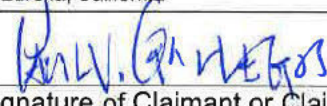




1. School District: Eureka City Elementary	
Address: 717 Creighton Street, Eureka, CA 95501	
2. Claimant's Name: [REDACTED]	
Claimant's Address: [REDACTED]	
City, State, Zip: [REDACTED]	
Day Phone: [REDACTED]	Evening Phone:
3. When did the damage or injury occur?	
Month February	Date 28
Year 2024	Time 2:40
A.M.	P.M. <input checked="" type="checkbox"/>
4. Location at which the accident or injury occurred:	
Winzler Children's Center	
Police Department and Report #: Eureka Police Department, Report # currently unknown	
5. What happened and why is the District responsible:	
Please see Attachment 1	
Name and position of responsible District Employee(s), if known:	
[REDACTED]	
6. What damage or injury occurred?	
Please see Attachment 1	
7. Claim Amount (only if less than \$10,000.00): \$ Superior Court of California, County of Humboldt	
If the amount exceeds \$10,000.00, please mark (X) the court of appropriate jurisdiction:	
<input type="checkbox"/> Municipal or Justice Court (Claims up to \$25,000.00)	
<input checked="" type="checkbox"/> Superior Court (Claims over \$25,000.00)	
8. How did you arrive at the amount claimed? Please attach documentation.	
9. I declare under penalty of perjury under the laws of the State of California that the information presented is true and correct, and that this declaration was executed on August 12, 2024, at Eureka, California.	
	
Signature of Claimant or Claimant's Representative	
10. Official Notices and Correspondence:	
If represented by an attorney or insurance company, please provide the following information:	
Name and Capacity: Paul V. Gallegos, Gallegos Law Firm	
Address: 931 Third Street	
City, State, Zip: Eureka, CA 95501	
Day Phone: (707)441-8477	Evening Phone: (707)845-1062
This space for District use	
NOTICE: Section 72 of the California Penal Code provides that: "Every person who, with intent to defraud, presents for payment to any School District any false or fraudulent claim, is guilty of a felony punishable by fine and/or imprisonment."	

ATTACHMENT 1 (JPA-23)

At and around 2:40 p.m., on February 28, 2024, [REDACTED], a [REDACTED]-year-old special needs student, (hereafter referred to as [REDACTED]) was in [REDACTED] of the Winzler Children's Center (hereafter referred to as "Winzler"). [REDACTED], a 31-year-old Early Education Assistant at Winzler, (hereafter referred to as [REDACTED]) approached [REDACTED] and grabbed [REDACTED] under [REDACTED] armpits and threw [REDACTED] across the room and into the wall of the classroom. After [REDACTED] struck the wall and collapsed on the floor of the classroom, [REDACTED] jerked [REDACTED] up, yelled at [REDACTED] and demanded that [REDACTED] apologize. All of the above did cause [REDACTED] to be hurt and injured in his health, strength, and activity and to sustain injury to [REDACTED] body and shock and injury to [REDACTED] nervous system all of which injuries caused, and continue to cause, [REDACTED] great mental, physical, and nervous pain and suffering all of which may result in a permanent disability to [REDACTED] in the future. As a result of such injuries, [REDACTED] has suffered general damages and has incurred and will incur medical and related expenses in the future.

The above was witnessed by [REDACTED] (hereafter referred to as [REDACTED]) who promptly reported [REDACTED]'s actions to [REDACTED], Director of Early Childhood Development and SPED, at Winzler (hereafter referred to as [REDACTED]). [REDACTED] described what she had observed to [REDACTED] and explained to [REDACTED] that at 2:25 p.m., she observed [REDACTED] aggressively approach [REDACTED], yell [REDACTED] name and grab [REDACTED] and throw [REDACTED] across the room into the classroom wall. She described further to [REDACTED] that after throwing [REDACTED] across the room and into the wall [REDACTED] grabbed [REDACTED] and held [REDACTED] body in restraint and yelled at [REDACTED] that he needed to apologize. [REDACTED] described [REDACTED] as crying hysterically as a result of [REDACTED] actions. [REDACTED] claimed that she was so shocked by what she observed that she thought she was going to faint and was breathing hard.

