



CHILD SAFEGUARDING POLICY



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AIKV GUIDING STATEMENTS



VISION

As global citizens, we are prepared to realize our personal potential, pursue our passions, and positively impact our ever-changing and interconnected world.

MISSION



VALUES

EMPATHY



CURIOSITY

OPEN-MINDEDNESS



ACCOUNTABILITY



PERSEVERANCE



AISV CHILD SAFEGUARDING POLICY

AISV believes all students have the right to feel safe and protected from harm while at school. Towards this end, the school has a duty and responsibility to create and sustain a school culture of awareness, prevention, and responsiveness through the development and enforcement of a child safeguarding policy and protocols for AISV students, their families, and visitors.

AISV will adhere to the following laws and school requirements:

- The UN Convention on the Rights of the Child: Article 19 (protection from all forms of violence) of which host country Lithuania is a signatory. Article 19 stipulates that governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect, and mistreatment by their parents or anyone else who looks after them.
- The Lithuanian Child Rights protection System provides the legal process and resources for child protection in Lithuania.
- Central and Eastern Europe Schools Association (CEESA) child protection requirements.
- New England Association of Schools Accreditation and Council of International Schools Accreditation child protection requirements.
- US Office of Overseas Education child protection requirements.

AISV will ensure that students will be safeguarded through the following protocols:

- 1.** AISV staff (new hires and currently employed staff) will submit a criminal background check to the Human Resources Manager. Staff must be clear of any background associated with child abuse. The Director has the discretion to determine if other issues of criminal background check warrant the non-employment at AISV.
- 2.** AISV volunteers who will offer an ongoing school-related activity (e.g. after school activity) or chaperoning of an activity (e.g. field trip or CEESA event) will submit a background check to the Human Resources Manager. This does not apply to parents who come to a one-time classroom event, a school assembly, or the like.
- 3.** AISV staff are expected to report suspected child abuse of a student to the school administration in a timely manner (within 24 hours of suspicion). The administration will respond within 24 hours of receipt of suspicion.
- 4.** AISV will provide annual education to students, parents, and staff on child protection awareness, prevention, and responsiveness.
- 5.** AISV will follow CEESA child protection requirements when participating in a CEESA sponsored event.
- 6.** AISV will ensure that staff working with students is informed and proactive in the implementation of appropriate best practices of child safeguarding. Specific practices are in the AISV Employee Handbook.
- 7.** AISV will ensure the volunteers who offer ongoing school-related activities receive training and are informed and proactive in the implementation of appropriate best practices of child safeguarding.
- 8.** AISV will ensure campus security through the enforcement of gate access protocols for staff and visitors (e.g. usage of the badge).
- 9.** AISV will ensure the E-Safety policies and protocols are in place for students and staff.
- 10.** AISV will ensure that students are safely supervised (e.g. adequate staff: student ratio) to safeguard child protection during school hours, field trips, activities, and school-sponsored events.
- 11.** AISV will ensure confidentiality is maintained with all incidents of reporting and staff/volunteer screening matters related to child safeguarding.

INTRODUCTION

The health, safety, and well-being of all our children are of paramount importance to all the adults who work at AISV. Our children have the right to safeguarding, regardless of age, gender, race, culture, or disability. They have a right to be safe in our school.

All staff employed at AISV must report suspected incidences of child abuse or neglect whenever the staff member has reasonable cause to believe that a child has suffered or is at risk of suffering abuse or neglect. Reporting and follow-up of all suspected incidences of child abuse or neglect will proceed in accordance with administrative regulations respective to this policy.

The following definitions are used in this policy:

Child: Any person under the age of 18 years.

CSC: Child Safeguarding Coordinator.

Neglect: The failure of a parent or caregiver to provide for the basic needs of a child in terms

of adequate food, clothing, shelter, support, and supervision, and/or medical care.

Physical Abuse: Actual or likely physical injury to a child, or failure to prevent physical injury or suffering.

Sexual Abuse: When an adult or older adolescent uses a child for sexual purposes, including asking or pressuring a child to engage in sexual activities, indecent exposure, intimidation, physical sexual contact with a child, or using a child to produce child pornography.

Emotional Abuse: Behavior toward a child that undermines or destroys a child's development or sense of self-worth; can also include unreasonable or excessive demands by a parent or caregiver that are beyond a child's capabilities.

