



PARISH
— CHURCH —

CHILD PROTECTION
POLICY

**Parish Church Children’s Ministry
Child Safety and Protection Policy**

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Parish Church Children's Ministry

Child Safety and Protection Policy

We deeply respect and appreciate the children in our church. Our desire is to protect them whenever they are under our care by creating a safe and hospitable environment. These policies are seen as necessary for *Parish Church, PCA* to provide this standard of excellence and protection for our children and volunteers.

Definition of Child Abuse: a non-accidental physical or mental injury or mistreatment caused by the acts or omission of the child's parents or caretakers.

- I. **Recruiting Ministry Volunteers** -- The recruitment process for ministry volunteers will take place primarily through the membership class offered by Parish Church prior to becoming a member of the church.
 - A. **Committee/Board Approval**—All prospective volunteers must first receive the approval of the ministry staff and pastors prior to their first membership class meeting. If the pastor or staff members know of reasons why a person would not be suitable for a volunteer position, final approval or denial will be made only after further investigation.
 - B. **Ministry Volunteer Form**— During the first membership class meeting, all children's ministry volunteers must complete a Ministry Volunteer Form, which requests personal, spiritual, and health-related information. All forms should be kept in a permanent file in such a manner that confidentiality will be maintained (See Appendix).
 - C. **Interview**— The interview for prospective Children's Ministry volunteers will be held in conjunction with the Membership interview, which is completed by the elders of Parish Church.
 - D. **Criminal History Check**— The Ministry Volunteer Form includes a statement that grants the church permission to pursue a criminal records check with local, state, and government agencies. A records check may be made, if deemed necessary, for any volunteer. Any records secured must be kept in the volunteer's personnel file and will be considered confidential.
 - E. **Final Approval**— Upon recommendation by the ministry staff and pastors, the prospective volunteer will receive final approval for volunteer placement. Prior to final approval, the prospective volunteer should have completed the screening criteria: church membership, Ministry Volunteer Form, Interview, and criminal records check (if necessary).
 - * Current volunteers will be asked to fill out a Ministry Volunteer Form before getting approval to sign up for their next term.

- II. **Creating a Safe Environment**
 - A. **Staffing and Supervising**
 1. *Two-Adult Rule*— A minimum of two adults should be present in any room at all times. Males are only allowed to serve in non-nursery classrooms.
 2. *Open Doors*— If possible, doors without clear glass windows that allow for easy viewing within the classroom should be left open. Doors in the nursery should always remain open with a baby gate in place, except for facility limitations.
 3. *Family Protection*— Immediate family members should not work together in the same room unless a third, unrelated volunteer is present in the classroom at all times. This policy is to prevent "silent witnesses."

4. *Teacher/Student Ratios*– In order to provide optimal care, the following ratios are recommended and will be in place whenever possible:
 - a. One caregiver to every three infants (birth to twelve months).
 - b. One caregiver to every four to five toddlers or preschoolers.
 - c. One caregiver to every eight to ten elementary age children.

**Always maintaining the above Two-Adult Rule.*
5. *Volunteer Age*
 - a. Nursery Age Children- The two primary volunteers in each classroom should always be adults (eighteen years of age and older).
 - b. Non Nursery Age Children- Youth age church members who have been approved by church leadership may help under adult supervision.
6. *Supervision*– Supervisory staff or a female “floater” should be in place to oversee the following:
 - a. Checking classrooms to ensure that the room is properly staffed and functioning well.
 - b. Monitoring hallways and exits to ensure that everyone is where they belong.
 - c. Assisting visitors and newcomers in finding appropriate locations
 - d. Ensuring that suspicious individuals are properly monitored and/or reported to an elder.

