

# **SAFE PLACE**

**Faith Alliance Church**

**Attleboro, MA**

**Master Copy**  
Last Modified: 11-30-05  
By: Bethanne Shedd

**Written program audited annually for accuracy and effectiveness**

SAFE PLACE TABLE OF CONTENTS

INTRODUCTION & OVERVIEW..... 3

VOLUNTEER APPROVAL PROCESS..... 4

TRAINING VOLUNTEERS..... 6

SAFE PLACE PROCEDURES (AGES 0-K YEARS)..... 7

SAFE PLACE PROCEDURES (1<sup>ST</sup>-5<sup>TH</sup> GRADES)..... 12

SAFE PLACE PROCEDURES (JR/SR HIGH)..... 17

UNDERSTANDING ABUSE OR NEGLECT..... 24

RESPONDING TO ALLEGATIONS OF ABUSE OR NEGLECT..... 26

REPORTING ALLEGATIONS OF ABUSE OR NEGLECT..... 27

MANDATED REPORTING MA. DEPT OF SOCIAL SERVICES..... 28

COMMUNICABLE DISEASES..... 30

EMERGENCY EVACUATION PLAN..... 31

APPENDICES (FORMS & POSTERS)..... 32

    FAC SCREENING VOLUNTEER REFERENCE CHECKS (A-1)..... 32

    FAC SCREENING VOLUNTEERS TELEPHONE SCRIPT (A-2)..... 33

    FAC SCREENING VOLUNTEERS CHECKLIST (A-3)..... 34

    HEALTH AND SAFETY GUIDELINES AGES 0-K (FOR PARENTS) (B-1)..... 35

    HEALTH AND SAFETY GUIDELINES 1ST-5TH GRADES (FOR PARENTS) (B-2)..... 36

    HEALTH AND SAFETY GUIDELINES JR/SR HIGH (FOR PARENTS) (B-3)..... 37

    STUDENT/VOLUNTEER SIGN-IN/OUT SHEET(C-1) ..... 38

    DIAPER CHANGING INSTRUCTIONS (D-1)..... 39

    FIRST AID KIT INVENTORY LIST (D-2)..... 40

    STUDENT INFORMATION SHEET (E-1)..... 41

    PARENTAL ACTIVITY CONSENT STATEMENT (E-2)..... 42

    PARENTAL MEDICAL RELEASE FORM (E-3)..... 43

    SUSPECTED CHILD ABUSE (F-1)..... 44

    FAC INCIDENT REPORT (F-2)..... 45

    DEPT. OF SOCIAL SERVICES MASS. REPORTING FORM (F-3)..... 46

    SAFE PLACE DIRECTOR CHECKLIST AND GUIDELINES (G-1)..... 48

    SAFE PLACE DIRECTOR POSITION DESCRIPTION (G-2)..... 49

    FAC VOLUNTEER APPLICATION (H-1)..... 51

    FAC VOLUNTEER PERSONNEL FORM (H-2) ..... 53

## INTRODUCTION & OVERVIEW

Church leaders are responsible for providing a safe and secure environment for the ministries of Faith Alliance Church (FAC). The Elders of FAC have instructed that a Safe Place Policies & Procedures Manual (also referred to as Safe Place Manual) be fully implemented by all departments and workers (whether paid or volunteer) to:

- Ensure the safety of our children and youth
- Protect our volunteers and paid staff from false accusations
- Safeguard the reputation of our church and Christian community

FAC will minimize the risk of harm to children by publishing and enforcing the following guidelines in the Safe Place Manual:

- Clear policies and standards of conduct
- Guidelines for screening and training workers
- Guidelines for proper supervision of children and youth
- Procedures to follow if an incident occurs
- Definitions of abuse and neglect as defined by Massachusetts Department of Social Services
- Massachusetts Mandated Reporting Procedures

Litigation against churches, from residents in the surrounding communities as well as people within the church body, is on the rise. The following are some legal issues related to churches that have shown up in litigation when an incident occurs:

- Negligent selection of employees and staff due to inadequate background screening
- Negligent retention of employees and staff after the church had information that he/she posed a risk of harm to others
- Negligent supervision of employees or volunteers, particularly as it relates to children

These guidelines are set forth to provide a safe and nurturing environment in which we can share the love and knowledge of Jesus Christ with children and youth. We view ourselves as partners with parents, seeking to provide quality care and instruction in our ministry to the church family. All of the guidelines are designed to protect both student, volunteer and staff as they seek to promote spiritual growth, by building healthy disciples at every age level. Everyone who teaches, helps, or cares for children and youth under the auspices of FAC must follow these guidelines and procedures.

## **VOLUNTEER APPROVAL PROCESS**

### **A. APPROVAL PROCESS AND VOLUNTEER REQUIREMENTS**

All volunteers must first receive the consensus approval of the Elders. If anyone knows of reasons why a person would not be suitable for a volunteer position working with children/youth, those reasons should be made known to a Pastor and/or Safe Place Director. No adult who has previously been convicted of child abuse shall work with children or youth.

