or suicidal thoughts/attempts
- Running away or not wanting to go home
- Substance abuse
- Changes in eating or sleeping patterns
- Difficulty concentrating
- Excessive time online or secretive online behavior



In Vulnerable Adults:

- Unexplained changes in behavior or personality
- Withdrawal from normal activities or relationships
- Fear, anxiety, or agitation around certain individuals
- New and unexplained financial problems
- Confusion or disorientation beyond normal aging
- Changes in sleeping or eating patterns
- Poor hygiene or appearance
- Reluctance to speak openly or communicate freely

Physical Indicators

- Unexplained injuries, especially in various stages of healing
- Injuries are inconsistent with the explanation
- Pattern of injuries
- Untreated injuries or delayed treatment
- Frequent "accidents"
- Flinching when touched or approached
- Wearing inappropriate clothing to hide injuries
- Pain or difficulty walking or sitting
- Signs of malnutrition or dehydration
- Poor hygiene or dental problems
- Untreated medical conditions

Environmental Indicators

- Unsafe, unsanitary living conditions
- Lack of heat, water, electricity, or other necessities
- Animal or insect infestation
- Dangerous objects accessible to children
- Drug paraphernalia present
- Inadequate supervision for the child's age
- Isolation from the community or services
- Excessive control by the caregiver

Grooming Indicators

Adults who sexually abuse children often engage in grooming behaviors:

Targeting:

- Seeks vulnerable children or adults (isolated, low self-esteem, needy)
- Pays special attention to one child or adult
- Offers special privileges, gifts, or treats
- Seeks time alone with a specific individual



Building Trust:

- Establishes a relationship with the child and family
- Becomes indispensable to the family
- Positions self as mentor, helper, friend
- Gradually becomes a trusted caregiver or authority figure

Isolation:

- Creates opportunities to be alone with a child/vulnerable adult
- Separates from peers or other protective adults
- Becomes the sole source of attention, affection, or material needs
- Uses secrets to create a special bond

Desensitization:

- Gradually introduces sexual content (jokes, images, language)
- Normalizes touch by making it seem educational or accidental
- Blurs boundaries between appropriate and inappropriate
- Tests limits progressively

Control:

- Uses gifts, privileges, or threats to maintain control
- Creates dependence (emotional or material)
- Uses shame, guilt, or fear to ensure silence
- Threatens consequences if the child/adult tells

Maintaining Secrecy:

- Emphasizes a special relationship
- Tells the child/adult that no one will understand
- Blames the victim ("you wanted this")
- Threatens harm to the victim, family, and pets
- Uses shame to prevent disclosure

5. PREVENTION THROUGH SCREENING AND SELECTION

Pre-Employment/Service Screening

All individuals who will have contact with children or vulnerable adults must complete comprehensive screening before service begins.

Application Process



Employment Application Must Include:

- Complete employment history (no unexplained gaps)
- Education and qualifications
- Professional licenses and certifications
- Three professional references
- Authorization for background checks
- Disclosure of:
 - Criminal history (including pending charges)
 - History of child abuse allegations (substantiated or not)
 - Civil judgments related to abuse, violence, or theft
 - Disciplinary action by professional licensing boards
 - Termination from previous positions (reasons)
 - Any restrictions on interaction with children or vulnerable adults

Volunteer Application Must Include:

- Personal information and contact details
- Experience and qualifications
- Why do they want to volunteer with Katy Cares
- Previous volunteer experience
- Three personal references
- Same disclosures as employment application
- Authorization for background checks

Application Review:

- No unexplained employment gaps
- No patterns of short-term employment
- No dismissals for cause related to misconduct
- Credentials verified
- Disclosures reviewed and evaluated

Interview Process

Structured Interview Questions Must Include:

"Tell me about your experience working with [children/vulnerable adults]."

"Describe a challenging situation involving a [child/vulnerable adult] and how you handled it."

"How would you establish appropriate boundaries with program participants?"

"What would you do if a child disclosed abuse to you?"

"How do you handle stress or frustration when working with difficult clients?"



"Have you ever witnessed concerning behavior toward a child or vulnerable adult? What did you do?"

"What are your thoughts on the physical discipline of children?"

"How comfortable are you with close supervision and oversight?"

Red Flags in Interviews:

- Excessive interest in spending time alone with children/vulnerable adults
- Reluctance to discuss past positions or vague answers
- Defensive responses to screening questions
- Inability to articulate appropriate boundaries
- Minimizing the seriousness of child protection
- Expressing views that blame victims
- Discomfort with supervision or accountability

Reference Checks

Minimum Three References:

- At least two professional/employment references
- Contact all references provided
- Use a standardized reference check form
- Ask specific questions about:
 - Work performance and reliability
 - Interaction with children/vulnerable adults
 - Respect for boundaries
 - Response to supervision
 - Reason for leaving
 - Rehire eligibility
 - Any concerns about safety
 - Whether the reference has any reservations

Document:

- Date and time of reference check
- Person contacted and relationship to applicant
- Responses to all questions
- Overall impression and any concerns
- Recommendation to proceed or not

If references cannot be reached:

- Make a minimum of three attempts by phone and email
- Document all attempts
- Require the applicant to provide alternative references
- Do not proceed without completing reference checks



Background Checks

Required for All Staff and Regular Volunteers:

Criminal Background Check:

- National criminal database search
- County-level criminal search (county of residence and all counties in the past 7 years)
- Sex offender registry check (national and state)
- FBI fingerprint check (for positions involving direct care)

Employment Verification:

- Verify all positions listed on the application
- Confirm dates of employment
- Confirm the reason for leaving when possible

Professional License Verification:

- Verify the current status of all licenses
- Check for disciplinary actions
- Confirm the license is in good standing

Education Verification:

- Verify degrees claimed
- Confirm graduation

Driving Record Check (if applicable):

- Clean driving record for the past 5 years
- Valid driver's license
- Adequate insurance coverage

Child Abuse Registry Check:

- Texas Department of Family and Protective Services Child Abuse Registry
- National registry, when available

Continuous Monitoring:

- Background checks are repeated every 2 years for staff
- Re-check if there is any reason for concern
- Immediate re-check if arrest or charge occurs



Disqualifying Factors

Automatic Disqualification (No Exceptions):

