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BOYS & GIRLS CLUBS
OF MID CENTRAL COAST

POL007-2 Bullying Prevention Policy

The Boys & Girls Clubs of Mid Central Coast (BGC MCC) believes that all members have a right to a safe and healthy environment and has an obligation to promote mutual respect, tolerance, and acceptance. Staff, volunteers, and members of BGC MCC will not tolerate behavior that infringes on the safety of any other person. Staff, volunteers, and members shall not intimidate, harass, or bully any other person through words or actions.

Bullying is exposing a person to abusive actions repeatedly over time. Being aware of teasing, and acknowledging injured feelings is always important. Bullying becomes a concern when hurtful or aggressive behavior toward an individual or group appears to be unprovoked, intentional and (usually) repeated.

Bullying is a form of *violence*. It involves a real or perceived imbalance of power, with the more powerful person or group attacking those who are less powerful. Bullying may be:

- *physical* (hitting, kicking, spitting, pushing)
- *verbal* (taunting, malicious teasing, name calling, threatening)
- *emotional* (spreading rumors, manipulating social relationships, extorting, or intimidating). Bullying can occur face-to-face or in the online world.

Bullying is also one or more acts by an individual or group directed against another person that constitutes:

- sexual harassment,
- hate violence, or severe or pervasive intentional harassment,
- threats, or intimidation that is disruptive,
- causes disorder, and invades the rights of others by creating an intimidating or hostile educational environment,
- includes acts that are committed personally or by means of an electronic act, as defined below.

An "electronic act" is defined as transmission of a communication, including, but not limited to, a message, text, sound, or image by means of an electronic device, including but not limited to; telephone, cell phone or other wireless communication device, computer, tablet or pager.

Bullying actions may be direct or indirect.

Direct bullying or identifiable bullying actions may include:

- Hitting, tripping, shoving, pinching, and excessive tickling
- Verbal threats, name calling, racial slurs, and insults
- Demanding money, property, or some service to be performed

- Stabbing, choking, burning, and shooting

Indirect bullying may be more difficult to detect and may include:

- Rejecting, excluding, or isolating target(s)
- Humiliating target(s) in and front of friends
- Manipulating friend's relationships
- Sending hurtful or threatening e-mail or writing notes
- Blackmailing, terrorizing, or posing dangerous dares
- Developing or utilizing a Web site devoted to taunting, ranking, or degrading a target and inviting others to join in posting humiliating notes or messages.

Reports of bullying should be made as soon as possible after the alleged act or knowledge of the alleged act. A failure to promptly report may impair the Club's ability to investigate and address the prohibited conduct. Digital incident report forms can be found

[☰ Incident Report Form](#)

Any Club staff, volunteer or member who believes that he/she has experienced bullying or believes that another person has experienced bullying shall immediately report the alleged acts to the Club Director or Area Director. A report may be made orally or in writing.

The procedures for intervening in bullying behavior include, but are not limited, to the following:

- All staff, members and their parents will receive a summary of this policy prohibiting intimidation and bullying: at the beginning of the school year, as part of the Parent Agreement information packet, or as part of new student orientation. Additionally, all Safety Policies are posted to the BGC MCC Website (centralcoastkids.org).
- BGC MCC will make reasonable efforts to keep a report of bullying and the results of investigation confidential.
- Staff who witness acts of bullying, or are informed of acts of bullying shall take immediate steps to intervene when safe to do so. Anyone witnessing or experiencing bullying are strongly encouraged to report the incident; such reporting will not reflect negatively on the target or witnesses in any way.
- All incidents will be recorded on the Incident/Accident Report form and signed by supervising staff and parent/guardian of the member(s) involved.
- If the incident is determined to be critical (See POL 010), according to BGCA definitions, the procedure for notifying/reporting to BGCA will be followed.
- If a member shows a pattern of bullying behavior the Club Director and Area Director will determine further action which may include, but is not limited to, suspension or permanent dismissal from Club membership.

