

First United Methodist Church Toccoa, Georgia



We are a
Safe Sanctuary
for children and youth
and for the adults who work with them

Policies and Procedures
for
REDUCING THE RISK OF CHILD ABUSE
at
First United Methodist Church

Purpose

Our congregation's purpose for establishing this Child Abuse Prevention Policy and Accompanying procedures is to demonstrate our absolute and unwavering commitment to the physical safety and spiritual growth of all our children and youth.

For the well-being of our children and youth and to protect our adult workers with children from false allegations of child abuse, Toccoa First United Methodist Church is a *Safe Sanctuary*.

Child abuse can take many forms, physical, emotional, sexual, neglect and ritual. Any child who has experienced any of these has had their childhood stolen and the scars may last a lifetime.

Our church has outlined policies and procedures in this document to insure no harm comes to those under our care and ministry.

Our Policy and Covenant

As a Christian community of faith and a United Methodist congregation, we pledge to:

1. Screen paid and volunteer workers.
2. Implement prudent operational procedures in all programs and events.
3. Train workers regarding policies and methods.
4. Report suspected incidents of child abuse; respond appropriately to both victim and the accused as well as to media inquiries if an incident occurs. Media inquiries will be directed to the Church Administrator.

Screening

All workers must be screened. Volunteer applicants must have been a member at Toccoa First United Methodist Church for 6 months, give contact information for references, submit to a criminal background check, be placed with a "cleared" volunteer or be given a non-contact with children task until the 6-month requirement is satisfied and results from a criminal background check and references are favorable.

Recreation Coaches are not required to meet the FUMC membership requirement but are required to meet the following:

Paid and Volunteer applicants must:

1. Attend required training on reducing the risk of child abuse.
2. Complete screening forms — application with 3 references and authorization for a criminal background check.
3. Sign a Covenant Statement as a pledge to follow all policies and procedures of the *Safe Sanctuary Policy*.

All forms and applications will be safe guarded by the Church Administrator. Your privacy will be respected; however, Toccoa First United Methodist Church will comply with requests to release documents to the proper authorities should circumstances warrant.

Operational Procedures for Children and Youth Programs

While working with persons under the age of 18 on church property we require:

1. Two unrelated adults present during each activity.
2. Windows in doors or open doors of rooms used by children and youth.
3. Reasonable effort to insure that adults are on “cleared” status from the screening process.
4. All workers in supervisory roles be 21 years of age or older.
5. Workers must be at least 5 years older than the children or youth they are supervising.
6. Workers must be designated by a FUMC name tag and/or clothing.
7. All nursery and preschool children must be signed in and out by a parent and picked up from the same room (field for recreation).
8. All K—5th grade children must remain with designated adults, unless **written permission** is granted by parents to do otherwise.
9. Advance information for parents concerning the program the child is attending must be provided.

While working with persons under the age of 18 in offsite programs away from church property:

1. Written parent permission with contact information for all participants including medical information shall be provided.
2. Adequate ratios for supervision of children and youth.
 - 1 adult per 4 children for elementary age (2 adults minimum)
 - 1 adult per 8 children for middle & high school age (2 adults minimum)
3. Gender ratio of adults in line with gender ratio of children or youth.
4. Detailed trip information for parents prior to departure.
5. Minimum of 2 children or youth present when riding in personal cars.
6. Drivers must be a minimum of 25 years old to transport children or youth.
7. All drivers must complete an “Auto Safety” form.
8. No adult shares a bed with a child or youth when sleeping away from home.
9. Two unrelated adults should be present during each activity.

Standards for diapering/ restroom activity:

1. Diaper changing occurs in open area with 2 adults present. Disposable gloves should be worn for all diaper changing and/or clean-up of bodily fluids.
2. Leave restroom door open a minimum of 8” when supervising preschoolers.
3. If “potty accidents” occur and adult assists with clean-up, 2 adults should be present or the parents contacted.
4. 2 or more children in K-5th may be escorted to the restroom by adult. Children at this age should not need assistance in the restroom as they are able to meet their needs independently. Adult should verify that the restroom is vacant.

At the conclusion of all on—or off-site activities and before leaving the facility, supervising adults should make sure **ALL** children and youth have been claimed by the appropriate person.

Training

Toccoa First UMC staff will train both paid and volunteer applicants in policy and procedures to reduce the risk of child abuse. Training will be offered twice yearly. If an applicant is unable to attend a scheduled training, the appropriate staff person may train the applicant individually prior to service. First aid and CPR will be offered as well.

Discipline training will be offered to all volunteers concerning using positive statements, establishing rules and behavior expectations, when to call in church staff and/or parents and what to do in a threatening behavior situation.

Standards are in place to reduce the risk of child abuse **and** prevent the opportunity for false allegations against a worker.

We promise at every baptism: with God's help we will so order our lives after the example of Christ, that this child, surrounded by steadfast love, may be established in the faith, and confirmed and strengthened in the way that leads to life eternal. (UM Hymnal, p. 44)

We are working to keep that promise

Georgia Code and Toccoa First UMC Reporting Procedures for Suspected Child Abuse

We will follow the Georgia law and the requirements of the North Georgia Conference of the United Methodist Church in reporting suspected child abuse.