At risk of abuse: these are situations where children may not have been abused, but where social and medical assessments indicate a high degree of risk that they might be abused in the future. This may include situations where another child in the household has been abused, or where there is a known abuser.

AIMS AND OBJECTIVES

This policy ensures that all staff in our school can follow the necessary procedures with regard to a child protection issue.

It aims:

- To raise awareness and identify responsibility in reporting possible cases of abuse.

- To ensure effective communication between all staff when dealing with child protection issues.
- To inform all parties of the correct procedures to use in the case of a child protection issue.

STAFF RESPONSIBILITIES

General whole school responsibilities:

- There is a named person in our school who is the Child Safeguarding Coordinator (CSC).
- All members of the school staff have a responsibility to identify and report suspected abuse and to ensure the safety and wellbeing of the students in the school. In doing so, they should seek advice and support as necessary from the CSC.
- All staff are expected to attend relevant professional development sessions.
- All staff are expected to provide a safe and caring environment in which children can develop the confidence to voice ideas, feelings, and opinions. Children should be treated with respect within a framework of agreed and understood behavior.
- Ensure that parents understand the responsibility placed on the school and staff in relation to child protection.
- All staff is expected to:
 - Be aware of symptoms of abuse.
 - Report concerns to CSC as appropriate.
 - Keep clear, dated, factual, and confidential records of child protection concerns.

Specific responsibilities of the School Nurse:

- The Nurse may be requested to provide physical treatment and emotional support after a child has been abused.
- The Nurse may be required to conduct an examination if there are physical injuries and write an initial report about the child's physical and emotional condition.
- The Nurse can provide positive encouragement to the child, liaise with family members and determine how best to promote the child's safety both at school and at home.
- Child abuse can leave deep emotional scars and the Nurse should recognize these and help develop a rehabilitation plan in liaison with the

School Counselor, CSC, and other appropriate staff.

- In some cases, the child may have to take medication as a result of the abuse. The Nurse should ensure that all standards and procedures for administering medications in the school setting are met.

Specific responsibilities of the School Counselor:

- The School Counselor should help develop an abuse intervention plan in liaison with the school-based response team.
- The School Counselor may be requested to provide emotional support after a child has been abused.
- The School Counselor can provide positive encouragement to the child, liaise with family members and determine how best to promote the child's safety both at school and at home.
- The School Counselor can recommend outside specialists to support the family and maintain contact with the family and specialists to keep track of the dynamic of the child's psychological state.

Specific responsibilities of the HR Department and the Security Chief:

When recruiting any member of the teaching staff or support staff with access to children, all reasonable steps should be taken to ensure compliance as far as possible with the following:

- Provision of an up-to-date police 'good conduct' letter and/or criminal records check.
- Two or more references from previous employers with follow-up questions with regard to the applicant's compliance with any Child Safeguarding procedures.
- The Security staff undertakes to be vigilant and adhere to the procedures governing the access, detailed record-keeping, provision of a Visitor's Pass to be worn for ease of identification and monitoring of visitors to the school.

Resources

The school is responsible for providing appropriate resources to support the policy.

Documentation

All documentation of any investigation should be kept in the child's school confidential records file.

Designated Child Safeguarding Coordinator (CSC)

School Counselor.

Child Safeguarding Team

Director, Principals, Counselor.

CHILD ABUSE OR NEGLECT

Abused and neglected children can be helped if the situation is identified and the school takes steps in order to support the child.

Warning Signs and Risk Factors

There are some specific warning signs and risk factors to look for in potentially abused students. Here are some of the common warning signs and risk factors that school staff, peers, and parents can often identify:

Warning Signs

Physical:

- The child has an injury that is not typical of the bumps and scrapes normally associated with the child's activities.
- The child regularly has unexplained injuries.
- The child frequently has injuries even when apparently reasonable explanations are given.
- When talking about how injuries were sustained, the child gives confused or conflicting explanations.
- Discloses an experience in which h/she may have been harmed.

Emotional:

- The child exhibits significant changes in behavior, performance, or attitude.
- Delayed emotional development.
- Loss of previously acquired developmental skills.
- Social withdrawal.
- Depression, anxiety, unusual fears.

- Excessive absences.
- Avoidance of certain situations, such as refusing to go to school or ride the bus.
- Desperately seeking affection.
- A decrease in school performance.
- Loss of interest in school or other activities.
- Rebellious or defiant behavior.
- Shares about emotional abuse experiences.