B. Early Childhood/Elementary Considerations

1. *Volunteer Identification*– Volunteers working with children should always wear a Parish Church apron that clearly identifies them as staff members to parents, visitors, and newcomers.
2. *Child Registration* – The sign-in form at the nursery entrance should be filled out for each child. Parents should record their child’s name, their names, and their pager or pickup number. This number should also be placed on the name tag of their children. Any special instructions for the child should be noted. The sign-in forms should be collected weekly and kept on file so that attendance can be justified in the event of an abuse allegation.
3. *Releasing Children* – The parent or guardian signing in the child is to be the one who picks up the child unless previous arrangements have been made with the ministry staff. Children attending Sunday School classes held outside of the nursery (4 years through 5th grade) should be picked up by a parent at the end of the hour, unless previous arrangements have been made with ministry staff.
4. *Diaper Changing* – The diaper changing policies should be posted next to the diaper changing table. The diaper changing table should be located in a space where the floater can view the changing procedure. (The exception to this is in the Bed Babies room. Bed Babies can be changed in the room on changing pads provided by the parent, provided that there are at least 2 adults present in the room.) Only adult female volunteers are allowed to change diapers. Males are not permitted to serve in the nursery, and, therefore, not allowed to change diapers.
5. *Restroom Guidelines* – It is recommended that parents take their children to the bathroom prior to each class or service. The Restroom Policy is to be posted in the hallway so that it can be seen clearly by parents and guardians. The female “floater” is to assist with bathroom breaks when necessary, and is to remain outside the restroom/cubicle unless specifically requested by the child. Another adult should always be informed if the “floater” escorts a child to the restroom. If the child needs assistance, the “floater” may help as long as the restroom/cubicle door is propped

open. An adult should never be alone with a child in a restroom/cubicle with the door shut. Bathroom assistance is to be handled by women only.

6. *Clean Hands* – Children and adults are required to wash their hands after each Restroom visit and any contact with bodily fluids. Adults should use antibacterial disinfectant after each diaper change.

C. Health and Safety Guidelines

1. *Well Child Policy* -- A child who is ill and could expose other children to illness should not be received into the nursery or classroom. A health criteria policy should be posted and visible at all times (See Appendix).
2. *Medications* – Volunteers are not to give or apply any medication. It must be administered by the parent.
 - a. No medication should be left in the classroom with a volunteer or child.
3. *Emergencies*
 - a. Children with conditions which require medication while in a children's ministry program must make prior arrangements with the Children's Ministry Staff. Arrangements must include written instructions for medication, and written permission from the parent.
 - b. Refer to ministry staff for protocol for emergency situations (I.e, gunman, tornado, fire).
 - c. A First Aid Kit must be kept in the nursery at the diaper changing table.
 - d. When an injury, accident, or medical emergency occurs, the parents of the child should be notified immediately.
 - e. Any accident resulting in injury should be reported to the ministry staff so that an accident report can be completed.

D. Responding to an injury or illness

1. Separate the injured or ill student from the other children.
2. Isolate the area where any blood or body fluid may have made contact.
3. Clean the room following standard precaution guidelines.
4. Dispose of all of cleaning material which made contact with blood or bodily fluid.
5. Wash hands carefully with soap and warm water.

E. Housekeeping

1. *Diaper Changing Area* – The diaper changing table is to be cleaned with a disinfectant each week prior to the opening of the nursery. The cushion should be wiped down and covered with a disposable diaper changing pad. Wipes, disinfectant, gloves, and antibacterial disinfectant should be readily available for volunteers who are changing diapers.
2. *Toys* – All toys should be cleaned regularly by a member of the Children's Ministry Staff or ministry team.
3. *Tables and Chairs* – Tabletops and chairs should be cleaned with disinfectant and wiped each week prior to the opening of the nursery.
4. *Rugs* – Rugs should be vacuumed each week prior to the opening of the nursery. They should be steam-cleaned each quarter.

F. Proper Display of Affection

1. *Appropriate Touch* – The following guidelines are recommended as pure, genuine and positive displays of God's love:
 - a. Meet children at their eye level by bending down or sitting.
 - b. Listen to individuals with your eyes, ears, and heart.