Should an adult in charge suspect abuse, or a child or youth report abuse by any member of the church staff, volunteer or employed staff, OR by any person present at a church-sponsored meeting or activity the following procedures shall apply for reporting the alleged abuse:

1. The adult in charge shall document the incident in writing. Documentation shall be signed and dated.
2. The same adult shall notify the Senior Pastor, the ministry area director or the parents. If the Senior Pastor is the accused party, notify the Chairperson of SPR and the District Superintendent. If the ministry area director or parents are the accused party, notify the Senior Pastor and the Chairperson of SPR.
3. The reporting adult shall notify the Church Administrator who will notify the Georgia Department of Family and Children's Services (DFACS).
4. The Senior Pastor, reporting adult and/or the ministry area director and the Chairperson of SPR shall notify the District Superintendent and the church's insurance carrier.
5. The Senior Pastor, ministry area director and the Chairperson of SPR will notify the church's attorney to file a report and a pastoral care consultant to provide counseling if desired or offer appropriate referrals.

*We have the responsibility to keep our children safe.
We support and protect our paid and volunteer staff against false claims.*

We screen.

We train.

We supervise.

We report.

Safe Sanctuaries Forms

First United Methodist Church

PARTICIPATION COVENANT STATEMENT

The congregation of First United Methodist Church is committed to providing a safe and secure environment for all children, youth and volunteers who participate in ministries and activities sponsored by the church. The Safe Sanctuary Policy reflects our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

As a volunteer in this congregation, I have read the Safe Sanctuary Policy and attended the appropriate training. I agree to observe and abide by the Safe Sanctuary Policy of First United Methodist Church.

Signature of Applicant

Date

Print full name

First United Methodist Church

VOLUNTEER APPLICATION

Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Current job responsibilities and schedule: _____

Previous work experience: _____

Previous volunteer experience: _____

Special interests, hobbies & skills: _____

Are you a member of First UMC? ____ YES ____ NO

If yes, what date did you join? _____

How many hours per week are you available to volunteer? _____

_____ Days _____ Evenings _____ Weekends

Please provide Driver's License # and State issued _____

Can you make a one year commitment to this volunteer role? _____

Why would you like to volunteer as a worker with children and/or youth? _____

What qualities do you have that would help you work with children and/or youth? _____

Have you ever been charged with, convicted of, or pled guilty to a crime, either misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, or theft)?

____ NO ____ YES

If yes, please explain: _____

Have you ever been exposed to an incident of child abuse or neglect? ___ NO ___ YES

References: Please provide 3 personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each.

1. Name _____
Address _____
Daytime Phone _____
Evening Phone _____
Relationship to reference _____

2. Name _____
Address _____
Daytime Phone _____
Evening Phone _____
Relationship to reference _____

3. Name _____
Address _____
Daytime Phone _____
Evening Phone _____
Relationship to reference _____

Signature of Applicant

Date

Print full name

First United Methodist Church

REQUEST FOR CRIMINAL RECORDS CHECK

I, _____, hereby authorize First United Methodist Church to request information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release the Police/Sheriff's Department and any company utilized to do the record checks from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant

Date _____

Print full name _____

Print all other names that have been used by the applicant (if any):

Date of Birth: _____ Place of Birth: _____

SS#: _____

Driver's License #: _____ State: _____ Exp. Date: _____

Address: Street _____

Apt # _____

City _____

State _____

Zip _____

First United Methodist Church

CHILDREN AND YOUTH WORKERS REFERENCE FORM

Name of Applicant:

Reference or Church Contacted:

Date of Contact:

Person Contacting the Reference:

Method of Contact (phone, letter, personal conversation):

REFERENCE QUESTIONS

How do you know the applicant? For how long have you known him or her?

Would you recommend this applicant for a position of trust supervising youth and children? Why or why not?

Ask any relevant questions that are appropriate to the situation, such as specific duties, length of employment, strengths, weaknesses when dealing with young people, etc.

Is there anything else we should know about this person before putting him or her in a position of trust with Youth and children?

Would you trust this applicant to be alone with your child?

First United Methodist Church

ACCIDENT REPORT FORM

Please print all information.

Date of accident: _____ Time of accident: _____

Name of child/youth injured: _____ Age: _____

Address of child/youth: _____

Location of accident: _____

Parent or guardian: _____

Name of person(s) who witnessed the accident:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Describe accident: _____

First United Methodist Church

REPORT OF SUSPECTED/ALLEGED INCIDENT OF CHILD ABUSE

1. Name of worker (paid or volunteer) observing or receiving disclosure of child abuse: _____

2. Victim's name: _____

3. Victim's age/date of birth: _____

4. Date/place of initial conversation with report from victim: _____

5. Victim's statement (give detailed summary here): _____

6. Name of person accused of abuse: _____

Relationship of accused to victim (paid staff, volunteers, family member, other): _____

7. Reported to Sr. Pastor: _____

Date/Time: _____

Summary: _____

8. Call to victim's parent/guardian: _____

Date/Time: _____

Spoke with: _____

Summary: _____

9. Call to local children & family service agency: _____

Date/Time: _____

Spoke with: _____

Summary: _____

10. Call to local law enforcement: _____

Date/Time: _____

Spoke with: _____

Summary: _____

11. Other contacts: _____

Name: _____

Date/Time: _____

Spoke with: _____

Summary: _____

Signature of Applicant

Date

Print full name



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