Sexual:

- The child indulges in sexual behavior which is unusually explicit and/or inappropriate to his/her age.
- Blood in the child's underwear.
- Sexual behavior with other children.
- Discloses an experience in which h/she may have been harmed.

Neglect:

- Slow or no growth or weight gain.
- Hiding food, taking food without permission.
- Poor hygiene.
- Frequent absences from school.
- Lack of appropriate attention for problems (psychological, physical, etc).
- Attempts at running away from home.
- Rebellious or defiant behavior.

Risk Factors

Individual child risk factors:

- The child is younger than 4 years of age.
- The child has special needs that may increase the caregiver burden.

Individual parent risk factors:

- History of child abuse and/or neglect.
- Lack of parenting skills.
- Substance abuse and/or mental health issues (e.g. depression) in the family.

Family risk factors:

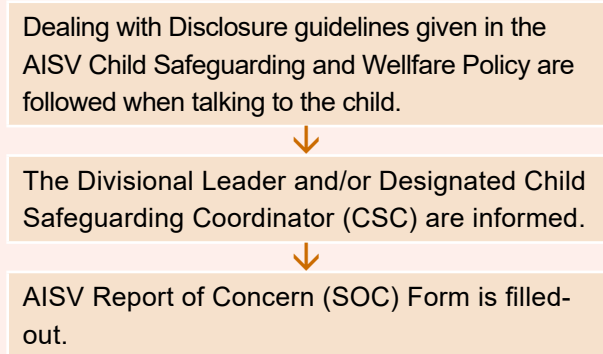
- Social isolation.
- Separation or divorce, extreme stress, and violence, including between partners.
- Unstable family relationships.
- Low income, unemployment.

Procedures for Students Identified as at-Risk for harm

If a student discloses that h/she has been harmed in some way, the member of staff should:

- Listen to what is being said without displaying shock or disbelief.
- Accept what is being said.
- Allow the child to talk freely.
- Reassure the child but not make promises that might not be possible to keep.
- Not promise confidentiality, as it might be necessary to refer the case to the appropriate authority.
- Reassure the student that what happened is not their fault.
- Stress that it was the right thing to tell someone.
- Listen rather than ask direct questions.
- Ask open questions rather than leading questions.
- Do not criticize the perpetrator.
- Help the child to arrange a meeting with the school counselor.

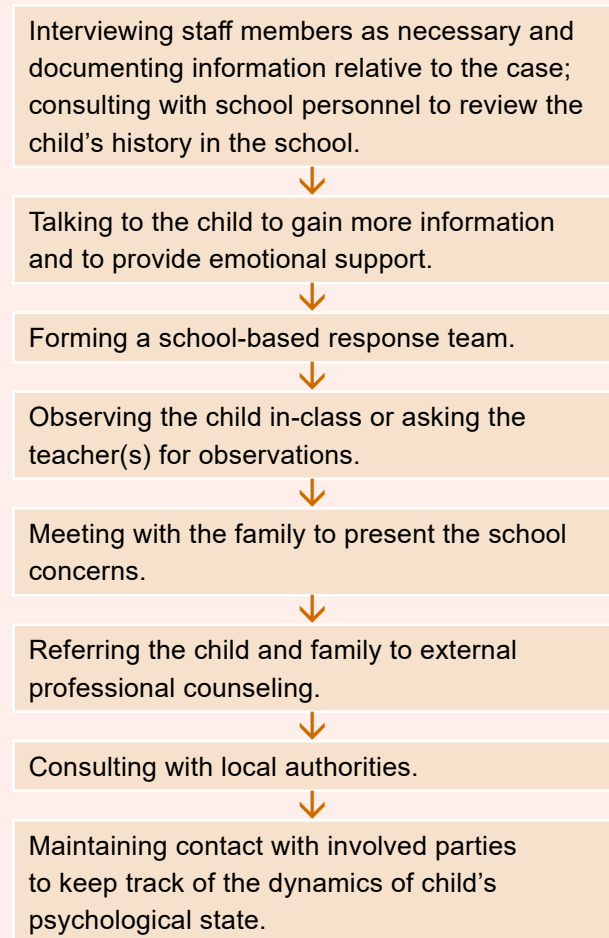
If a child shares about abuse:



The Divisional Leader will inform CSC accordingly. The CSC will take initial steps to gather information regarding the reported incident:

- Interview staff members as necessary and document information relative to the case.
- Consult with school personnel to review the child's history in the school.