- c. Hold the child's hand while listening or speaking to him or when walking to an activity.
 - d. Putting an arm around the shoulder of an individual when comforting, quieting or greeting is an appropriate way to hug. This side-to-side type of hug should only be done in public.
 - e. A light touch to a hand, shoulder, or back when encouraging is acceptable.
 - f. Gently hold the shoulders or arm of a child when redirecting the child's behavior.
 - g. Hold a preschool child who is crying.
2. *Inappropriate Touch*
- a. Kissing a child or coaxing a child to kiss you
 - b. Extended hugging and tickling, or prolonged physical contact of any kind
 - c. Touching a child in any area that would be covered by a bathing suit (exception: changing diapers or properly assisting a child in the restroom)
 - d. Carrying an older child or sitting him or her on your lap
 - e. Being alone with a child
 - f. Giving a full contact, body-to-body hug
- G. Discipline Policy** – *A hands-off approach is a must.* Volunteers, workers, and students should be aware of proper classroom behavior, and behavioral guidelines should be posted when possible. (See Appendix)
- 1. Childcare workers and volunteers will use verbal correction and, when necessary, time out.
 - 2. In cases when child does not respond, the parent may be contacted.
 - 3. In the case where one child harms another child, the parents will be notified and an incident form will be filed.
 - 4. In the case of repeated disciplinary incidents parents may be required to meet with pastoral staff before returning to nursery.
- III. Responding to Allegations of Abuse** – If an allegation of abuse arises, the incident should be reported immediately to the Children's Ministry Director or the pastor. A volunteer should not try to handle the situation himself/herself. The following guidelines should be followed by the Children's Ministry Staff and pastor when handling abuse allegations:
- A. Record** - Immediately record the facts of the incident (i.e., persons present, phone calls, correspondence, etc).
 - B. Relieved** - If the accused is a church worker, that person should be temporarily relieved from his or her duties until the investigation is complete.
 - C. Document** - Document all of the church's efforts in handling the incident.
 - D. Report** - Report the incident immediately to the church's lawyer, insurance agent, and presbytery. Do not try to handle this without professional outside assistance. The accused should do the same.
 - E. Let Professionals Handle It** - Follow the guidelines of the church's lawyer, contact the proper civil authorities. Don't attempt an in-depth investigation. This should be left to the professionals who are familiar with these cases.
- IV. Reporting Procedures**
- A. Who Should Report** -- If any kind of abuse is suspected by a volunteer or staff member, he or she should immediately report the suspicion to the ministry or pastoral staff. He or she should not try to investigate or make formal reports on his or her own.

- B. Confidentiality** – It is important to keep these matters confidential at all times. Therefore, suspicions of abuse should be reported only to the ministry or pastoral staff, never to other volunteers or members of the congregation. It is the responsibility of the pastoral staff to contact outside authorities if necessary.
 - C. Responding to the Student** – Be sure to take the student’s word seriously if he or she confides about abuse. Give emotional support, remind him or her that he or she is not at fault, commend them for having the courage to come forward, and encourage them to come with you to speak to a pastor. DO NOT promise the student that you will not tell anyone.
 - D. Report Follow-Up** – A confidential written report with conclusions and actions taken should always be made by the pastor who receives a report about suspected abuse.
- V. Training Ministry Volunteers** – All volunteers and workers should be familiar with the Safety and Protection Policies, should be given a hard copy. One volunteer or worker who has read and signed the safety and protection policies must always be present.
- A. Initial Training** – The Safety and Protection Policies will be addressed during each membership class by someone from the ministry or pastoral staff. Each participant will be given a hard copy of the Policies at this time. It should be stressed to the members that these policies are put in place in order to protect our children and our volunteers, as well as the church itself. Upon joining the church, members will be asked to sign a statement indicating that the individual agrees with and will abide by the Safety and Protection Policies, which will be held in a personnel file.
 - B. Continuing Education** – Volunteers will be given periodical opportunities for further training, education and awareness, for which attendance is optional.