Reviewed and Approved: 11 / 26 / 2024

Date: _____

BY:  _____

Chief Executive Officer
Daniel Lillard

Board Chair (Board Approval)



Incident / Accident Report

Accident (Involves physical injury)
Incident

Department _____

Off-site Facility _____

Name _____ Phone _____
Day Evening

Address _____
Street City/State ZIP

Date of Birth _____

Parent/Guardian Name _____
(If under 18 yrs old)

Incident Date	/	/	Gender	Age	elementary	young adult	Affiliation	guest
	am	pm			nursery	middle school		
Time	:		female	preschool	high school	senior	staff off duty	member
			male				participant	volunteer
			non-binary					

General Information (Nature of activity, place, general condition)

Describe exactly what happened. (Attach additional sheets as needed).

Medical Information

Fully describe the injured party's condition and any first aid given.

First aid administered? yes no
by whom: _____
Blood-borne exposures?
to whom: _____

Further medical attention? yes no declined If so, where and by whom: _____

Was parent / guardian / emergency contact notified? yes no If so, when? _____

Who was called and what was the outcome? _____

With whom did the injured party leave the site? (Name and relationship to injured). _____

Witnesses

(check box to indicate staff [s], participant [p], or volunteer [v]; indicate age for youth witnesses)

s	p	v	name	age	phone	address	city	state	zip
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____

Accident management

Staff member filing report _____ position _____ date _____

Supervisor reviewing report _____ position _____ date _____

EO/Executive reviewing report _____ position _____ date _____

Corporate management

HR: Name & Title _____ date _____

Filed with: WC CPS (Insurance Co.) date report filed _____

Follow-up

Was there follow-up contact? yes no If yes, date and by whom? _____ by _____

If yes, detail status. _____

please also complete the reverse side of this form

Incident / Accident Form, page 2 Injured Person: _____ Injury Date: _____

Please check all that apply in each of the following sections

Category		
<input type="checkbox"/> Equipment failure	<input type="checkbox"/> Bullying	<input type="checkbox"/> Suspected contagious disease
<input type="checkbox"/> Environmental Hazard	<input type="checkbox"/> Suspected self-harm	<input type="checkbox"/> Suspected contagious condition
<input type="checkbox"/> Intruder	<input type="checkbox"/> Suspected Alcohol Use/Abuse	<input type="checkbox"/> Suspected Injury during program
<input type="checkbox"/> *Shooting	<input type="checkbox"/> *Suspected Sexual Abuse	<input type="checkbox"/> Suspected head/face injury
<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> *Suspected Physical Abuse	<input type="checkbox"/> *Appears to present danger to self
<input type="checkbox"/> Fighting / Assault	<input type="checkbox"/> *Suspected Child Neglect	<input type="checkbox"/> *Appears to present danger to others
<input type="checkbox"/> *Suspected Weapons	<input type="checkbox"/> *Missing / Abducted Member	<input type="checkbox"/> Online or technology involved
<input type="checkbox"/> *Suspected Drugs	<input type="checkbox"/> Major Medical	<input type="checkbox"/> *Suspected bias or hate incident
<input type="checkbox"/> *Suspected suicidal Ideations	<input type="checkbox"/> Allergy	<input type="checkbox"/> Mental Health Crisis
		<input type="checkbox"/> Suspected Sexual Misconduct
		<input type="checkbox"/> Suspected Sexual Harrassment
		<input type="checkbox"/> Suspected Sexual Exploitation
		<input type="checkbox"/> Aquatic/Water Safety
		<input type="checkbox"/> 1:1 Contact
		<input type="checkbox"/> Other: _____
		<i>* requires reporting to local authorities</i>

Allegation Type		
<input type="checkbox"/> Member harming member	<input type="checkbox"/> Staff harming member	<input type="checkbox"/> Volunteer harming member
<input type="checkbox"/> Member harming staff	<input type="checkbox"/> Staff harming staff	<input type="checkbox"/> Volunteer harming staff
<input type="checkbox"/> Member harming volunteer	<input type="checkbox"/> Staff harming Volunteer	<input type="checkbox"/> Volunteer harming volunteer
		<input type="checkbox"/> Parent/Family harming member
		<input type="checkbox"/> Parent/Family harming staff
		<input type="checkbox"/> Parent/Family harming vol.
		<input type="checkbox"/> Involving former Club staff
		<input type="checkbox"/> Other: _____