Before submitting an application, the following screening criteria must be met:

1. Acceptance of Christ
2. Moving towards
  - Baptism
  - Membership at FAC
3. At least six months of church attendance on a regular basis (at least 2 or more Sundays a month.)

Prior to final approval, the following criteria must be successfully completed:

1. Interview with Ministry Head
2. Fill out application form (See Appendix H-1 and H-2)
3. CORI reference check completed by Safe Place Director
4. Personal reference checks completed by Safe Place Director
5. Final approval by Elder Board granted.

### **B. VOLUNTEER PERSONNEL FORM**

The Volunteer Personnel Form must be completed for all positions involving ministry to children and youth. All forms will be reviewed yearly by the Safe Place Director. These forms will be kept in a permanent file and in such a manner that confidentiality will be maintained.

### **C. REFERENCE CHECK RECORD**

The references requested on the Volunteer Personnel Form will be checked by the Safe Place Director and or Ministry Director to verify the appointment of the volunteer. A written record will be kept of this check.

### **D. INTERVIEW**

The Ministry Director will interview the applicant and answer any questions the applicant may have about that ministry.

### **E. SEX OFFENDER CHECK**

The Safe Place Director will perform the necessary record checks. If an applicant's name is found on any list of known sex offenders, the applicant will not be allowed to work with children or youth.

### **F. FINAL APPROVAL**

Upon recommendation of the Ministry Director and Safe Place Director, the applicant should receive final approval for volunteer placement from the Elders. Any final documentation must be completed and placed in the confidential volunteer files.

## **VOLUNTEER APPROVAL PROCESS**

### **G. DRIVERS OF CHILDREN**

All drivers transporting persons under the age of 18 for a church endorsed event must have a valid driver's license, current vehicle registration, and proof of current auto insurance. The Safe Place Director will validate the information and note the expiration dates on both the license and insurance. A confidential file will be kept by the Safe Place Director with these dates. These files will be reviewed periodically by the Safe Place Director.

- (1) The number of occupants in the vehicle should not exceed the number of seat belts. Seat belts must be worn at all times by everyone.
- (2) On trips that require the use of a bus and a bus driver, students and leaders must conform to all rules set forth by the bus company. Students are to remain in their seats at all times while the bus is moving.
- (3) The expectation is that all drivers will adhere to the laws set forth by the state in which they are driving
- (4) All drivers must be 25 or older

## **TRAINING VOLUNTEERS**

### **A. INITIAL TRAINING**

All volunteers will participate in orientation training on the policies and procedures addressed in the Safe Place Manual and receive hands-on training with the Ministry Director.

### **B. ONGOING TRAINING**

Training sessions/refresher courses will be offered as needed. Refresher courses will be offered through various methods which may include but is not limited to: reading the Safe Place Manual and other required handouts, attending a class, watching a video, etc. Annually, preferably before the new school year begins or shortly thereafter, each volunteer will be required to review the current procedures and policies for their particular ministry.

### **C. DOCUMENTATION TO ACHIEVE “CHILD-SAFE CERTIFICATION”**

1. A record of attendance will be kept on file to verify the date and location of training sessions/refresher courses along with the names of those in attendance.
2. Satisfactory CORI reference checks.
3. Training Courses offered:
  - CPR
  - First Aid
  - Baptism
  - Membership
  - First Responder Course

## SAFE PLACE PROCEDURES (Ages 0-K years)

### A. PROPER DISPLAY OF AFFECTION

Physical touch is an important element in the communication of love and care. It is an essential part of the nurturing process that should be characteristic of our ministry with students. Volunteers need to be aware of, and sensitive to, the special and differing needs and preferences of each individual child. Physical contact should be age and developmentally appropriate.

#### 1. Appropriate Touch

The following guidelines are recommended as pure, genuine, and positive displays of God's love:

- a. Meet the child at eye level by bending down or sitting.
- b. Listen to him or her with your eyes as well as your ears.
- c. Hold the young child's hand while listening or speaking to him / her or when walking to an activity.
- d. Put your arm around the shoulder of a child when comforting or quieting is needed.
- e. Pat a child's head, hand, shoulder, or back when encouraging.
- f. Gently hold the shoulders or chin of a child when redirecting the child's behavior. This helps the child focus on what you are saying.
- g. Hold a preschool child who is crying.