The CSC will keep the Regional Security Officer (RSO) of the US Embassy apprised of potentially harmful situations. Based on the acquired information, a plan of action will be developed to assist the child and family. The CSC might form a school-based response team to address the report. The response team may include the school nurse, counselor, teacher, and other individuals as the CSC sees fit. In all cases, follow-up activities will be conducted in a manner that ensures that information is documented factually and that strict confidentiality is maintained. After being informed about potential abuse or neglect, the CSC may react by:



CHILD-ON-CHILD ABUSE

Children and young people can inflict harm upon each other in various ways, resulting in significant and enduring consequences such as isolation, intimidation, and violence for the victim.

Child-on-child abuse encompasses a range of abusive behaviors, including physical, sexual, emotional, financial, and coercive control, which occur within children's relationships, both in-person and online. Child-on-child abuse can manifest in various forms, each with its own characteristics and impact on the victim. It is essential to recognize and address these forms of abuse in order to provide appropriate advice, support, and intervention. The following descriptions provide a detailed understanding of each form of abuse or bullying behavior.

- Physical abuse refers to the intentional infliction of harm on another person through acts such as hitting, kicking, pinching, shaking, biting, hair-pulling, or any form of physical violence. It involves using physical force to cause pain, injury, or discomfort to the victim.
- Emotional/verbal abuse involves the use of words, actions, or behaviors to manipulate, belittle, threaten, intimidate, or demean another person. It includes tactics such as threats, blackmail, manipulation, name-calling, gaslighting, and actions that cause fear, isolation, humiliation, or emotional distress.
- Sexually inappropriate behavior refers to actions of a sexual nature that are inappropriate or unwanted, especially within the context of peer relationships. It can include engaging in sexually explicit language, engaging in inappropriate role play, touching another child in a sexual manner, forcing a child to witness sexual acts, exposing a child to pornographic images or media, or engaging in sexual assault.
 - Sexting involves the exchange of sexually explicit texts, images, or videos, typically through electronic devices. This may include sending or receiving nude or sexually suggestive pictures. Sexting can occur

between peers and often involves pressure or coercion to engage in such behavior.

- Bullying refers to the repetitive and intentional misuse of power by one person or a group against another individual. It involves behaviors such as verbal insults, name-calling, spreading rumors, physical aggression, exclusion, or social manipulation. The aim of bullying is to cause physical, social, or psychological harm to the victim.
 - Electronic bullying (cyberbullying) is a form of bullying that occurs through electronic means such as social media, online platforms, email, instant messaging, or text messaging. It involves using these digital platforms to harass, threaten, or intimidate someone. Cyberbullying can include spreading rumors, posting hurtful comments, sharing embarrassing or manipulated photos or videos, or engaging in any form of online harassment to harm the victim emotionally or socially. Cyberbullying may be deemed criminal. If the behavior involves taking or distributing sexual images of young people under the age of 18, then this is also a criminal offense under most national and international laws. The school may have no choice but to involve the police to investigate these situations.
 - **Important Note:** If electronic communications, even when conducted away from school grounds, affect the educational mission of AISV, the school will take action to preserve an environment conducive to a positive education.
- Relationship abuse occurs when one person, typically within a romantic or intimate relationship, perpetrates a pattern of actual or threatened acts of physical, sexual, and/or emotional abuse against their current or former partner. It can include insults, coercion, social sabotage, sexual harassment, threats, and acts of physical or sexual violence. The abuser seeks to gain power and control over their partner through violent and coercive behaviors.