Ministry Application Form

Parish Church, PCA

Application for Work with Children, Youth or Adults

This form is to be completed in ink by any applicant for a volunteer position within/involving: *Parish Church, PCA's* ministry to and with individuals at all age levels. We recognize that this form is extensive, but ask for your patience in completing the form in its entirety. Your cooperation will assist church leaders in their efforts to provide a secure environment for you as a volunteer as well as the children, youth and adults who participate in our ministry programs and use our facilities. Your responses will be maintained confidentially, although there may be circumstances where such information may be provided on a "need to know" basis to individuals working with our ministry and to other individuals in order to evaluate your application and/or to comply with applicable legal requirements.

Personal Information

Name: _____

If you have ever used other names, please provide complete name(s) and date in use:

Social Security Number: _____ Home Phone: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (if you are under 18 years of age): _____

Marital Status: _____

Qualifications and Availability for Service

Describe any condition or limitation that might restrict or prevent you from performing certain activities involved in the volunteer position for which you are being considered (i.e. lifting, handling an emergency, driving, participating in certain sports, etc.).

Do you have a contagious or infectious disease or condition which could be transmitted to others in the volunteer work you would be performing? ____ Yes ____ No If yes, please explain below.

Legal Questionnaire

1. Have you ever been convicted of a criminal offense (felony or misdemeanor, except for minor traffic violations)? You will need to answer "Yes" if you have entered into a plea agreement, including a deferred sentence or deferred judgment arrangement, in connection with a criminal charge. ____ Yes ____ No

(If you have been convicted of such an offense, please attach a statement or explanation, including nature of offense, date, court where conviction was entered and any other relevant information.)

2. Have you ever been convicted of a sexual offense, offense relating to children or crime of violence (that is not covered in question 1 above)? ____ Yes ____ No

(If you have been convicted of such an offense, please attach a statement or explanation, including nature of offense charged, date, law enforcement agency making the charge and any other relevant information.)

3. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry or similar organization regarding abuse or misconduct involving children? ____ Yes ____ No If yes, please explain.

4. Have you had any painful experience (personal abuse in any form) that has better equipped you, or may hinder you from a productive ministry? ____ Yes ____ No If yes, please explain.

5. Have you ever been the subject of a civil lawsuit involving sexual misconduct, sexual harassment or other immoral behavior or conduct, involving adults or children? ____ Yes ____ No If yes, please explain.

6. Have you ever been the subject of a complaint or disciplinary proceeding against a professional license or other license held by you, including but not limited to a license to provide child care or similar services? ____ Yes ____ No If yes, please explain.

7. Have you ever been the subject of any disciplinary action, transfer or dismissal, or been named as a defendant in a civil lawsuit, as a result of an accident or mishap involving children? ____ Yes ____ No If yes, please explain.

8. Have you ever been subject to any disciplinary action (including discharge) or investigation by a church, religious or other organization or by an employer? ____ Yes ____ No If yes, please explain.

9. Do you have any drug, alcohol or substance abuse problems? ____ Yes ____ No If yes, please explain.

10. Do you practice a sexually pure lifestyle as taught in the Scriptures? ____ Yes ____ No

BE ASSURED THAT YOUR COMMENTS WILL BE HELD IN STRICT CONFIDENCE.

APPLICANT'S STATEMENT

Volunteer

The responses I have provided in completing this application form are complete, truthful and accurate. I hereby authorize Parish Church, PCA (hereunto referred to as "the Church") to make inquiries concerning my background in connection with evaluating the information I have provided on this form and in the application process, including a criminal records check if deemed necessary by the Church. I hereby authorize all persons associated with me, including churches, employers, law enforcement agencies, licensing and social services agencies, to release any information contained in their files or records concerning me to the Church and its representatives.