#### 2. Inappropriate Touch

The following types of touch must be avoided:

- a. Kissing a child or coaxing a child to kiss you.
- b. Extended hugging and tickling.
- c. Touching a child in any area that would be covered by a bathing suit [*Exception: Properly assisting a child in the restroom and changing a child's diaper.*]

***EXCEPTION: If any child/youth are in a critical or life threatening situation or intend to harm themselves, the child's safety is of the utmost importance. A volunteer should remove the child/youth from the danger as quickly as possible. All incidents will be fully documented, including action taken, and kept on file in a secure and confidential manner by the Safe Place Director.***

## SAFE PLACE PROCEDURES (Ages 0-K years)

### **B. STAFFING OF ROOMS**

1. A **minimum of two adults** should be present in any room, except in the event of an emergency (i.e., a family emergency, an urgent need to reach a parent, an urgent problem with facilities, etc.) or during a restroom break where one of the adults must leave the room. This standard not only helps provide for a safe and loving classroom, it also gives volunteers more encouragement, creativity, and flexibility. In addition, this arrangement allows for various spiritual gifts to be used in each classroom that creates a richer teaching environment. If for some reason there is only one adult in a room the door should be kept closed for this age group to ensure their safety within the room.
2. Men may serve if an adult woman is also present. One man with a teen helper is NOT permitted.
3. Adult family members may serve together, however, a third non-family member must be present. Any one under the age of 18 is not considered an adult.
4. Any youth helpers in the nursery or 2's and 3's must be in Senior High.
5. Minimum Staffing Ratios:

0-18 months:	1 adult for up to 3 babies
18 months to 5 years:	1 adult for up to 5 children
Nursery coordinator may use discretion in staffing numbers	

### **C. IDENTIFICATION OF WORKERS**

All volunteers supervising babies/children must wear a nametag identifying them as workers.

### **D. SUPERVISORY STAFF AUDIT**

The Ministry Director, Safe Place Director, Sunday School Superintendent, or Sunday School Secretary will check the classrooms regularly to ensure each room is properly staffed and functioning well.

### **E. CHILD DROP OFF AND REGISTRATION**

1. A responsible adult, preferably a family member, will drop the child off at the door.
2. Complete the sign-in sheet. Parents/Guardians should record the child's name, their names, and their general location during the service. Special needs or allergies (bee stings, latex, foods, etc) of the child will be listed on the Student Information Sheet (See appendix E-1) that is required to be filled out each year. Provide written authorization if another person will be picking up your child. The sign-in forms will be collected and kept on file.
3. No one under high school age will be allowed to remove a child from the facility, unless it is the parent or the child's guardian.
4. Registration/child questionnaire should be completed by a parent/ legal guardian and updated yearly. The completed forms will be filed in a secure and confidential manner and maintained by the Ministry Director.

## **SAFE PLACE PROCEDURES (Ages 0-K years)**

### **F. VOLUNTEER REGISTRATION**

Volunteer sign-in/out forms must be available to record the name of each volunteer and the times he/she entered and exited the room. Forms will be collected and kept on file by Safe Place Director. See Appendix C-1.

### **G. RELEASING CHILDREN**

Children should only be released to a parent or other authorized adult. He/She must initial the sign-out line at time of pick up.

### **H. DIAPER CHANGING**

The following diaper changing procedures must be posted above the diaper-changing table.

1. Put on non-latex gloves.
2. Prepare to change diaper, (i.e. get wipes ready, have new diaper within easy reach).
3. Place sheet of wax paper down on changing area.
4. Gently place baby on top of wax paper.
5. Undo baby's outfit and remove soiled diaper.
6. Thoroughly clean diaper area with wipes and set aside soiled materials.
7. Change soiled non-latex gloves (if necessary) and put clean diaper on baby and re-dress the child.
8. Hand baby over to other workers in the nursery.
9. Clean up soiled diaper, wipes, and wax paper and put into trash receptacle.
10. Remove non-latex gloves and dispose of them.
11. Wash hands thoroughly with soap and warm water.

**PLEASE NOTE: ADULTS ONLY MAY CHANGE BABIES DIAPERS. PLEASE USE NEW WAX PAPER AND GLOVES FOR EACH CHILD.**

### **I. PRESCHOOL RESTROOM GUIDELINES**

1. Parents should be encouraged to take their child to the restroom prior to each class or service.
2. Teen volunteers should not assist children in the restroom.
3. If just one child must go to the restroom, the female adult volunteer should escort the child. Unless assistance is needed, the volunteer should remain outside the stall and wait for the child before escorting him or her back to the classroom.
4. Four and five year olds will be taken to the restroom by an adult. The outer doors to the restroom will be opened and an adult will stand by the open door in case assistance is needed.

## SAFE PLACE PROCEDURES (Ages 0-K years)

### **J. HEALTH AND SAFETY GUIDELINES**

#### **1.Sick Children**

A child who is ill and could therefore expose other children and workers to illness should not be received in the nursery or classroom. Some signs of illness can be unusual fatigue or irritability, coughing, sneezing, runny nose, fever, vomiting, diarrhea, inflamed mouth and throat, or rash. Any child known to have a contagious disease [i.e. conjunctivitis, strep infection, chicken pox, etc.] should be kept at home until (s)he is no longer contagious.