Contextual Safeguarding

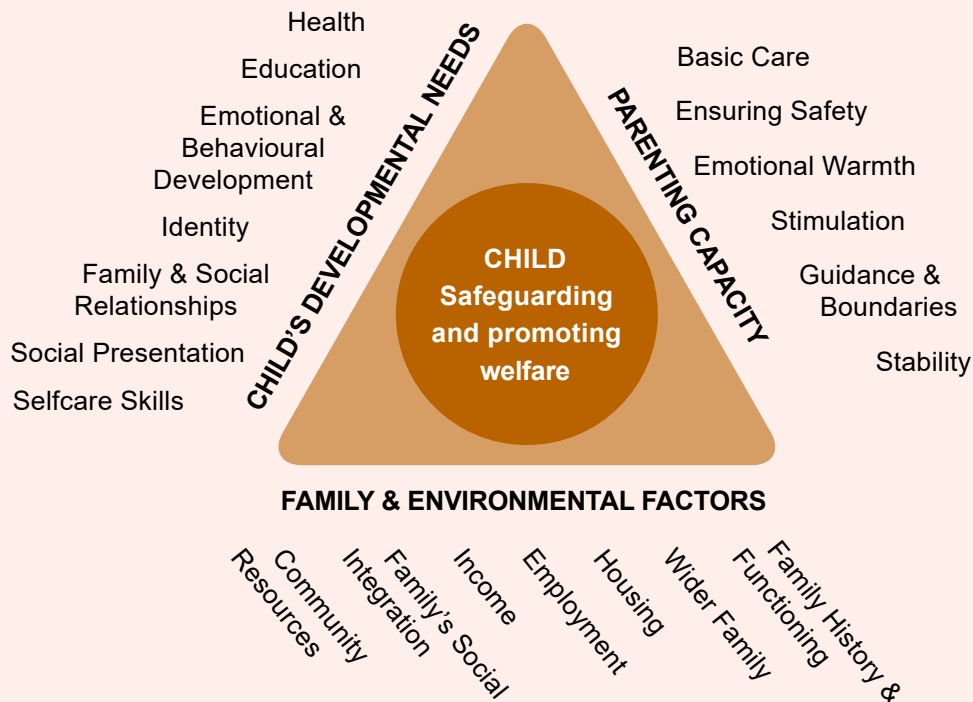
AISV recognizes the critical importance of adopting a Contextual Safeguarding approach to prevent and address child-on-child abuse effectively. This approach acknowledges that children can experience significant harm not only within their families but also within their broader contexts, including neighborhoods, schools, and online spaces. It acknowledges that the dynamics and influences present in these contexts play a crucial role in shaping children's experiences and risks.

In implementing Contextual Safeguarding, AISV places emphasis on understanding and responding to the unique dynamics and risks present in different contexts. By expanding the

scope of child protection beyond the family unit, AISV aims to create a more comprehensive and effective approach to safeguarding children.

When assessing the needs of children and their families in cases of child-on-child abuse, it is necessary to consider both the negative impacts and positive strengths within a child's network (please refer to The Assessment Framework below). This comprehensive assessment allows for a more nuanced understanding of the factors contributing to abuse, as well as the potential protective factors that can be leveraged to support the child or young person.

The Assessment Framework developed by the Department of Health, 2000



Signs of abuse

Recognizing the signs and indications of abuse is crucial in identifying child-on-child abuse and providing timely intervention and support. Some common signs to watch for include frequent absences from school or disengagement from school activities, unexplained physical injuries such as bruises, cuts, or burns, and the presence of mental or emotional health issues such as anxiety or depression. Children who

are experiencing abuse may exhibit signs of becoming withdrawn, displaying low self-esteem, and having difficulties with sleep patterns. It is also important to be aware of any signs of alcohol or substance misuse, as well as significant changes in behavior, such as sudden aggression or regression. Inappropriate behavior for their age or being harmful toward others can also be indicators of abuse.

Immediate Response to an Allegation: Recommended Approach

Where a child discloses that they or another child is being or has been abused or harmed, it is necessary to adopt a trauma-informed approach. If the child is not forthcoming, ask if they would like to speak to another adult with whom they may feel more comfortable, such as a school counselor. Ask open-ended, non-leading questions to facilitate disclosure, determine the wellbeing of the individual and provide support. Questioning should be limited to critical information in order to:

- **understand** the basic facts (Where and when did the incident take place? Which adult was involved?);
- **determine** the immediate safety of the child (Will the child encounter the alleged perpetrator within the next hour?);
- **determine** if the child needs immediate psychological or physical medical attention. In the case of a written disclosure of non-recent abuse, the response should be prompt and personal, avoiding a legal tone.