In consideration of the receipt and evaluation of this application form by the Church, I hereby release Parish Church, PCA and their directors, employees, agents, representatives and any other person or organization, including record custodians, that may release information concerning me, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family on account of inquiries concerning my background and any disclosures of information concerning me to Parish Church, PCA. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS OF IT, AND I SIGN THIS RELEASE AS MY OWN FREE AND VOLUNTARY ACT.

I understand that my service with the Church shall be volunteer service. In addition, my volunteer services shall be at-will and the Church shall be entitled to terminate my services at any time, with or without cause or advance notice. I understand and agree that I am not an employee of the Church and that I have no expectation of future employment. As a volunteer, I have no entitlement to or expectation of compensation, health insurance or other employee benefits, or unemployment or worker's compensation insurance benefits. I affirm that I will strictly comply with all policies and procedures of Parish Church, PCA including but not limited to its Safety and Security Policy. If at any time I find that for any reason I am unable to support the vision, policies, procedures or doctrine of this church/organization, I will resign my volunteer position. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or in disciplinary action, all at the discretion of the Church. I will report any known or suspected child abuse or other violation of policy to the senior pastor, a member of church staff, an elder or the designated authority.

Applicant's Signature: _____ Date: _____

Applicant's Name (please print): _____

Witness' Signature: _____ Date: _____

Witness' Name (please print): _____

APPLICANT'S STATEMENT

Employee

The responses I have provided in completing this application form are complete, truthful and accurate. I hereby authorize Parish *Church, PCA* (hereunto referred to as "the Church") to make inquiries concerning my background in connection with evaluating the information I have provided on this form and in the application process, including a criminal records check if deemed necessary by the Church. I hereby authorize all persons associated with me, including churches, employers, law enforcement agencies, licensing and social services agencies, to release any information contained in their files or records concerning me to the Church and its representatives.

In consideration of the receipt and evaluation of this application form by the Church, I hereby release Parish *Church, PCA* and their directors, employees, agents, representatives and any other person or organization, including record custodians, that may release information concerning me, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs or family on account of inquiries concerning my background and any disclosures of information concerning me to Parish *Church, PCA*. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS OF IT, AND I SIGN THIS RELEASE AS MY OWN FREE AND VOLUNTARY ACT.

I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal. I will report any known or suspected child abuse or other violation of policy to the senior pastor, a member of church staff, an elder or the designated authority.

Applicant's Signature: _____ Date: _____

Applicant's Name (please print): _____

Witness' Signature: _____ Date: _____

Witness' Name (please print): _____

Well Child Policy

Parish Church, PCA

Health Criteria for Children's Ministries

The following list of symptoms will determine if a child should *not* be admitted to our nurseries and classrooms:

- Fever (over 99°; must be fever free for 24 hours)
- Unusual fatigue and irritability
- Vomiting
- Complaints of stomachache
- Rash (except diaper rash)
- Diarrhea

If a child shows signs of any of these symptoms while in our care, the child will be isolated from the others and a parent or guardian will be contacted. (In the case of children with allergies who might exhibit some of the above-mentioned symptoms, exceptions will be made.)

Our desire is to protect all children and volunteers from exposure to illness. We appreciate your cooperation in maintaining a healthy ministry environment.

Accident and Injury Report Form

Parish Church, PCA

PERSON INJURED

Name: _____ Age/D.O.B.: _____

Address: _____

Phone: _____

Name of parent(s)/guardian(s) (if person injured is a minor): _____

Injury Incident

Date of Injury: _____ Time: _____

Describe the nature and location of injury on body:

Describe how the injury happened and where it occurred:

Who was responsible for supervision at the time of injury?

Witnesses

Were there other children and/or adults involved? Yes No If yes, how?

Name of Witness: _____ Phone: _____

Name of Witness: _____ Phone: _____

Response

How and when was a parent/guardian notified?