#### **2.Medications**

- a. Volunteers are not permitted to give or apply any medications. If a child needs medication, the parent must give it.
- b. No medications will be left with a volunteer worker or with a child.
- c. In case of potential life threatening allergies, asthma, etc., parents need to inform the volunteer of how and where to contact them in order to dispense any medication.
- d. Volunteers will ONLY be permitted to apply baby powder and ointments during diaper changing if specifically requested to do so by a parent and it is noted on the sign-in sheet under special needs.

#### **3.Emergency Supplies**

A first-aid/infections kit is to be kept in the sound room, nursery and adjoining classroom office, kitchen, gym and classroom restroom hallway for handling cuts, bloody noses, vomiting, etc. See Appendix D-2 for list of first aid kit supplies.

#### **4. Parent Notification**

- a. A parent/guardian will be contacted as soon as possible after an injury, accident, medical emergency occurs.
- b. A parent/guardian will be informed of any falls, injuries, signs of illness or if a child is inconsolable.
- c. ALL injuries, accidents or medical emergencies MUST be reported to the Ministry Director and an Incident Report filed. See Appendix (F-2)

#### **5. Responding to Injury or Illness**

- a. Separate the injured or ill student from other children.
- b. Isolate the area where any body fluid may have dropped on carpet, toys, chairs, etc.
- c. Keep other students from having contact with the body fluid.
- d. Locate the first-aid / infectious kit and put on gloves.
- e. If deemed necessary call 911 for an EMT
- f. Attend to the student as needed using contents of the first - aid / infectious disease kit.
- g. Notify the Ministry Director if the room needs custodial care.
- h. Place all soiled items into the Zip-lock bag and place in a plastic lined trash container.
- i. Wash hands thoroughly.
- j. Notify the parent.

## SAFE PLACE PROCEDURES (Ages 0-K years)

### **K. DISCIPLINE POLICY**

Proper discipline begins with prevention. A positive, interactive classroom with a variety of age-appropriate activities that are reasonably paced set a good atmosphere for self-control. This is also fostered by a positive, nurturing relationship between teachers and students. Children need to sense that teachers concern for them and teachers desire to teach them is genuine and well intentioned. Nevertheless, discipline issues will arise due to the nature and diversity of children , group dynamics, learning styles, fatigue, etc.

The following are some specifics to help resolve difficulties, as well as prescribed steps that the teacher will take if a child continues to display inappropriate or disruptive behavior:

4. Develop a classroom contract that states the rules that everyone agrees are important. For this age group, a picture is worth a thousand words. This is most effective if the children generate it with the teacher as the moderator/guide, adding rules that matter to the teacher if the children omit them. Try to state rules as positive statements, not lists of “Don’ts”. It is a good strategy to have this poster displayed on the wall as a visual for reference. Example “Share with one another.”

5. Reward good behavior. Immediate praise and recognition for positive actions are effective ways to encourage more of the same. Make a concerted effort to “catch them being good,” especially the ones who tend to challenge the rules the most. Let parents know of things the teacher(s) appreciated about their child, especially within the child’s hearing.

6. The teacher should monitor their own judgments and consider remedial solutions. It is easy to choose favorites, judge behavior we don’t like or understand, and jump to quick conclusions. The teacher should do their best to be objective, try to determine if there are hidden reasons for behavior, and consult with parents or other staff to see if there are factors they should know. Consider seating a child who needs help staying focused near the teacher.

7. When inappropriate or disruptive behavior occurs:

STEP 1: **REMIND** the child of proper behavior. (Class Contract)

STEP 2: **REDIRECT** the child. Move her / him to a different situation or engage him in some activity. Separate her/him from those who distract.

STEP 3: **REMOVE** the child from the group, using a time-out chair within the classroom and in view of the volunteer. The teacher should do their best not to humiliate the child in front of peers, but address this as an opportunity to help her/him to get settled so they can be part of the class. (At the most, the child’s age should equal the time-out minutes) Then invite the child to rejoin the group. Be sure to tell the parent or guardian about the time-out.

STEP 4: **RETURN** the child to parent. If steps 1-3 fail to change behavior, the child will be taken to a parent for the remainder of the class. After class, the teacher will explain the problem to the parents and reassure the child that she/he is welcome to join the class the next time. The teacher will report the action to the Ministry Director

## SAFE PLACE PROCEDURES (1<sup>st</sup>-5<sup>th</sup> Grades)

### A. PROPER DISPLAY OF AFFECTION

Physical touch is an important element in the communication of love and care. It is an essential part of the nurturing process that should be characteristic of our ministry with students. Volunteers need to be aware of, and sensitive to, the special and differing needs and preferences of each individual child. Physical contact should be age and developmentally appropriate.

#### 1. Appropriate Touch

The following guidelines are recommended as pure, genuine, and positive displays of God's love:

- a. Meet the child at eye level by bending down or sitting.
- b. Listen to him or her with your eyes as well as your ears.
- c. Hold the young child's hand while listening or speaking to him / her or when walking to an activity
- d. Put your arm around the shoulder of a child when comforting or quieting is needed.
- e. Pat a child's head, hand, shoulder, or back when encouraging.
- f. Gently hold the shoulders or chin of a child when redirecting the child's behavior. This helps the child focus on what you are saying.