- Conviction or deferred adjudication for:
 - Any crime involving children or vulnerable adults
 - Sexual offenses
 - Violent crimes
 - Child pornography
 - Kidnapping or unlawful restraint
 - Stalking
- Registration as a sex offender
- Substantiated finding of child or vulnerable adult abuse or neglect
- Admission of prior sexual abuse of a child or vulnerable adult
- Diagnosis of pedophilia or other paraphilia involving children
- Termination from previous position for abuse, misconduct, or boundary violations
- Pattern of boundary violations in past positions
- Outstanding warrants or pending charges for violent or sexual offenses

Potential Disqualification (Case-by-Case Review):

- Conviction for other crimes (theft, fraud, drug offenses, DUI, etc.)
- Civil judgment for negligence causing harm
- Professional license discipline
- Unresolved allegations of abuse
- Employment history raises concerns
- False statements on the application

Review Process:

- Executive Director and Board Chair review
- Consider nature, severity, and recency of offense
- Rehabilitation efforts and time elapsed
- Risk to vulnerable populations
- Position applied for and level of access
- Legal counsel is consulted when appropriate
- Decision documented in writing

Six-Month Rule for New Volunteers

New volunteers must:

- Complete the full screening process
- Complete initial training
- Be observed and supervised for a minimum of 6 months
- Not be placed in one-on-one situations with children or vulnerable adults during the first 6 months
- Be supervised by screened, experienced staff or volunteers



Exception: Licensed professionals (therapists, social workers) may be exempt from the six-month rule if:

- Full background checks completed
 - Professional license verified and in good standing
 - References confirm previous work with vulnerable populations
 - Completed all required training
 - The Executive Director approves the exception in writing
-

6. PREVENTION THROUGH TRAINING AND EDUCATION

Initial Training Requirements

All Staff and Volunteers Must Complete Training Before Unsupervised Contact:

Child and Vulnerable Adult Protection Training (4 hours minimum):

- Overview of policy and procedures
- Forms of abuse and indicators
- Grooming behaviors and warning signs
- Appropriate vs. inappropriate interactions
- Boundaries and prohibited conduct
- Mandatory reporting requirements and procedures
- How to respond to disclosures
- Trauma-informed practices
- Role-playing and scenario discussions

Position-Specific Training:

- Residential staff: Additional training on supervision, privacy, and boundaries in a home setting
- Therapists/counselors: Professional ethics, therapeutic boundaries, transference
- Drivers: Transportation safety, supervision in vehicles
- Technology/communications: Social media policies, digital boundaries

Documentation:

- Training completion certificates
- Sign-in sheets
- Acknowledgment of understanding
- Maintained in personnel files

Annual Refresher Training

All Staff and Volunteers Must Complete Annually:

- Policy updates and reminders



- Case studies and discussion
- Reporting procedures review
- Questions and scenarios
- At least 2 hours annually

Ongoing Training Opportunities

- Monthly safety briefings
- Trauma-informed care training
- Cultural competency training
- De-escalation techniques
- Self-care and secondary trauma
- Guest speakers and experts
- Online modules and resources

Board Training

Board Members Receive:

- Child protection overview at orientation
- Annual updates on policy and incidents
- Legal duties related to child protection
- Governance responsibilities for safety
- How the Board oversees compliance

Training Documentation

All training is documented, including:

- Date, time, location
- Trainer/facilitator
- Topics covered
- Attendees (sign-in sheet)
- Materials used
- Evaluations and feedback
- Certificates of completion

7. PREVENTION THROUGH SUPERVISION AND MONITORING

General Supervision Principles

Two-Adult Rule: Whenever possible, **two unrelated screened adults** should be present with children or vulnerable adults. This protects both those we serve and staff from allegations.



Visibility: Interactions should take place in visible, accessible locations. Avoid isolated, hidden, or private areas.

Accountability: Staff and volunteers must know who to report to and how their work is monitored.

Documentation: Activities, interactions, and any concerns must be documented.

Supervision Requirements by Setting

Residential Programs:

- Two staff are on duty at all times when residents present
- Bedroom checks conducted by same-gender staff
- Private areas (bedrooms, bathrooms) respect privacy while ensuring safety
- Visual monitoring systems in common areas (disclosed to residents)
- Regular rounds documented
- Overnight supervision protocols
- Visitor policies and supervision

Group Programs:

- Two adults are present for all activities
- Activities in visible, open areas
- Adequate supervision ratio based on:
 - Age and developmental level of participants
 - Nature of activity
 - Physical environment
 - Any special needs
- Sign-in/sign-out procedures
- Attendance documented

One-on-One Therapy/Counseling:

- Conducted in rooms with windows or open doors
- Other staff are aware of who is meeting when
- Therapy rooms are located in areas with regular foot traffic
- Video monitoring (disclosed, used only if needed for safety)
- Maximum of 3-5 individual sessions per child per year (unless ongoing therapy is necessary and documented)
- Detailed session notes

Transportation:

- Two adults in a vehicle with children, when possible
- If only one adult, children in the back seat
- Direct route to destination
- No stops or detours



- Parental permission for all trips
- Documented: who, what, where, when
- Background checks for all drivers

Off-Site Activities:

- Planning and approval
- Adequate supervision
- Permission forms and medical releases
- Communication plan
- First aid kit and emergency supplies
- Behavior expectations communicated

Virtual/Online Programs:

- Video sessions recorded (with disclosure and consent)
- Scheduled sessions documented
- Parent/caregiver is aware of sessions
- Professional backgrounds for video calls
- No personal social media interaction

Monitoring and Evaluation

Direct Observation:

- Supervisors regularly observe interactions
- Drop-in visits without advance notice
- Observation of individual staff with participants

Feedback Collection:

- Exit interviews with program participants
- Anonymous surveys about experiences
- Suggestion boxes
- Regular check-ins

Performance Evaluations:

- Include an assessment of boundary maintenance
- Client interaction skills
- Response to supervision
- Any concerns raised

Incident Review:

- All incidents were investigated and documented
- Patterns identified



- Corrective action implemented
 - Lessons learned shared.
-

8. SAFE ENVIRONMENT STANDARDS

Physical Environment

Facilities Must:

- Be well-lit (both natural and artificial lighting)
- Have adequate visibility (windows, open sight lines)
- Maintain a clear path of egress in emergencies
- Be clean, sanitary, and well-maintained
- Be free from hazards
- Have clearly marked exits
- Have functioning smoke detectors and fire extinguishers
- Have first aid supplies accessible
- Post emergency procedures visibly

Private Spaces:

- Bathrooms: One person at a time, supervised waiting area
- Bedrooms (residential): Respect privacy while ensuring safety
- Therapy/counseling rooms: Windows or open doors, in trafficked areas
- Changing areas: Same-gender supervision, privacy respected

Restricted Areas:

- Staff-only areas are clearly marked
- Storage areas locked
- Medication locked and controlled
- Cleaning supplies secured
- Potentially dangerous items (tools, sharp objects) secured

Safety Equipment and Supplies

- First aid kits (checked monthly, restocked)
- Emergency contact information is accessible
- Medication administration forms and logs
- Incident report forms
- Emergency procedures posted
- Phone access for emergencies
- Fire extinguishers (inspected annually)



Hygiene and Health

- Hand-washing facilities available
 - Cleaning schedules maintained
 - Food handling procedures followed
 - Medication administration protocols
 - Universal precautions for blood/bodily fluids
 - Sick child/adult policies (when to send home, when to exclude)
-

9. APPROPRIATE AND INAPPROPRIATE INTERACTIONS

Appropriate Physical Contact

Physical contact should be:

- Age-appropriate and developmentally appropriate
- In response to the needs of the child/vulnerable adult, not the adult
- In open, observable settings
- Non-threatening and respectful
- Culturally sensitive

Examples of Appropriate Touch:

- Side hugs or shoulder hugs
- High-fives, fist bumps, handshakes
- Pats on the shoulder or back
- Hand-holding with young children in public settings for safety
- Comforting touch on the arm or shoulder (when welcomed)
- Helping hand for elderly or disabled individuals

Guidelines:

- Always ask permission before touching (when appropriate)
- Respect if someone pulls away or declines
- Keep hands visible
- Touch should be brief
- Never force physical contact

Inappropriate Physical Contact

Never Appropriate:

- Frontal hugs (exception: quick greeting/goodbye with adult present)
- Prolonged hugs
- Kissing (except parent to own child)



- Touching intimate body parts (genitals, breasts, buttocks)
- Sitting child on lap (exception: very young children in a classroom setting with others present)
- Tickling
- Wrestling or rough play
- Massages
- Carrying older children (unless an emergency)
- Physical discipline (spanking, hitting, etc.)

Verbal Interactions

Appropriate:

- Positive, encouraging language
- Age-appropriate communication
- Respectful tone
- Listening attentively
- Affirming and validating
- Clear, direct instructions
- Offering choices when appropriate

Inappropriate:

- Shaming, humiliating, or degrading comments
- Name-calling or insults
- Profanity or crude language
- Sexual comments or innuendos
- Comments about physical appearance that could be construed as sexual
- Favoritism or comparisons
- Threats or intimidation
- Yelling or harsh tone (except immediate safety concerns)
- Romantic or sexual language

Emotional Interactions

Appropriate:

- Professional care and compassion
- Empathy and validation
- Consistent, reliable presence
- Appropriate encouragement
- Setting healthy boundaries
- Teaching emotional regulation skills

Inappropriate:

- Creating dependency or "special relationships."
- Excessive self-disclosure by an adult



- Sharing adult problems with a child/vulnerable adult
 - Seeking emotional support from the client
 - Jealousy or possessiveness
 - Making the client responsible for the adult's feelings
-

10. BOUNDARIES AND PROHIBITED CONDUCT

Prohibited Conduct - Absolute

The following are **NEVER** acceptable under **ANY** circumstances:

Sexual Contact or Behavior:

- Any sexual or romantic relationship with a program participant (current or former)
- Sexual contact with children
- Sexual harassment
- Showing pornography
- Taking or sharing sexual images
- Voyeurism (watching someone in private moments)
- Exposing genitals or sexual acts
- Sexual jokes or innuendo with participants
- Dating or romantic relationships with participants

Physical Harm:

- Hitting, spanking, or physical discipline
- Shaking, pushing, or rough handling
- Restraint (except trained de-escalation for immediate safety)
- Denying food, water, or basic needs
- Locking in rooms or spaces
- Forcing physical activities as punishment

Emotional Harm:

- Shaming, humiliating, degrading
- Name-calling or insults
- Threats or intimidation
- Rejection or withholding affection as punishment
- Singling out for negative treatment

Exploitation:

- Using position for personal gain
- Accepting expensive gifts from participants
- Borrowing money from participants



- Using participants for personal errands or labor
- Financial exploitation

Boundary Violations:

- Being alone with a child in a private setting (home, hotel, isolated area)
- Taking a child on personal outings without organizational approval
- Giving or receiving personal gifts (beyond small, inexpensive items)
- Private social media connections with minors
- Personal phone calls/texts with participants (outside professional context)
- Home visits alone
- Overnight trips alone with a child

Substance Use:

- Being under the influence of alcohol or drugs around participants
- Providing alcohol or drugs to participants
- Using substances with participants
- Allowing substance use in facilities

Gift Giving

Permitted:

- Small, inexpensive items (\$20 value or less)
- Given openly, not secretly
- Same available to all participants
- Documented
- Approved by supervisor

Prohibited:

- Expensive or personal gifts
- Secret gifts
- Gifts with strings attached
- Cash gifts (exception: Christmas gift cards from the organization)
- Gifts create a sense of obligation

Communications

Professional:

- All communications documented
- Through organizational systems, when possible
- Appropriate times (not late night unless emergency)
- Professional tone and content
- Copied to supervisor or parent when appropriate



Prohibited:

- Private social media friendships with minors
- Personal email or phone for non-emergency communication
- Deleting communications to hide them
- Secret communications
- Romantic or sexual content
- Excessive or inappropriate frequency

Social Media and Technology

See Section 11 for detailed policies

Meetings and Visits

One-on-One Meetings:

- In visible locations
- Other staff aware
- Door open or window visible
- Scheduled and documented
- Appropriate duration
- Professional purpose

Home Visits:

- Only when required for service delivery
- Never alone - always two staff
- Parent/adult caregiver present
- Scheduled in advance
- Professional purpose
- Documented

Social Interactions:

- Avoid socializing alone with participants outside work
- If attending the same event, maintain professional boundaries
- Don't invite participants to personal events
- Don't share details of personal life

Dating and Romantic Relationships

Absolutely Prohibited:

- Any romantic or dating relationship between staff/volunteer and:
 - Current program participant (any age)
 - Former participant under age 18



- Former participant age 18+ within 2 years of service completion
- Family member of current participant

These relationships involve:

- Unequal power dynamics
- Potential for exploitation
- Violation of professional boundaries
- Legal and ethical violations

Consequences: Immediate termination, reporting to authorities, legal action

11. TECHNOLOGY, SOCIAL MEDIA, AND DIGITAL SAFETY

General Principles

Digital communications are:

- Never truly private
- Permanent (even if "deleted")
- Discoverable in investigations and legal proceedings
- Subject to the same standards as in-person conduct

All digital interactions must:

- Be professional and appropriate
- Be documented and accessible for review
- Involve organizational email/phone when possible
- Be transparent (no secret communications)
- Respect boundaries

Social Media Policies

Prohibited:

- Personal social media friendships/connections with:
 - Current participants under 18
 - Former participants under 18
 - Current vulnerable adult participants (without supervisor approval)
- Private messaging with participants
- Posting photos/videos of participants without written consent
- Tagging participants in posts
- Commenting on participants' personal pages
- Sharing confidential information
- Posting content that could reflect negatively on the organization



Organizational Social Media:

- Only authorized staff manage official accounts
- Photos/videos require signed consent forms
- No identifying information about participants without consent
- Privacy settings appropriate
- Comments monitored and moderated
- Respond professionally to all interactions

Text Messaging

When Permitted:

- Emergency communications
- Scheduling changes
- Brief logistical information
- Group texts (multiple recipients visible)

Requirements:

- Use the organizational phone when possible
- Keep professional
- Copy supervisor or parent
- Document important communications
- Delete only according to the retention policy

Prohibited:

- Late-night texts (except emergencies)
- Personal conversations
- Secret or private texts
- Deletion to hide content
- Romantic or sexual content

Email

Professional Email:

- Use organizational email for work communications
- Professional tone and content
- Include the supervisor in emails with participants when appropriate
- Retain according to the retention policy



Prohibited:

- Personal email for professional communications
- After-hours emails (except emergencies)
- Deletion of professional communications
- Confidential information without encryption

Video Conferencing

Requirements:

- Professional background (virtual or physical)
- Appropriate dress
- Scheduled sessions documented
- Recording only with disclosure and consent (and documented)
- Parent/caregiver is aware of the minor's sessions
- No one-on-one late evening sessions

Prohibited:

- Personal video calls with participants
- Recording without consent
- Screen sharing inappropriate content
- Virtual backgrounds that are unprofessional

Photography and Videography

Permission Required:

- Written consent before photographing/videoing participants
- Consent specifies how images will be used
- Parents' consent for children
- Vulnerable adults provide consent if capable (or guardian)
- Participants can withdraw consent

Requirements:

- Only in public, group settings (no private moments)
- No photos in bedrooms, bathrooms, or changing areas
- Clothed and engaged in appropriate activities
- Stored securely
- Used only as authorized
- Released only with consent

Prohibited:

- Photos/videos without consent



- Uploading to personal devices or accounts
- Sharing outside authorized use
- Sexual or exploitative imagery
- Any image that could endanger or embarrass the participant

Electronic Devices

Organizational Devices:

- Used only for business purposes
- Subject to monitoring
- No expectation of privacy
- Returned upon separation

Personal Devices:

- Used for personal communications only
- If used for work, may be subject to review in investigations
- No confidential information without encryption
- No photos/videos of participants

Computer Use:

- No accessing pornography or sexual content
- No using to exploit, harm, or groom
- Follow all organizational policies
- Report any concerning content discovered

Online Safety for Participants

Staff Responsibility:

- Monitor online activities in facilities
- Teach digital safety
- Report online exploitation
- Screen internet access appropriately

Warning Signs:

- Excessive or secretive online activity
- Relationships with unknown adults online
- Receiving gifts from online contacts
- Sexual conversations online
- Cyberbullying



12. MANDATORY REPORTING REQUIREMENTS

Legal Duty to Report

Texas Law requires certain professionals to report suspected child abuse or neglect immediately.

Katy Cares designates ALL staff, board members, and volunteers as mandatory reporters regardless of whether Texas law requires it for their specific profession.

What Must Be Reported

Report suspected abuse or neglect when:

- You have cause to believe that a child's physical or mental health or welfare has been adversely affected by abuse or neglect
- You observe a child being subjected to conditions that would reasonably result in abuse or neglect
- A child discloses abuse
- You see suspicious injuries
- You observe concerning behaviors or interactions
- You learn of allegations of abuse

"Cause to believe" means:

- Reasonable suspicion based on facts that could cause a reasonable person to believe abuse occurred
- You do NOT need proof or certainty
- You do NOT need to investigate
- "Gut feelings" based on observations count

Who to Report

Report to:

For Child Abuse:

- **Texas Department of Family and Protective Services (DFPS)**
 - Hotline: 1-800-252-5400
 - Online: www.txabusehotline.org
 - Available 24/7

For Vulnerable Adult Abuse:

- **Adult Protective Services (APS)**
 - Hotline: 1-800-252-5400 (same as child abuse)



For Criminal Activity:

- **Local Law Enforcement**
 - Emergency: 911
 - Non-emergency: [local number]

For Life-Threatening Emergency:

- **Call 911 immediately**

Internal Notification:

- **Immediately notify the Executive Director or Board Chair**
- Internal notification does NOT replace legal reporting obligation

When to Report

Immediately:

- Within 48 hours of learning of suspected abuse is the legal requirement
- **Best practice: Report same day, ideally within hours**
- Don't wait to gather more information
- Don't investigate yourself
- Don't confront the alleged perpetrator first

Report even if:

- You're not certain abuse occurred
- Someone else may have already reported
- The incident occurred in the past
- The family is in counseling
- The alleged perpetrator denies it
- You're concerned about consequences

How to Report

Information to Provide:

- Your name and contact information (you must identify yourself)
- Child/vulnerable adult's name, age, address, location
- Parent/caregiver's name and information
- Nature and extent of suspected abuse or neglect
- Any previous injuries or incidents
- Name of alleged perpetrator (if known)
- Other relevant facts



Documenting Your Report:

- Obtain the report number
- Note the date, time, and person you spoke with
- Complete internal Incident Report
- Provide copy to Executive Director
- Maintain confidentiality

Protections for Reporters

Legal Protections:

- Immunity from civil or criminal liability for reporting in good faith
- Protected identity (name not disclosed to alleged perpetrator)
- Anti-retaliation protections in employment

Good Faith:

- Means you honestly believe abuse may have occurred
- Does not require proof or certainty
- Protections apply even if the investigation does not substantiate abuse

Failure to Report

Consequences:

- Criminal offense (Class A misdemeanor)
- Up to one year in jail and a \$4,000 fine
- Civil liability for damages caused by failure to report
- Termination from employment/volunteer service
- Professional license discipline
- Moral and ethical failure

"I thought someone else would report" is NOT an excuse

13. REPORTING PROCEDURES FOR SUSPECTED ABUSE

Internal Reporting

In addition to mandatory reporting to authorities, staff must report internally.