Specific Location		
<input type="checkbox"/> Art Room	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> Teen Center
<input type="checkbox"/> Boys Locker Room	<input type="checkbox"/> Lobby	<input type="checkbox"/> Transportation to/from Club
<input type="checkbox"/> Childcare Rm # _____	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Wellness Center
<input type="checkbox"/> Computer Room	<input type="checkbox"/> Playground	<input type="checkbox"/> Off Site Location: _____
<input type="checkbox"/> Girl's Locker Room	<input type="checkbox"/> Stairwell	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Game Room	<input type="checkbox"/> Sports Field	

Program: (Indicate name)		
<input type="checkbox"/> Aquatics: Organized Youth	<input type="checkbox"/> Childcare: Before/After	<input type="checkbox"/> Open Gym
<input type="checkbox"/> Aquatics: Facility Rental	<input type="checkbox"/> Childcare: Preschool	<input type="checkbox"/> Personal Training
<input type="checkbox"/> Aquatics: Open Swim	<input type="checkbox"/> Child Watch	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Aquatics: Swim Team	<input type="checkbox"/> Group Fitness Class	<input type="checkbox"/> Special Events / field trips
		<input type="checkbox"/> Social outreach
		<input type="checkbox"/> Sports
		<input type="checkbox"/> Sports Team
		<input type="checkbox"/> 21st Century
		<input type="checkbox"/> Virtual Programming
		<input type="checkbox"/> Other: _____

Specific Action (Alleged)		
<input type="checkbox"/> Aggressive behavior of / by	<input type="checkbox"/> Exertion	<input type="checkbox"/> Horseplay
<input type="checkbox"/> Fight	<input type="checkbox"/> Verbal Taunting/Teasing	<input type="checkbox"/> Struck by / against
<input type="checkbox"/> Caught in, by, or between	<input type="checkbox"/> Fall (from, onto, into, or against)	<input type="checkbox"/> Intimidation
<input type="checkbox"/> Contact with / exposure to	<input type="checkbox"/> Handle / use / touch	<input type="checkbox"/> Inhale / Ingest
		<input type="checkbox"/> Participation / playing
		<input type="checkbox"/> Pushed / pulled / bumped
		<input type="checkbox"/> Theft
		<input type="checkbox"/> Other: _____

Source of Injury		
<input type="checkbox"/> Aquatics facility: deck / dock	<input type="checkbox"/> Blood / body fluids	<input type="checkbox"/> Equipment: Playground
<input type="checkbox"/> Aquatics facility: equipment	<input type="checkbox"/> Door	<input type="checkbox"/> Floor / Ground
<input type="checkbox"/> Aquatics facility: sides / bottom	<input type="checkbox"/> Environment (sun, heat, etc.)	<input type="checkbox"/> Furniture
<input type="checkbox"/> Aquatics facility: water, body of	<input type="checkbox"/> Equipment: Exercise	<input type="checkbox"/> Insect / animal
		<input type="checkbox"/> Locker / cabinet
		<input type="checkbox"/> Object (ball / bat / toy / etc.)
		<input type="checkbox"/> Person (another)
		<input type="checkbox"/> Self
		<input type="checkbox"/> Wall / vertical surface
		<input type="checkbox"/> Other - _____

Body part injured of affected		
<input type="checkbox"/> Arm	<input type="checkbox"/> Leg	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Hand / finger	<input type="checkbox"/> Foot / toe	<input type="checkbox"/> Chest
<input type="checkbox"/> Wrist	<input type="checkbox"/> Ankle	<input type="checkbox"/> Stomach
<input type="checkbox"/> Elbow	<input type="checkbox"/> Knee	<input type="checkbox"/> Side
		<input type="checkbox"/> Back
		<input type="checkbox"/> Buttocks
		<input type="checkbox"/> Hip
		<input type="checkbox"/> Groin
		<input type="checkbox"/> Face
		<input type="checkbox"/> Ear
		<input type="checkbox"/> Eye
		<input type="checkbox"/> Nose
		<input type="checkbox"/> Head
		<input type="checkbox"/> Neck
		<input type="checkbox"/> Heart
		<input type="checkbox"/> Mouth / lips / teeth
		<input type="checkbox"/> None / not applicable
		<input type="checkbox"/> Other - _____

Conditions at Scene (Collect all Evidence; Take Pictures) : _____

Actions taken to prevent secondary effects (Attach add'l sheets if needed): _____

Comments(Attach add'l sheets if needed): _____