#### 2. Inappropriate Touch

The following types of touch must be avoided:

- a. Kissing a child or coaxing a child to kiss you.
- b. Extended hugging and tickling.
- c. Touching a child in any area that would be covered by a bathing suit
- d. Carrying a child or sitting him or her on your lap.
- e. Giving a full contact, body-to-body hug.

***EXCEPTION: If any child/youth are in a critical or life threatening situation or intend to harm themselves, the child's safety is of the utmost importance. A volunteer should remove the child/youth from the danger as quickly as possible. All incidents will be fully documented, including action taken, and kept on file in a secure and confidential manner by Safe Place Director.***

## SAFE PLACE PROCEDURES (1st-5<sup>th</sup> Grades)

### **B. STAFFING OF ROOMS**

1. There must be a minimum of 2 adults present in the room.
2. Adult family members may serve together, however, a third non-family member must be present. Any one under the age of 18 is not considered an adult.
3. Door should be left open if one of the adults leaves the room.
4. Supervised teens may be used in ministry capacities. This is beneficial to both the teens and the ministries themselves.
5. Minimum staffing ratios 1 adult per 6 children.

### **C. IDENTIFICATION OF WORKERS**

All volunteers must wear a nametag identifying them as workers, supplied by Ministry Director.

### **D. SUPERVISION OF HALLWAYS AND SUPERVISORY STAFF AUDIT**

The Ministry Director, Safe Place Director, Sunday School Superintendent, or Sunday School Secretary will check the classrooms regularly to ensure each room is properly staffed and functioning well.

### **E. STUDENT REGISTRATION**

All children should be registered yearly in September or upon a student's first attendance. Information on parents/legal guardians as well as any allergies or other health issues should be gathered at that time.

### **F. VOLUNTEER REGISTRATION**

Volunteer sign-in/out forms must be available to record the name of each volunteer and the times he/she entered and exited the room. Forms will be collected and kept on file.

### **G. CLASSROOM RELEASE OF A CHILD IN GRADES 1-2 AND GRADES 3-5**

Children in grades 1 and 2 should only be released to parents or guardians as noted on the sign-in sheet.. Children in grades 3 thru 5 will be released at the direction of the teacher.

### **H. ELEMENTARY RESTROOM GUIDELINES**

A child should not be sent to the restroom alone, but should be accompanied by an adult volunteer.

1. The adult volunteer should escort the child to the restroom and wait near the restroom door to make sure that everything is in order. The volunteer should then escort the child back to the classroom.
2. Unless in an emergency, never go into a stall with a child.

## **SAFE PLACE PROCEDURES (1st-5<sup>th</sup> Grades)**

### **I. HEALTH AND SAFETY GUIDELINES**

#### **1. Sick Children**

A child who is ill and could therefore expose other children and workers to illness should not be attending the class. Some signs of illness can be unusual fatigue or irritability, coughing, sneezing, runny nose, fever, vomiting, diarrhea, inflamed mouth and throat, or rash. Any child known to have a contagious disease [i.e. conjunctivitis, strep infection, chicken pox, etc.] should be kept at home until (s)he is no longer contagious.

#### **2. Medications**

- a. Volunteers are not permitted to give or apply any medications. If a child needs medication, the parent must give it.
- b. No medications will be left with a volunteer worker or with a child.
- c. In extreme cases such as life threatening allergies, asthma, etc., parents need to inform the volunteer of how and where to contact them in order to dispense any medication.
- d. In the event of functions, i.e. VBS, summer camp or overnight activities where the parent will not be on site, medications such as inhalers and epi-pens may be held by the person in charge of the event.. medication should never be left with the child. Medication should only be held for extreme cases including but not limited to life threatening allergies and asthma. The parent must sign a release and authorized form giving permission and explicit instructions. If medication must be administered, it is to be done by an adult with the knowledge of the church volunteer/staff in charge of the event and recorded on the parent medical authorization form. The form is to be kept on file. See Appendix E-2..

#### **3. Emergency Supplies**

A first-aid/infections kit is to be kept in the sound room, nursery and adjoining classroom office, kitchen, gym and classroom restroom hallway for handling cuts, bloody noses, vomiting, etc. See Appendix D-2 for list of first aid kit supplies

#### **4. Parent/Guardian Notification**

- a. A parent/guardian will be contacted as soon as possible after an injury, accident, medical emergency occurs.
- b. A parent/guardian will be informed of any falls, injuries, signs of illness or if a child is inconsolable.
- c. ALL injuries, accidents or medical emergencies MUST be reported to the Ministry Director and an Incident Report filed. See Appendix (F-2).