Were medical personnel consulted or notified? Yes No

If yes, note name, qualifications, and treatment given, if any:

Was the injured taken to the hospital? Yes No

Hospital Name:

If yes, explain why, and who transported:

Signature: _____ Date of Report: _____

Medical Release Form

Parish Church, PCA

Student's Name: _____

D.O.B.: _____

Address: _____

Phone: _____

Parents'/Guardians' Names: _____

Address (if different from child's): _____

Insurance Company: Policy #: _____

1. Is your child allergic to:

bee sting pollens other drugs
hay, straw penicillin peanuts other:

2. Does your child have any life-threatening allergies? Yes No
If yes, to what?

3. Is your child bringing any medication with him/her? Yes No
If yes, please list and state dosage:

PLEASE NOTE: Medication should be in its original prescription bottle/package, which should have administration instructions and the child's name clearly indicated.

4. Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? Yes No
If yes, please explain:

5. Has your child ever had:

seizures asthma diabetes
homesickness heart disease other:

6. Date of last tetanus shot:

In the case of medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative of *Parish Church, PCA* to administer medication as identified above (see #3) and to secure proper medical treatment.
Parents will be notified immediately of any medical emergency.

Signature of Parent/Guardian: _____ Date: _____

Emergency Phone: _____

Person to contact if parent/guardian cannot be reached: _____

Relationship: _____ Phone: _____

Recognizing Signs of Abuse

1. Unexplained bruises, burns, fractures or abrasions (often in various stages of healing).
2. Consistent lack of supervision.
3. Consistent hunger, inappropriate dress, poor hygiene or unattended medical needs.
4. Extremes of aggression or withdrawal.
5. Moves with discomfort and shies away from physical contact.
6. Wears inappropriate clothing for the weather in order to cover body.
7. Withdrawn, depressed, listless.
8. Torn, stained or bloody underwear.
9. Irritation of the mouth, genital or anal area.
10. Difficulty sitting or walking.
11. Inappropriate sex play, acting out seductiveness or promiscuity.
12. Sudden changes in school performance, appetite or perceived self-worth.

Abuse or neglect need not have occurred for a student to be in need of protection. It is not necessary to wait until a student has been harmed to intervene. When abuse or neglect can be reasonably anticipated and there are reasonable grounds to believe a student is in need of protection, the necessity of reporting applies. If you have questions about a specific incident, an anonymous phone call can be placed to the Department of Health and Human Services or your local Child Protective Services (CPS) agency to clarify whether or not the given situation constitutes a reportable offense.¹

To maintain anonymity be sure to use a public phone or a private phone that blocks outgoing phone numbers.

Endnote

1. You can call Childhelp's National Child Abuse Hotline at 1-800-4-A-CHILD (800-422-4453) TDD: 1-800-2-A-CHILD to get the reporting number for your state. Childhelp USA is a nonprofit agency which can provide reporting numbers, and has Hotline counselors who can provide referrals.

Suspected Abuse Report Form

Date: _____

Name of child/individual: _____ Age: _____

Address: _____

Phone: _____

Name of parent or caretaker: _____

Name of person filing report: _____

Name of person receiving report: _____

Nature of suspected abuse (physical, sexual, emotional, neglect):

Indications of suspected abuse (including facts, physical signs and course of events where necessary):

Action taken (including date and time):

The above information will serve as a guide and will be necessary if a formal report is filed with the police or appropriate government agency. All information received is to be kept *strictly confidential*.

Signed: _____ Signed: _____
Person Reporting *Pastor or Designated Authority*

Restroom Policy

Parish Church, PCA

It is recommended that parents take their children to the bathroom prior to each class or service.

The female “floater,” or nursery worker in the event there is no floater, is to assist with bathroom breaks when necessary, and is to remain outside the restroom/cubicle unless specifically requested by the child. Another adult should always be informed if the “floater” escorts a child to the restroom.

If the child needs assistance, they may help as long as the restroom/cubicle door is propped open.

An adult should never be alone with a child in a restroom/cubicle with the door shut.

Bathroom assistance is to be handled by women only.

Clean Hands – Children and adults are required to wash their hands after each Restroom visit and any contact with bodily fluids.