DO:	DO NOT:
<ul style="list-style-type: none"> ● stay calm and show no signs of shock; ● listen and respond with empathy in a non-judgmental and open way; ● consider the disclosure seriously; ● remain calm, supportive, and reassuring; ● validate the child's feelings; ● explain what you need to do (report to the DSL) and why; ● allow the child control when feasible; ● consider the child's language needs and whether support in another language is necessary; ● reassure the child that they have done the right thing in coming forward; <p>and</p> <ul style="list-style-type: none"> ● take notes and make a record as soon as possible following the disclosure. 	<ul style="list-style-type: none"> ● view images of children (rather ask for a brief description and secure a device as possible evidence for law enforcement); ● interview the child, ask leading or unnecessary questions, or provide language for the child; ● take notes during the disclosure; ● make promises that may not be able to be honoured (such as promising you won't tell anyone or that this will never happen again); ● suggest that the child may be to blame in any way for what happened; or ● ask the child to wait until another person can be present to witness the disclosure.

Section source: <https://www.icmec.org/wp-content/uploads/2018/09/Protocol-Managing-Allegations-of-Child-Abuse-by-Educators-and-other-Adults.pdf>

Further Response Steps

- **Gathering Information:** When a report or suspicion of child-on-child abuse arises, gathering accurate and detailed information about the incident is prioritized.
- **Case Analysis in a Team:** The team carefully evaluates the severity of the abuse, assesses potential risks to the involved students, and determines appropriate next steps.
- **Seeking External Support:** In certain cases, the team may identify the need for external support to address the situation effectively. If

deemed necessary, we are prepared to turn to outside organizations, such as the police or social services, to provide expertise and additional assistance. This decision is made in accordance with legal requirements and in the best interests of the students involved.

- **Implementing Support and Intervention:** Following the case analysis, appropriate support and intervention measures are implemented for all affected students. This may include providing counseling services, arranging individual support plans, or implementing safety measures to ensure the well-being of the students. Regular communication with parents or guardians is maintained throughout this process to keep them informed and involved.

- **Ongoing Monitoring and Review:** ongoing monitoring and review of the situation is maintained, ensuring that the implemented measures are effective and address the needs of the students involved. Regular follow-up meetings with the team are conducted to assess progress and make any necessary adjustments to the support provided.

By following this structured approach, AISV aims to handle cases of child-on-child abuse in a thorough, coordinated, and sensitive manner. Our ultimate goal is to ensure the safety, wellbeing, and overall development of our students, creating a secure environment conducive to their growth and learning.

SELF-HARM AND SUICIDE

Adolescent suicide can be prevented if we recognize at-risk behavior, make at-risk students a priority, and know how to deal with suicidal students. Suicide prevention and crisis intervention programs must include all staff within the school support system and must include information sessions for parents.

Warning Signs and Risk Factors

There are some specific warning signs and risk factors to look for in potentially suicidal students. Here are some of the common warning signs and risk factors that school staff, peers, and parents can often identify:

Warning Signs

Mood:

- Prevailing sadness or depression.
- Hopelessness.
- Anxiety.
- Anger.
- Loss of interest.
- Sudden relief.

Talk:

- Feeling hopeless.
- Being a burden to others.
- Life lacks purpose.
- Unbearable pain.
- Killing themselves.

Behavior:

- Alcohol or drug abuse.
- Loss of interest or pleasure in usual activities.
- Atypical acting-out behavior.
- Change in eating or sleeping patterns.
- Fatigue.
- Grades dropping or failure in school.
- Self-mutilation or cutting behavior.

Risk Factors

Health factors:

- Mental health conditions (depression, substance use problems, bipolar disorder, anxiety disorder).
- Prolonged physical health conditions including pain.

Environmental factors:

- Stressful life events such as boyfriend/girlfriend problems and/or breakups, changed relationships with peers, parents' divorce or separation, etc.
- Prolonged stress because of harassment, bullying, relationship problems.
- Access to lethal means including firearms.
- Exposure to another person's suicide or to graphic or sensationalized accounts of suicide.

Historical factors:

- Previous suicide attempts.
- Family history of suicide.
- Childhood neglect, abuse, or trauma.



If a teacher or staff member notices that a student displays several signs indicating suicide risk, the only way to provide adequate help and support is by finding out the real situation. Although it might be emotionally difficult to ask the adolescent about his emotional state (including suicidal thoughts), it is crucial to do so. Most adolescents who think about suicide tell someone about it beforehand and there are ways to help people who are at risk. Even if people are talking about suicide, they want to live. However, they feel at a loss and do not know how to handle their emotions and the difficulties they are facing in life at the given moment.