## **SAFE PLACE PROCEDURES (1st-5<sup>th</sup> Grades)**

### **HEALTH AND SAFETY GUIDELINES (continued)**

#### **5. Responding to Injury or Illness**

- a. Separate the injured or ill student from other children.
- b. Isolate the area where any body fluid may have dropped on carpet, toys, chairs, etc.
- c. Keep other students from having contact with the body fluid.
- d. Locate the first-aid / infectious kit and put on gloves.
- e. If deemed necessary call 911 for an EMT
- f. Attend to the student as needed using contents of the first - aid / infectious disease kit.
- g. Notify the Ministry Director if the room needs custodial care.
- h. Place all soiled items into the Zip-lock bag and place in a plastic lined trash container.
- i. Wash hands thoroughly.
- j. Notify the parent/guardian.

## SAFE PLACE PROCEDURES (1st-5<sup>th</sup> Grades)

### **J. DISCIPLINE POLICY**

Proper discipline begins with prevention. A positive, interactive classroom with a variety of age-appropriate activities that are reasonably paced set a good atmosphere for self-control. This is also fostered by a positive, nurturing relationship between teachers and students. Children need to sense that teachers concern for them and teachers desire to teach them is genuine and well intentioned. Nevertheless, discipline issues will arise due to the nature and diversity of children, group dynamics, learning styles, fatigue, etc.

The following are some specifics to help resolve difficulties, as well as prescribed steps that the teacher will take if a child continues to display inappropriate or disruptive behavior:

1. Develop a classroom contract that states the rules that everyone agrees are important. This is most effective if the students generate it with the teacher as the moderator/guide, adding rules that matter to the teacher if the children omit them. Try to state rules as positive statements, not lists of “Don’ts”. It is a good strategy to have each student sign this poster and to have it displayed on the wall as a visual for reference. Example “Be kind to one another.”
2. Reward good behavior. Immediate praise and recognition for positive actions are effective ways to encourage more of the same. Make a concerted effort to “catch them being good,” especially the ones who tend to challenge the rules the most. Let parents know of things the teacher(s) appreciated about their child, especially within the child’s hearing.
3. The teacher should monitor their own judgments and consider remedial solutions. It is easy to choose favorites, judge behavior we don’t like or understand, and jump to quick conclusions. The teacher should do their best to be objective, try to determine if there are hidden reasons for behavior, and consult with parents or other staff to see if there are factors they should know. Consider seating a child who needs help staying focused near the teacher, or seating a very active child with a quieter one, etc.
4. When inappropriate or disruptive behavior occurs:

STEP 1: **REMIND** the child of proper behavior. (Class Contract)

STEP 2: **REDIRECT** the child. Move her / him to a different situation or engage him in some activity. Separate her/him from those who distract.

STEP 3: **REMOVE** the child from the group, using a time-out chair within the classroom and in view of the volunteer. The teacher should do their best not to humiliate the child in front of peers, but address this as an opportunity to help her/him to get settled so they can be part of the class. (At the most, the child’s age should equal the time-out minutes) Then invite the child to rejoin the group. Be sure to tell the parent or guardian about the time-out.

STEP 4: **RETURN** the child to parent. If steps 1-3 fail to change behavior, the child will be taken to a parent for the remainder of the class. After class, the teacher will explain the problem to the parents and reassure the child that she/he is welcome to join the class the next time. The teacher will report the action to the Ministry Director

## SAFE PLACE PROCEDURES (JR/SR HIGH)

### A. PROPER DISPLAY OF AFFECTION

Physical touch is an important element in the communication of love and care. It is an essential part of the nurturing process that should be characteristic of our ministry with students. Volunteers need to be aware of, and sensitive to, the special and differing needs and preferences of each individual student. Physical contact should be age and developmentally appropriate.

#### 1. Appropriate Touch

The following guidelines are recommended as pure, genuine, and positive displays of God's love:

- a. Meet the student at eye level by bending down or sitting.
- b. Listen to him or her with your eyes as well as your ears.
- c. Put your arm around the shoulder of a student when comforting or quieting is needed.
- d. Pat a student's, hand, shoulder, or back when encouraging.
- e. Ask the student to look at you so they focus on what you are saying, or move to a quieter area.

#### 2. Inappropriate Touch

The following types of touch must be avoided:

- a. Kissing a student or coaxing a student to kiss you.
- b. Extended hugging and tickling.
- c. Touching a student in any area that would be covered by a bathing suit
- d. Carrying a student or sitting him or her on your lap.
- e. Giving a full contact, body-to-body hug.

***EXCEPTION: If any child/youth are in a critical or life threatening situation or intend to harm themselves, the child's safety is of the utmost importance. A volunteer should remove the child/youth from the danger as quickly as possible. All incidents will be fully documented, including action taken, and kept on file in a secure and confidential manner by the Safe Place Director.***

## SAFE PLACE PROCEDURES (JR/SR HIGH)

### **B. STAFFING OF ROOMS FOR JR/SR HIGH**

1. Door must remain open if only one adult is present.
2. Door must remain open if married couples are in a room.
3. Minimum staffing ratios 1 adult per 10 students.
4. In a teaching setting or event there must be at least 2 unrelated adults.