Step-by-Step Internal Reporting

STEP 1: Ensure Immediate Safety

- If the child/adult is in immediate danger, call 911
- Remove from a dangerous situation if safe to do so



- Provide first aid if needed (document)
- Don't leave alone or unsupervised

STEP 2: Report to Authorities

- Call DFPS/APS hotline: 1-800-252-5400
- Provide all known information
- Obtain the report number
- If there is criminal activity, also call the police

STEP 3: Notify Leadership

- **Immediately notify:**
 - Executive Director (primary contact)
 - Board Chair (if ED unavailable or implicated)
- Provide verbal notification immediately
- Follow with a written Incident Report within 24 hours

STEP 4: Document

- Complete Incident Report Form
- Record observable facts (not opinions)
- Include:
 - What you saw, heard, or were told (use quotes for disclosure)
 - When and where
 - Who was involved
 - Physical appearance/condition
 - Behavioral indicators
 - Actions taken
 - Who was notified
 - Report number from the authorities
- Sign and date
- Submit to the Executive Director

STEP 5: Maintain Confidentiality

- Share information only with those who need to know
- Don't discuss with the alleged perpetrator
- Don't discuss with other staff, clients, or the community
- Understand that investigators may contact you

STEP 6: Cooperate with the Investigation

- Provide information as requested by authorities
- Be truthful and factual
- Maintain documentation
- Don't interfere with the investigation



What NOT to Do

Don't:

- Investigate yourself
- Confront the alleged perpetrator
- Contact the child's family (unless authorities instruct you to)
- Promise confidentiality to the child who is disclosing abuse
- Question the child extensively (one telling is enough)
- Express shock, horror, or disbelief
- Suggest the child is lying or exaggerating
- Delay reporting to "gather more information."
- Minimize or rationalize concerning behavior
- Contact the alleged perpetrator before reporting
- Delete communications or documents
- Discuss with others not involved in the response

Reporting Concerns About Staff or Volunteers

If the suspected perpetrator is Katy Cares staff or a volunteer:

Report to authorities first (same process as above)

Then notify:

- Executive Director (if perpetrator is staff/volunteer)
- Board Chair (if perpetrator is Executive Director)
- Legal counsel (for guidance)

Organization will:

- Place the alleged perpetrator on immediate administrative leave
- Restrict access to the facility and participants
- Conduct an internal investigation after law enforcement completes theirs
- Cooperate fully with the authorities
- Take appropriate corrective action
- Document all actions

Anonymous Reports

From the Public:

- Katy Cares accepts anonymous reports through:
 - Anonymous hotline (if available): [number]
 - Written reports delivered or mailed anonymously
 - Reports through third parties
- All reports are investigated regardless of source



- Anonymous reporters cannot receive follow-up information

From Staff/Volunteers:

- Staff/volunteers cannot report anonymously to authorities (must identify themselves)
- Internal concerns can be reported anonymously through the hotline
- However, the best practice is to identify yourself for follow-up

14. RESPONSE TO ALLEGATIONS AND DISCLOSURES

When a Child or Vulnerable Adult Discloses Abuse

If someone tells you about abuse they experienced:

DO:

1. Stay Calm

- Control your emotional reaction
- Don't show shock, horror, or disbelief
- Maintain neutral, supportive demeanor

2. Listen

- Give full attention
- Let them tell in their own words
- Don't interrupt
- Show you believe them

3. Reassure

- "Thank you for telling me."
- "This is not your fault."
- "I'm glad you're safe now."
- "I'm going to help you."
- "You were brave to tell."

4. Document

- Write down exactly what was said (use quotes)
- Include: who, what, when, where, and how disclosed
- Note behavioral cues and demeanor
- Document immediately while fresh

5. Report

- Explain that you must report to keep them safe



- "I need to tell [authorities] so they can help."
- Don't promise to keep it secret
- Report immediately (same day)

DON'T:

Don't investigate:

- Ask only clarifying questions
- Don't ask leading questions ("Did he touch you here?")
- Don't press for details
- One telling is enough

Don't promise confidentiality:

- "I need to tell someone who can help."
- Be honest about what you must do

Don't express doubt:

- "I believe you."
- Never suggest they're lying or exaggerating.

Don't blame:

- "This is not your fault."
- "You didn't do anything wrong."

Don't confront the perpetrator:

- Report to authorities
- Don't warn the alleged abuser
- Don't allow them to intimidate the victim or destroy evidence

Don't discuss widely:

- Tell only those who need to know
- Protect the child's privacy

Responding to Allegations Against Staff or Volunteers

When abuse is alleged by or against staff/volunteer:

Immediate Actions

During Investigation



Organization Will:

- Cooperate fully with law enforcement and CPS/APS
- Conduct an internal investigation only after authorities complete theirs
- Maintain confidentiality to the extent possible
- Provide support to the victim
- Follow legal counsel's guidance
- Document all actions

Organization Will NOT:

- Interfere with the official investigation
- Contact witnesses inappropriately
- Destroy or alter records
- Retaliate against reporters
- Discuss publicly

After Investigation

If Allegations Substantiated:

- Immediate termination of employment/volunteer service
- Permanent ban from the organization
- Reporting to licensing boards, if applicable
- Review policies and procedures
- Implement corrective actions
- Support for the victim continues

If Allegations Not Substantiated:

- Review findings with legal counsel
- Determine if policy violations occurred, even if abuse is not proven
- Decide on return to service or termination
- Additional training or supervision if returning
- Monitor closely
- Document decision and reasoning

If Allegations False:

- Rare, but possible
- Disciplinary action for a person making a knowingly false report
- Support for the wrongly accused individual
- Restore reputation to the extent possible
- Review what led to the false allegation



15. INVESTIGATION PROCEDURES

Organizational Response to Allegations

Katy Cares' investigation is separate from and secondary to law enforcement/CPS investigation.