Procedures for Students Identified as at-risk for suicide

The staff member who is concerned that a student is harming himself/herself or/and may be at-risk for suicide should contact the Divisional Leader or the CSC. A school-based response team will be formed to determine actions to be taken. The staff member reporting the concern may be included in team decisions but is not necessarily asked to assume responsibility for the intervention or crisis plan implementation. The Director or the Designated Child Safeguarding Coordinator will meet with the parents to discuss the student's suicidal gestures

and to determine the action plan for supporting the student. The CSC will keep the RSO apprised of potentially harmful situations.

If a student harms himself/herself, expresses suicidal thoughts, or displays several suicide risk warning signs/risk factors:

The Designated Child Safeguarding In-charge (CSC) or school administration is informed.



The AISV Report of Concern Form is filled out.

In such a case, the school reacts by:

Providing emotional support for the child.



Informing child's parents/legal guardians.



Referring the parents/legal guardians to a psychologist for evaluation and counseling.



Following-up with parents/legal guardians and/or the psychologist about child's psychological state.



If the parents/legal guardians refuse to seek help, the local Child's Rights Protection Division is informed.

If a student attempts to commit suicide, inflicts physical harm on him/herself, and/or needs medical help, a member of the school community reacts by:

Calling Emergency Services Number 112.



Informing parents/legal guardians.



Informing school administration.

Coping with the Emotional after-effects of suicide in the school community

The general response objectives of a sound response are the following:

- Disseminate accurate information and dispel rumors.
- Provide emotional support for students who might need it.
- Facilitate referral to outside specialists for students who need longer psychological counseling.
- Prevent the “spread” of suicidal ideation or gestures.

Some situation-specific objectives include the following:

- Intervention is intended to provide students with an opportunity to discharge the emotions triggered by the suicide of a fellow student. The process of coming to terms with an important loss is encouraged by an explicit acknowledgment of feelings of loss. The school’s acknowledgment of the loss provides support and sanction for the students to more overtly and completely express their feelings and cope with the loss.
- In the wake of a student suicide, know that other students are likely to have experienced suicidal thoughts in the past or may be entertaining such thoughts currently. The suicide may heighten these other students’ anxieties

about their own psychological process. They may become more unsettled by their own suicidal ideation, or they may develop a morbid preoccupation with suicide. One major objective of an intervention is facilitating referral. Students will know that seeking help from someone else when you are feeling depressed is a very mature, adult way of handling difficult or painful emotions. Students will be encouraged to seek out counselors in any way they see fit if they would like to talk about their emotions/feelings.

- Do not impose on students the expectation that they will have stronger feelings for the student who committed suicide than is actually the case. Set up a venue that allows students to come and discuss their feelings if they are interested.
- Students or the school may want to take some sort of collective action to express their feelings over the loss of the student. An objective of the intervention is to organize such efforts and see that they are carried to completion.
- The circumstances surrounding the student’s suicide may raise other issues, which may require a more broad-based institutional response.
- Monitor for delayed reactions.

Child Safeguarding Team

Designated Child Safeguarding In-charge (CSC): Claire Ruz (HS Counselor)

School Counselors: Janina Luinytė (LS Counselor), Ažuolas Maniušis (MS Counselor)

School Director: Stephane Ruz

Divisional Leaders: Robin MacArthur, Elizabeth Elger, Hans Hess

All communication with external parties, including but not limited to the press, will be directed to the Director.

APPENDIX

AISV Child Safeguarding: Report of Concern

Name of person making the report	
Date of Report	
Name of CPC to whom report is given	
Nature of Concern	
Date, Time and Location of Incident / Observation	
Name of Student (if known)	
<p>Details of Concern:</p> <p>Concerns or alerts may be as a results of:</p> <p>Observed behavior in a child (physical, emotional, change in behavior)</p> <p>Hearsay (third party disclosure)</p> <p>Disclosure (specific report made by a student directly or via a trusted adult)</p> <p>Observed behavior in an adult (breach of Code of Conduct)</p> <p>Provide full factual details only.</p> <p>State whether you witnessed the incident or if it was reported to you.</p> <p>If there was any conversation with the child, report his/her own words as closely as possible.</p> <p>(Continue overleaf if necessary.)</p>	
<p>Follow up Action (if any):</p> <p>(Did you make any follow-up action as a result of what you heard or witnessed?)</p>	
Signed by (reporter)	
Signed by (CPC/Recipient of report)	