### **C. SUPERVISION OF HALLWAYS AND SUPERVISORY STAFF AUDIT**

Monitoring of the hallways will be the responsibility of the Sunday School Director or someone in a similar non-teaching role as defined by ministry. The Ministry Head or other authorized supervisor will check the classrooms regularly to ensure each room is properly staffed and functioning well.

### **D. REGISTRATION/MEDICAL FORMS**

All students should be registered yearly in September or upon a student's first attendance. **(see student registration sheet and medical release form)** Information on parents/legal guardians as well as any allergies or other health issues should be gathered at that time. Medical release forms are to be updated at the beginning of each school year in September.

### **E. ATTENDENCE**

For each program attendance must be taken noting what students and volunteers were in attendance. Forms will be collected monthly and kept on file.

### **F. ONE-ON-ONE INTERACTION INCLUDING RIDES HOME**

One-on-one interaction, including but not limited to meetings and transportation, must be approved in writing by parents. In unforeseen circumstances, verbal is sufficient.

1. If there is a time when 2 adults are unable to drive a student home, written parental approval will be needed before the student is brought home.
2. Married couples will also need written parental approval.
3. Private discussions, at a student's request, should take place out in the open, visible to others but far enough away for conversation to remain confidential.
4. Parents will need to sign off on any 1 on 1 discipling.

### **G. YOUTH PEER LEADER MEETINGS**

Meetings with youth peer leaders require at least 2 unrelated adults to be present.

## SAFE PLACE PROCEDURES (JR/SR HIGH)

### H. SPECIAL EVENTS AND OVERNIGHT POLICIES

Teachers and leaders are encouraged to have special activities in their home, to plan social activities, and to involve their pupils in field trips and service projects. However, precautions need to be taken with these activities. The safety guidelines outlined below should be followed.

#### 1. Field Trips and Special Events

- a. Off-site activities should be pre-approved by those church leaders designated by the Governing board. Parents should be notified at least one week prior to the outing.
- b. Signed parental consent and medical release forms are required for each child prior to participating. Forms must be kept in the leader's possession during trips and events. Medical release forms are to be updated at the beginning of the school year in September. If any changes occur during the course of the year, it is the parent's/guardian's responsibility to notify the leader of that particular ministry. The Ministry Director will provide the necessary forms for the parent/legal guardian to update information that has changed.
- c. All trips and off-site activities should be supervised by a minimum of two approved adult leaders. when there can only be married couples present, all parents will be notified of the arrangement and written approval must be given by parent or guardian.
- d. All drivers transporting persons under the age of 18 for a church endorsed event must have a valid driver's license, current registration, and proof of current auto insurance, and be 25 years of age or older. The Safe Place Director will validate the information and note the expiration dates on both the license and insurance. A confidential file will be kept by the Safe Place Director with these dates. These files will be reviewed periodically by the Safe Place Director.
  1. The number of occupants in the vehicle should not exceed the number of seat belts. Seat belts must be worn at all times by everyone.
  2. On trips that require the use of a bus and a bus driver students and leaders must conform to all rules set forth by the bus company. Students are to remain in their seats at all times while the bus is moving.
  3. The expectation is that all drives will adhere to the laws set forth by the state in which they are driving.
- e. Youth leaders will have a list of all youth and adults going on any off-site activity or event in the youth box upstairs, as well as keeping one of their person.

## **SAFE PLACE PROCEDURES (JR/SR HIGH)**

### **2. Overnight Events**

- a. All overnight events must be pre-approved by those church leaders designated by the Governing and/or Elder Board.
- b. Parental consent and medical release forms are required for each child participating. Forms must be kept in the leader's possession during trips and events. Medical release forms are to be updated at the beginning of the school year in September. If any changes occur during the course of the year, it is the parent's/legal guardian's responsibility to notify the leader of that particular ministry. The Ministry Director will provide the necessary forms for the parent/legal guardian to update information that has changed.
- c. All supervising adults must be approved volunteers.
- d. There should be a minimum of one male leader for every 7 male students and 1 female leader for every 7 female students on overnight events. Every leader should have an assigned group of children for which he/she is responsible.
- e. In case of inclement weather, the Ministry Head will decide if the scheduled event should be Postponed/canceled for the safe of all those involved.

### **I. IDENTITY PROTECTION**

Written approval must be obtain from a parent/legal guardian before posting any pictures and or names on website.

### **J. REPORTING INAPPROPRIATE BEHAVIOR OR SUSPECTED ABUSE**

If any inappropriate behavior is suspected by a leader, parent or a teen, it should be reported **ONLY** to a pastor and/or Safe Place Director.