Despite being advised of [REDACTED] actions, [REDACTED] failed to take any action to assess and/or determine whether [REDACTED] required any medical treatment or to seek any medical treatment for [REDACTED]. [REDACTED] also failed to notify [REDACTED] and [REDACTED], [REDACTED] parents, of [REDACTED] actions and the resulting injury to [REDACTED] until that evening. [REDACTED] a mandated reporter under California Penal Code section 11165.7, also failed to file a Suspected Child Abuse Report (hereafter referred to as "SCAR") until the following day. A true and correct copy of that SCAR report is attached hereto as **Exhibit 1** and incorporated by reference as if fully stated again herein.

As a direct and proximate cause of [REDACTED] acts [REDACTED] and [REDACTED] and [REDACTED] were hurt and injured in their health, strength, and activity and sustained injury to their bodies and shock and injury to their nervous systems all of which injuries caused, and continue to cause, them great mental, physical, and nervous pain and suffering all of which may result in a permanent disability to them in the future. As a result of such injuries, they have suffered general damages and have incurred and will incur medical and related expenses in the future.

As a direct and proximate result of [REDACTED] acts and/or failure to act, [REDACTED] and [REDACTED] and [REDACTED] were hurt and injured in their health, strength, and activity and sustained injury to their body and shock and injury to their nervous systems all of which injuries caused, and continue to cause, them great mental, physical, and nervous pain and suffering. As a result of such injuries,

they have both suffered general damages and have incurred and/or will incur medical and related expenses in the future.

Both [REDACTED] and [REDACTED] at all times mentioned above, were agents and employees of Eureka City Elementary School District and were at all times acting within the purpose and scope of such agency and employment.

The Eureka City Elementary School District, [REDACTED] and [REDACTED], and each of them, had a duty at all times to supervise the conduct of Eureka City Elementary School District employees and students and to enforce those rules and regulations necessary for the protection of the students and to exercise ordinary care to protect students from the type of attack described above.

Eureka City Elementary School District and [REDACTED] and each of them, were negligent and careless in that they failed to exercise ordinary care in supervising the conduct of [REDACTED] so as to prevent the type of attack herein alleged. Prior to occurrence of the injuries herein alleged, Eureka City Elementary School District and [REDACTED] had actual and constructive notice of [REDACTED] propensity toward violence against students that such conduct on the part of [REDACTED] was likely to occur again, in the absence of adequate supervision; and they were negligent and careless in that having such knowledge they nevertheless failed to use ordinary care in the supervision of [REDACTED] and failed to provide adequate supervision or any supervision over [REDACTED] at all.

As such Eureka City Elementary School District is liable for injuries actually and proximately caused by [REDACTED] and [REDACTED] pursuant to California Government Code section 815.2.



SUSPECTED CHILD ABUSE REPORT (Pursuant to Penal Code section 11166)

