**PHYSICAL OR MENTAL ABUSE,**

**SEXUAL ABUSE, SEXUAL MISCONDUCT, AND SEXUAL MOLESTATION PREVENTION POLICY**

**Nittany Valley Charter School** does not permit actual or threatened acts of physical or mental abuse, sexual abuse, sexual misconduct or sexual molestation (“Prohibited Conduct”) to occur in the workplace, or at any activity sponsored by, or related to, your employment. In order to make this “zero—tolerance” policy clear to all employees, volunteers, and staff members, we have adopted mandatory procedures that all employees, volunteers, family members, board members, individuals, and victims must follow when they reasonably suspect, learn of, or witness Prohibited Conduct.

Abuse, misconduct, or molestation means each, every, and all actual, threatened or alleged acts of physical or mental abuse, sexual abuse, sexual misconduct, or sexual molestation performed by one person, or by two or more persons acting together.

**Reporting Procedure**

All employees, volunteers, or staff members who learn of, have a reasonable suspicion of, Prohibited Conduct must immediately report it to the CEO. (If the CEO is involved, than it should be reported to the President of the School Board.) If the victim is an adult, the abuse, misconduct, or neglect will be reported by the designee to the local or state police and/or to Adult Protective Services (APS) Agency. If a child is the victim of abuse, misconduct, or neglect, the designee will report the matter to the local or state police and/or to Child Abuse Agency. Appropriate family members of the victim will be notified immediately of suspected child abuse, misconduct, or neglect.

**Investigation & Follow Up**

We take all allegations of Prohibited Conduct seriously. Once reported, we will promptly, thoroughly, and impartially investigate the allegations to determine whether there is a reasonable basis to believe that the Prohibited Conduct has occurred and whether the target of the investigation committed the Prohibited Conduct. The investigation may be undertaken by an internal team comprised of fellow employees or we may hire an independent third party. We will fully cooperate with any investigation conducted by law enforcement or regulatory agencies and we may refer the complaint and the result of our investigation to those agencies. We reserve the right to place the target(s) of the investigation on an involuntary leave of absence or reassign that person to responsibilities that do not involve personal contact with individuals or students. To the fullest extent possible, but consistent with our legal obligation to report suspected and/or Prohibited Conduct to appropriate authorities, we will endeavor to keep the identity (ies) of the target(s) and the alleged victim(s) confidential.

If the investigation substantiates the allegations, our policy provides for disciplinary penalties, including but not limited to termination of the target’s relationship with our organization.

**Retaliation Prohibited** We prohibit retaliation against anyone, including an employee, volunteer, board member, student, or individual, who in good faith reports Prohibited Conduct. Retaliation against a participant in the investigation is also prohibited.

 Anyone who retaliates against someone who has made a good faith allegation of Prohibited Conduct, or intentionally provides false information to that effect, will be subject to discipline, up to and including termination.

**ACKNOWLEDGMENT OF RECEIPT OF PHYSICAL OR MENTAL ABUSE,**

**SEXUAL ABUSE, SEXUAL MISCONDUCT AND SEXUAL MOLESTATION POLICY**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have received and read the physical or mental abuse, sexual abuse, sexual misconduct and sexual molestation policy immediately preceding my signature below. I understand, and further agree to be bound by, this policy. I understand the possible consequences should I fail to follow the policy.**

**Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name of Employee/Volunteer Signature**

Date(s) of Annual Review(s) (employee/volunteer to write date in his/her own handwriting) (Add additional sheets if necessary).

1. 4. 7.

2. 5. 8.

3. 6. 9.