When Organization Investigates

- After authorities complete their investigation
- When allegations don't meet the threshold for criminal/CPS investigation but raise policy concerns
- To determine employment action
- To identify systemic issues
- To improve policies and procedures

Investigation Process

1. Designate Investigator

- Board Chair or designee
- Outside investigator for complex cases
- Must be neutral (no conflict of interest)
- Must be trained

2. Develop Investigation Plan

- What questions need answering
- Who to interview
- What documents to review
- Timeline

3. Gather Evidence

- Interview complainant
- Interview the alleged perpetrator
- Interview witnesses
- Review documents (emails, texts, records)
- Review the video if available
- Physical evidence is relevant

4. Document Thoroughly

- Written interview summaries
- Copies of all evidence
- Timeline of events
- Analysis and findings



5. Make Findings

- Substantiated: Preponderance of evidence supports allegation
- Unsubstantiated: Insufficient evidence to determine
- False: Evidence shows the allegation is false

6. Determine Action

- Based on findings
- Consistent with policy
- Documented and communicated

7. Follow-Up

- Implement corrective actions
- Monitor compliance
- Support for affected parties

Rights During Investigation

Complainant Rights:

- Be treated with respect and dignity
- Be heard and believed
- Be protected from retaliation
- Receive updates appropriate to confidentiality
- Have a support person present
- Receive support services

Accused Rights:

- Be treated fairly
- Respond to allegations
- Provide evidence
- Have representation if desired
- Receive written notice of findings
- Appeal if appropriate

Witness Rights:

- Protected from retaliation
- Confidentiality maintained
- Clear expectations about cooperation



Confidentiality During Investigation

Information shared only with:

- Those conducting the investigation
- Those making employment decisions
- Legal counsel
- Insurance carrier
- Law enforcement/CPS as required
- Those who need to know for safety

Protected:

- Complainant identity
- Accused identity (until findings)
- Witness identities
- Details of allegations
- Investigation findings

However:

- Cannot guarantee absolute confidentiality
 - May be required to disclose in legal proceedings
 - Need-to-know basis for organizational functioning
-

16. SUPPORT FOR VICTIMS

Trauma-Informed Response

Recognizing that abuse is traumatic:

- Victim may experience fear, shame, guilt, and confusion
- May blame themselves
- May have difficulty trusting
- May be re-traumatized by the investigation and aftermath

Trauma-informed approach:

- Believes and validates
- Provides safety and stability
- Empowers and collaborates
- Recognizes cultural context
- Avoids re-traumatization



Immediate Support

Safety:

- Ensure physical safety
- Develop a safety plan if needed
- Protect from retaliation or further harm
- Restrict contact with the alleged perpetrator

Medical Care:

- Arrange medical evaluation if needed
- Accompany to the hospital if appropriate
- Follow medical recommendations
- Document medical care

Crisis Intervention:

- Calm, supportive presence
- Reassurance, it's not their fault
- Believe and validate
- Connect with crisis resources if needed

Ongoing Support

Therapeutic Services:

- Referral to a specialized trauma therapist
- Evidence-based trauma treatment (TF-CBT, EMDR, etc.)
- Support groups, if appropriate
- Family therapy is helpful

Case Management:

- Coordinate services
- Advocate with systems (CPS, court, school)
- Connect to resources
- Monitor progress and needs

Practical Support:

- Transportation to appointments
- Childcare while attending therapy
- Financial assistance for co-pays
- Help with legal processes



Emotional Support:

- Check-ins and follow-up
- Validate feelings and experiences
- Encourage self-care
- Celebrate healing and progress

Support for Non-Offending Family Members

- May also be traumatized
- Need information and guidance
- May blame themselves
- Need support navigating systems
- May have conflicting loyalties

Provide:

- Education about abuse and trauma
- Referrals to support services
- Help with communication with the child
- Connection to support groups
- Ongoing check-ins

Long-Term Healing

- Healing is a process, not an event
- Victim sets the pace
- May have setbacks and good days
- Continue support even after the case closes
- Celebrate resilience and strength

17. CONSEQUENCES AND CORRECTIVE ACTION

For Substantiated Abuse

Immediate Termination:

- No second chances for abuse
- Permanent ban from organization
- Escorted from the premises
- All access is revoked immediately

Reporting:

- Mandatory report to authorities (if not already made)
- Report to professional licensing boards if applicable
- Honest reference checks (if permitted by law)



Legal Action:

- Criminal prosecution
- Civil liability
- The organization cooperates fully

Organizational Response:

- Review policies and procedures
- Identify how abuse occurred
- Implement corrective measures
- Train staff on lessons learned
- Support victims

For Policy Violations (Not Rising to Abuse)

Progressive Discipline May Apply:

- Written warning
- Mandatory retraining
- Increased supervision
- Suspension
- Termination

Factors Considered:

- Severity of violation
- Risk to participants
- Intent vs. negligence
- Pattern of behavior
- Response to correction

Examples:

- Boundary violations: Retraining and close supervision
- Supervision lapses: Written warning and retraining
- Documentation failures: Corrective action plan
- Multiple violations: Termination

For Unsubstantiated Allegations

When Evidence Insufficient:

- Allegation taken seriously
- Thorough investigation conducted
- Decision based on preponderance of evidence



Possible Outcomes:

- Return to work with no restrictions
- Return with additional training or supervision
- Termination if policy violations are found (even if abuse is not proven)
- Termination due to loss of trust or effectiveness

Support for Accused:

- If exonerated, assist with reputation repair
- Employee Assistance Program referral
- Clear communication about status

For False Allegations

Rare but Possible:

- Knowingly false allegations are serious
- It can be traumatic for the accused
- Waste resources

Consequences:

- Disciplinary action for a false reporter
- Possible termination or removal
- Possible legal action

However:

- Good faith reports that cannot be substantiated are NOT false allegations
- Child's recantation does NOT mean the allegation was false
- Investigators determine if the allegation was deliberately false

Organizational Accountability

If Organization Failed:

- Inadequate screening
- Insufficient supervision
- Ignored warning signs
- Failed to report

Corrective Actions:

- Policy revision
- Enhanced training
- Improved supervision



- Leadership accountability
- External review if needed

18. DOCUMENTATION AND RECORD-KEEPING

What to Document

Screening and Hiring:

- Applications and disclosures
- Reference check forms
- Background check results
- Interview notes
- Hiring decisions and rationale
- Training completion certificates

Ongoing Operations:

- Attendance and supervision logs
- Activity sign-in/sign-out sheets
- Incident reports
- Behavioral concerns
- Parent communications
- Service delivery notes

Concerns and Reports:

- Incident Report Forms
- Communications with authorities
- Report numbers
- Investigation notes
- Witness statements
- Actions taken

Personnel:

- Training records
- Performance evaluations
- Disciplinary actions
- Leave documentation

How to Document

Objective and Factual:

- Describe what you saw, heard, or were told
- Use quotes for exact words



- Avoid opinions or interpretations
- Include dates, times, locations, and people present

Specific:

- Detailed enough to be useful
- Include relevant context
- Describe behaviors, not judgments

Timely:

- Document as soon as possible
- While memory is fresh
- Date and time stamp

Complete:

- All required fields
- Signatures were required
- Copies to appropriate parties

Incident Report Forms

Required for:

- Suspected abuse or neglect
- Boundary violations
- Injuries requiring medical attention
- Behavioral incidents
- Policy violations
- Unusual occurrences

Report Must Include:

- Date, time, location
- People involved (victim, alleged perpetrator, witnesses)
- Description of incident (factual, objective)
- Injuries or symptoms observed
- Statements made (direct quotes)
- Actions taken
- Who was notified
- Report numbers (from authorities)
- Reporter's name and signature
- Supervisor review and signature



Storage and Retention

Secure Storage:

- Locked file cabinets for paper records
- Password-protected electronic files
- Limited access (need-to-know basis)
- Separate from general personnel files

Retention Periods:

- Screening records: Minimum 7 years after separation
- Incident reports: Minimum 10 years after the incident
- Abuse reports: Permanent
- Training records: Duration of service plus 3 years
- General personnel: 7 years after separation

Destruction:

- Shred paper documents
- Securely wipe electronic files
- Document destruction (what, when, by whom)
- Maintain destruction logs

Access to Records

Who Can Access:

- An individual's supervisor
- Executive Director
- Board Chair
- Legal counsel
- Law enforcement/CPS with proper authorization
- Courts with a subpoena

Individual's Access:

- Right to access one's own personnel file
- Right to copies of incident reports involving them (with limitations)
- Cannot access investigation files during active investigation

19. COMMUNICATION AND MEDIA RELATIONS

Internal Communications

Staff and Volunteers:

- Need-to-know basis
- Factual information only
- No speculation or gossip
- Respect confidentiality
- Unified message from leadership

Board:

- The Executive Director reports to the Board Chair immediately
- Board briefed on situation, investigation, actions taken
- Board involvement in major decisions
- Board maintains confidentiality

Parents and Participants:

- Notified if their child/family is affected
- Factual information about what the organization is doing
- Reassurance about safety measures
- Respect for all parties' privacy

External Communications

Media Inquiries:

- **All media inquiries referred to the designated spokesperson**
 - Executive Director (primary)
 - Board Chair (backup)
 - Attorney (if legal issues)
- **No one else speaks to the media**
- If approached, politely say: "Please contact [spokesperson name] at [phone/email]."

Written Statements:

- Prepared by leadership with legal counsel
- Reviewed by the Board before release
- Factual, brief, professional
- Expresses concern for the victim
- Describes actions taken
- Respects privacy and confidentiality



Social Media:

- Monitor for mentions
- Do not engage in debates or defenses
- Delete inappropriate comments
- Direct inquiries to the spokesperson
- Consider temporarily limiting comments

What NOT to Say

Never:

- Disclose names of victims or accused (unless public record)
- Provide details of allegations
- Speculate about what happened
- Defend the alleged perpetrator
- Blame victim
- Minimize seriousness
- Say "no comment" (sounds like hiding something)

Better Responses:

- "We take all allegations seriously."
- "We are cooperating fully with authorities."
- "The safety of those we serve is our highest priority."
- "We have taken immediate action to ensure safety."
- "We cannot discuss specific details out of respect for privacy."
- "Please contact [spokesperson] for information."

Ongoing Communication

Updates:

- Provide updates as appropriate
- Balance transparency with confidentiality
- Reassure about safety measures
- Demonstrate accountability

Lessons Learned:

- Share (without details) what was learned
- Describe improvements made
- Demonstrate commitment to prevention



20. TRAINING REQUIREMENTS

Initial Training (Before Unsupervised Access)

All Staff and Volunteers Complete:

Child and Vulnerable Adult Protection Training (4 hours):

- Overview of this policy
- Definitions and types of abuse
- Warning signs and indicators
- Grooming behaviors
- Appropriate vs. inappropriate interactions
- Boundaries and prohibited conduct
- Supervision requirements
- Mandatory reporting duties and procedures
- How to respond to disclosures
- Documentation requirements
- Trauma-informed practices
- Q&A and scenarios

Position-Specific Training:

- Residential staff: Additional 2 hours on home environment, privacy, boundaries
- Therapists: Professional ethics, boundaries, transference, trauma treatment
- Drivers: Transportation safety, supervision in vehicles
- Technology staff: Social media, digital safety, online risks

Training Methods:

- In-person sessions preferred
- Interactive discussions
- Case studies and scenarios
- Role-playing
- Videos and materials
- Written materials to keep

Documentation:

- Sign-in sheets
- Completion certificates
- Acknowledgment forms signed
- Quiz or test scores (if applicable)
- Maintained in personnel files



Annual Refresher Training (2 hours minimum)

All Staff and Volunteers:

- Policy updates and reminders
- Review of reporting procedures
- New case studies
- Lessons learned from incidents
- Q&A and discussion
- Review of documentation requirements

Frequency:

- Annually at a minimum
- More often if:
 - Policy changes
 - Incidents occur
 - New risks identified
 - Staff requests

Ongoing Training Opportunities

Monthly Safety Briefings (30 minutes):

- Quick reminders
- Scenarios for discussion
- Answer questions
- Share relevant news or resources

Specialized Training:

- Trauma-informed care (8 hours)
- De-escalation techniques (4 hours)
- Cultural competency (4 hours)
- Mental health first aid (8 hours)
- Secondary trauma and self-care (2 hours)

External Training:

- Conferences and workshops
- Webinars
- Professional associations
- Certification programs



Board Training

Initial (at Board orientation):

- Overview of child protection policy
- Board's legal duties
- Governance responsibilities
- How the Board oversees safety

Annual:

- Update on incidents and response
- Policy changes
- Compliance review
- External trends and risks

Training for Parents and Participants

Parent Orientation:

- Overview of safety policies
- Supervision practices
- How to talk to children about safety
- How to report concerns
- What to expect if concerns arise

Child Safety Education:

- Age-appropriate safety lessons
- Body safety and boundaries
- Saying "no" to uncomfortable touch
- Trusted adults and how to tell
- Secrets vs. surprises
- Online safety

Training Records

Maintain for Each Person:

- Dates of all training completed
- Topics covered
- Hours completed
- Trainer/facilitator
- Completion certificates
- Test scores, if applicable
- Ongoing professional development



Organizational Records:

- Training calendar
- Sign-in sheets
- Materials used
- Evaluations and feedback
- Compliance tracking (who needs training)

21. POLICY REVIEW AND UPDATES

Annual Review

Board Responsibility:

- Review policy annually
- Evaluate effectiveness
- Identify needed updates
- Approve revisions

Review Includes:

- Incident review: What happened, why, and how to prevent
- Compliance audit: Are we following the policy?
- Legal updates: New laws or regulations
- Best practices: What are other organizations doing?
- Staff feedback: What's working, what's not?
- External review: Bring in experts periodically

Triggers for Immediate Review

- Serious incident or abuse
- Near-miss or close call
- Multiple violations
- Legal or regulatory changes
- Significant organizational changes
- External recommendations or criticism

Update Process

1. **Identify needed changes**
2. **Draft revisions** (Executive Director with input)
3. **Legal review** (attorney reviews)
4. **Board approval** (board votes)
5. **Communication** (inform all staff, volunteers, parents)
6. **Training** (train on changes)
7. **Implementation** (put into practice)
8. **Documentation** (update policy manual)



Version Control

Track Changes:

- Version number
- Date of revision
- Summary of changes
- Who approved
- Effective date

Maintain History:

- Keep superseded versions
- Document the reason for changes
- Create a change log

Communication of Updates

- Email to all staff and volunteers
 - Post updated policy on website
 - Include in next newsletter
 - Discuss at the next training
 - Update policy manual
 - Require acknowledgment of the new version
-

22. ACKNOWLEDGMENT AND COMPLIANCE

Acknowledgment Required

All staff, board members, and volunteers must:

1. **Receive** a copy of this policy
2. **Read** and understand the policy
3. **Complete** required training
4. **Sign** the acknowledgment form
5. **Comply** with all provisions

When:

- Before beginning service
- Annually thereafter
- When policy is updated



Acknowledgment Form Language

I acknowledge that:

- I have received and read the Child and Vulnerable Adult Protection Policy
- I understand the definitions, requirements, and procedures
- I understand my responsibility to prevent, detect, and report abuse
- I understand mandatory reporting requirements and will comply
- I understand appropriate and inappropriate interactions
- I understand boundaries and prohibited conduct
- I understand technology and social media policies
- I understand the consequences for violations
- I commit to complying with all provisions of this policy
- I understand that violations may result in termination, legal action, and criminal prosecution
- I understand that protecting children and vulnerable adults is my highest priority

Beyond Compliance:

- Create a culture where safety is everyone's responsibility
- Encourage speaking up without fear
- Reward vigilance and appropriate concern
- Learn from near-misses
- Continuously improve
- Never become complacent

Leadership Responsibility:

- Model appropriate behavior
- Take all concerns seriously
- Respond promptly and effectively
- Hold everyone accountable
- Invest in training and resources
- Communicate openly about safety

Individual Responsibility:

- Pay attention and stay alert
- Speak up when something seems wrong
- Follow all policies and procedures
- Maintain professional boundaries
- Report concerns promptly
- Participate in training
- Support victims
- Protect those we serve



24. POLICY ADOPTION

This policy was adopted by the Board of Directors of Katy Cares, Inc. on the date indicated below.

A handwritten signature in black ink, appearing to read "Jerry S. Edmonson".

Chairman: Board of Directors

Dr. Jerry Edmonson

A handwritten signature in black ink, appearing to read "Dr. Dawid J Pieterse".

President: Executive Director

Dr. Dawid J Pieterse

Effective Date: April 1, 2020

Last Revised: April 1, 2026

Next Review Date: April 1, 2027

Katy Cares, Inc. is committed to operating with integrity, transparency, and accountability. This policy reflects our conviction that speaking up is an act of courage — and that those who do deserve our full protection and sincere gratitude.



APPENDICES

Appendix A: Incident Report Form

[Form provided separately]

Appendix B: Background Check Authorization Form

[Form provided separately]

Appendix C: Photo/Video Consent Form

[Form provided separately]

Appendix D: Training Curriculum Outline

[Outline provided separately]

Appendix E: Quick Reference Guide - Reporting Procedures

[Guide provided separately]

Appendix F: Resources for Victims and Families

[Resource list provided separately]

Appendix G: Mandatory Reporting Laws - Texas

[Legal summary provided separately]

Appendix H: Safety Checklist for Activities

[Checklist provided separately]

CONTACT INFORMATION

Texas Department of Family and Protective Services

Child Abuse Hotline: 1-800-252-5400

Website: www.txabusehotline.org

Adult Protective Services

Hotline: 1-800-252-5400

National Child Abuse Hotline

1-800-4-A-CHILD (1-800-422-4453)



National Domestic Violence Hotline

1-800-799-SAFE (1-800-799-7233)

National Sexual Assault Hotline

1-800-656-HOPE (1-800-656-4673)

Emergency

911

Katy Cares Internal Reporting

Executive Director: [phone] [email]

Board Chair: [phone] [email]

ACKNOWLEDGMENTS

This policy was developed with reference to:

- Texas Family Code (Child Protective Services)
- Texas Human Resources Code (Adult Protective Services)
- Centers for Disease Control and Prevention - Preventing Child Sexual Abuse
- Darkness to Light - Stewards of Children training program
- National Center for Missing & Exploited Children
- Child Welfare Information Gateway
- Faith Trust Institute
- Episcopal Diocese of San Diego Sexual Abuse Prevention Manual
- Best practices from child-serving organizations nationwide

KATY CARES, INC.

Transforming Families from Trauma to Thriving

Fort Bend County, Texas

<https://katycares.org>

"Defend the weak and the fatherless; uphold the cause of the poor and the oppressed."

Psalm 82:3

END OF POLICY

This policy is comprehensive and enforceable. All individuals associated with Katy Cares are expected to read, understand, and comply with these standards. The safety of those we serve is our highest priority and our sacred trust.