Print Form Clear Form

To Be Completed by Mandated Child Abuse Reporters
PLEASE PRINT OR TYPE

CASE NAME: _____

CASE NUMBER: _____

A. REPORTING PARTY	NAME OF MANDATED REPORTER [REDACTED]		TITLE Director		MANDATED REPORTER CATEGORY Child		
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS 719 Crieghton St. Eureka 95501				DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	REPORTER'S TELEPHONE (DAYTIME) 707 362-0966		SIGNATURE <i>[Signature]</i>		TODAY'S DATE 2/29/24		
B. REPORT NOTIFICATION	<input checked="" type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION		<input checked="" type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)				
	AGENCY Eureka City Schools		ADDRESS 825 5th St Eureka 95501		DATE/TIME OF PHONE CALL 9:35am		
	OFFICIAL CONTACTED - NAME AND TITLE Tamara Rogers				TELEPHONE 707 388-6600		
C. VICTIM One report per victim	NAME (LAST, FIRST, MIDDLE) [REDACTED]		BIRTHDATE OR APPROX. AGE [REDACTED]		SEX [REDACTED]		
	ADDRESS [REDACTED]		CITY [REDACTED]		ZIP [REDACTED]		
	PRESENT LOCATION OF VICTIM Home		SCHOOL Winzler Children's Center		GRADE PK		
	PHYSICALLY DISABLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DEVELOPMENTALLY DISABLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OTHER DISABILITY (SPECIFY) [REDACTED]		
	IN FOSTER CARE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input checked="" type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME			TYPE OF ABUSE (CHECK ONE OR MORE): <input checked="" type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER (SPECIFY) [REDACTED]	
	RELATIONSHIP TO SUSPECT [REDACTED]			PHOTOS TAKEN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
VICTIM'S SIBLINGS	NAME		BIRTHDATE		SEX		
	ETHNICITY		NAME		BIRTHDATE		
D. INVOLVED PARTIES	VICTIM'S PARENTS/GUARDIANS		NAME (LAST, FIRST, MIDDLE) [REDACTED]		BIRTHDATE OR APPROX. AGE [REDACTED]		
	ADDRESS [REDACTED]		CITY [REDACTED]		ZIP [REDACTED]		
	HOME PHONE [REDACTED]		BUSINESS PHONE [REDACTED]		ETHNICITY [REDACTED]		
	NAME (LAST, FIRST, MIDDLE) [REDACTED]		BIRTHDATE OR APPROX. AGE [REDACTED]		SEX [REDACTED]		
ADDRESS [REDACTED]		CITY [REDACTED]		ZIP [REDACTED]			
HOME PHONE [REDACTED]		BUSINESS PHONE [REDACTED]		ETHNICITY [REDACTED]			
SUSPECT		SUSPECT'S NAME (LAST, FIRST, MIDDLE) [REDACTED]		BIRTHDATE OR APPROX. AGE 31			
ADDRESS [REDACTED]		CITY [REDACTED]		ZIP [REDACTED]			
TELEPHONE [REDACTED]		OTHER RELEVANT INFORMATION Early Education Assistant at Winzler		[REDACTED]			
E. INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER:						
	DATE/TIME OF INCIDENT 2/28/24 2:40pm		PLACE OF INCIDENT Winzler Children's Center				
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incident's involving the victim(s) or suspect) The witness [REDACTED] to the incident reported that [REDACTED] intervened in a loud voice between [REDACTED] and another child, grabbed [REDACTED] and picked [REDACTED] up throwing [REDACTED] body [REDACTED] back hit the floor and [REDACTED] was crying. She preceded to hold [REDACTED] restraining [REDACTED]						

DO NOT submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code section 11169 to submit to DOJ a Child Abuse or Severe Neglect Indexing Form BCIA 8583 if (1) an active investigation was conducted and (2) the incident was determined to be substantiated.

UNUSUAL INCIDENT/INJURY REPORT

INSTRUCTIONS : NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.

SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.

RETAIN COPY OF REPORT IN CLIENT'S FILE.

NAME OF FACILITY Winzler Children's Center	FACILITY FILE NUMBER 123009260	TELEPHONE NUMBER (707) 441-2498
ADDRESS 719 Creighton St.	CITY, STATE, ZIP Eureka, Ca, 95521	

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION

TYPE OF INCIDENT				
Unauthorized Absence	Alleged Client Abuse	Rape	Injury-Accident	Medical Emergency
Aggressive Act/Self	Sexual	Pregnancy	<input checked="" type="checkbox"/> Injury-Unknown Origin	Other Sexual Incident
Aggressive Act/Another Client	<input checked="" type="checkbox"/> Physical	Suicide Attempt	Injury-From another Client	Theft
<input checked="" type="checkbox"/> Aggressive Act/Staff	Psychological	Other	<input checked="" type="checkbox"/> Injury-From behavior episode	Fire
Aggressive Act/Family, Visitors	Financial		Epidemic Outbreak	Property Damage
Alleged Violation of Rights	Neglect		Hospitalization	Other (explain)

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

On 2/28/24 at 2:25pm an assistant teacher [REDACTED] was observed by assitstant teacher [REDACTED] aggressively approaching a child and intervening in a conflict. [REDACTED] said in a loud voice [REDACTED] and grabbed [REDACTED] body throwing [REDACTED] towards the wall in the classroom. She yelled [REDACTED] needed to apologize and held [REDACTED] body in a restriant. The group size was 6 children in the room at this time. [REDACTED] was shocked and left the room to get help. Another teacher removed [REDACTED] from the children. [REDACTED] shift was over at 2:45. The director contacted her supervisors, the parents and made a plan of what to do next.

PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:
[REDACTED] and the children. Other teachers who were notified were [REDACTED] and [REDACTED] right after the situation happened.

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

[REDACTED] talked to Dirceto [REDACTED] before leaving. She admitted to putting her hands on [REDACTED] and said sorry. [REDACTED] took action seek guidance from supervisors and called [REDACTED] parents. That evening Office Clark (Eureka police department) called [REDACTED] and recieved her statement and got the contact info for [REDACTED] and [REDACTED]. [REDACTED] called her supervisor [REDACTED] that evening and in the morning 2/29/24 filled a CPS report out [REDACTED] was greeted by EPD at 745 for her statement and was arrested on the scene.

MEDICAL TREATMENT NECESSARY? YES NO IF YES, GIVE NATURE OF TREATMENT:

recieved extra support from therapist team, family and other adults and sibling the night of the incident.

has a plan to see primary care doctor 2/29/24 at 2:15pm. expressed soreness on left hip and no bruies were seen.

WHERE ADMINISTERED:
Redwood Pediatrics

ADMINISTERED BY:

FOLLOW-UP TREATMENT, IF ANY:

ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS):

LICENSEE/SUPERVISOR COMMENTS:

spoke if LPA 11:30pm 2/29/24

NAME OF ATTENDING PHYSICIAN

Dr James Killifill

REPORT SUBMITTED BY:

NAME AND TITLE

Director of Early Childhood Development and SPED

DATE

2/29/24

REPORT REVIEWED/APPROVED BY:

NAME AND TITLE

Erica Laird LPA

DATE

2/29/24

AGENCIES/INDIVIDUALS NOTIFIED (SPECIFY NAME AND TELEPHONE NUMBER)

- LICENSING _____
- ADULT/CHILD PROTECTIVE SERVICES _____
- LONG TERM CARE OMBUDSMAN _____
- PARENT/GUARDIAN/CONSERVATOR _____
- LAW ENFORCEMENT _____
- PLACEMENT AGENCY _____

NAME OF AGENCY:	Humboldt Co. Dept. of Health & Human Services	DEPARTMENT/ DIVISION:	Child Welfare Division
STREET ADDRESS:	2440 6th Street		
CITY AND ZIP CODE:	Eureka, California 95501	COUNTY:	Humboldt
NAME OF SOCIAL WORKER	CASELOAD ID	TELEPHONE	
Tamara Rogers	CWIB05	(707) 388-6474	
EMERGENCY RESPONSE NOTICE OF REFERRAL DISPOSITION			
NAME OF CHILD(REN)		CHILD ID NUMBER	
[REDACTED]		[REDACTED]	
		REFERRAL NUMBER	
		[REDACTED]	

[REDACTED]
Winzler Children's Center
719 Creighton St
Eureka, California 95501

The above named family or child was referred by you to this agency for Emergency Response intervention on: 02/29/2024

The result of the initial Emergency Response intervention is:

- Does not meet the State requirements for Intervention
- Allegations appear to be unfounded - case closed
- Allegations cannot be substantiated - case closed
- Situation stabilized - case closed
- Family has agreed to voluntary Social Services
- Case open for service

Referred to community agency
EPD (Agency Name) (707) 441-4060 (Agency Phone #)

Referred to Juvenile Court for Investigation

COMMENTS:

Thank you for taking the time to make this referral. The information provided did not meet criteria for investigation at this time. We did share the information you provided with local law enforcement so that they could assess whether or not a crime has been committed. If you have new child abuse and neglect to report, please give us a call at (707) 445-6180. If you would like more information about reporting child abuse or neglect, or are wondering if a situation needs reporting, check out our new Child Protection Reporting Guide at <https://cprg-app.evidentchange.net/humboldt/>

Ellen Rosebaugh for Tamara Rogers (Worker) 2-29-24 (Date)
Tamara Rogers (Phone #)
CWIB05 (Caseload Number) Social Worker III (707) 388-6474 (Telephone Number)
(TITLE)