## SAFE PLACE PROCEDURES (JR/SR HIGH)

### **K. HEALTH AND SAFETY GUIDELINES**

#### **1. Sick Children**

A teen who is ill and could therefore expose other children and workers to illness should not be attending youth group events or classes. Some signs of illness can be unusual fatigue or irritability, coughing, sneezing, runny nose, fever, vomiting, diarrhea, inflamed mouth and throat, or rash. Any teenager known to have a contagious disease [i.e. conjunctivitis, strep infection, chicken pox, etc.] should be kept at home until (s)he is no longer contagious.

#### **2. Medications**

- a. Volunteers are not permitted to give or apply any medications. If a child needs medication, the parent must give it.
- b. No medications will be left with a volunteer worker.
- c. In extreme cases such as life threatening allergies, etc., parents need to inform the volunteer of how and where to contact them.
- d. In the event of functions i.e. VBS, summer camp or overnight activities where the parent will not be on site, the parent will notify the leaders of any daily medications but the leader will not be responsible for giving or applying any medications.

#### **3. Emergency Supplies**

A first-aid/infections kit is to be kept in the sound room, nursery and adjoining classroom office, kitchen, gym and classroom restroom hallway for handling cuts, bloody noses, vomiting, etc. See Appendix D-2 for list of first aid kit supplies

#### **4. Parent Notification**

- a. A parent/guardian will be contacted as soon as possible after an injury, accident, medical emergency occurs
- b. A parent/guardian will be informed of any falls, injuries, signs of illness.
- c. ALL injuries, accidents or medical emergencies MUST be reported to the Ministry Director and an Incident Report filed. See Appendix F-2.

## SAFE PLACE PROCEDURES (JR/SR HIGH)

### HEALTH AND SAFETY GUIDELINES (continued)

#### 5. Responding to Injury or Illness

- a. Separate the injured or ill student from other children.
- b. Isolate the area where any body fluid may have dropped on carpet, toys, chairs, etc.
- c. Keep other students from having contact with the body fluid.
- d. Locate the first-aid / infectious kit and put on gloves.
- e. If deemed necessary call 911 for an EMT
- f. Attend to the student as needed using contents of the first - aid / infectious disease kit.
- g. Notify the Ministry Director if the room needs custodial care.
- h. Place all soiled items into the Zip-lock bag and place in a plastic lined trash container.
- i. Wash hands thoroughly.
- j. Notify the parent/guardian

## SAFE PLACE PROCEDURES ( JR/SR HIGH)

### **L. DISCIPLINE POLICY**

Proper discipline begins with prevention. A positive, interactive meeting room with a variety of age-appropriate activities that are reasonably paced set a good atmosphere for self-control. This is also fostered by a positive, nurturing relationship between leaders and students. Students need to sense the leaders' concern for them as genuine and well intentioned. Nevertheless, discipline issues will arise due to the nature and diversity of students, group dynamics, learning styles, fatigue, etc.

The following are some specifics to help resolve difficulties, as well as prescribed steps that a leader will take if a student continues to display inappropriate or disruptive behavior.

1. Develop a set of guidelines that everyone agrees to live by. This is most effective if the students generate it with a leader as the facilitator, adding rules that matter to the leaders if the students omit them. Try to state rules as positive statements, not lists of "Don'ts". It is a good strategy to have each student sign this poster and to have it displayed on the wall as a visual for reference. Example "Be kind to one another."
2. Reward good behavior. Immediate praise and recognition for positive actions are effective ways to encourage more of the same. Make a concerted effort to "catch them being good," especially the ones who tend to challenge the rules the most. Let parents know of things the leader(s) appreciated about their student, especially within the student's hearing.
3. The leader should monitor their own judgments and consider remedial solutions. It is easy to choose favorites, judge behavior we don't like or understand, and jump to quick conclusions. The leader should do their best to be objective, try to determine if there are hidden reasons for behavior, and consult with parents or other CE staff to see if there are factors they should know. Consider seating a student who needs help staying focused near the leader, or seating a very active student with a quieter one, etc.
4. When inappropriate or disruptive behavior occurs:

STEP 1: **REMIND** the student of proper behavior. (Class Contract)

STEP 2: **REDIRECT** the student. Move her/him to a different situation or engage him in some activity. Separate her/him from those who distract.

STEP 3: **REMOVE** the student from the group. The leader should do their best not to humiliate the student in front of peers, but address this as an opportunity to help her/him to get settled so they can be part of the class. Then invite the child to rejoin the group.

STEP 4: **RETURN** the student to parent. If steps 1-3 fail to change behavior, the student will be picked-up by a parent or guardian. After the meeting, the teacher will explain the problem to the parents and reassure the student that she/he is welcome to join the class the next time. The teacher will report the action to the Ministry Director. If a student continues to be deliberately disobedient, they will be suspended from attending the next two meeting times.

## UNDERSTANDING ABUSE OR NEGLECT

### A. DEFINITIONS

Pages 24- 29 come under the Department of Social Services regulations (110 CMR, section 2.00):

#### **Abuse means:**

The non-accidental commission of any act by a caretaker upon a child under age 18 which causes, or creates a substantial risk of physical or emotional injury; or constitutes a sexual offense under the laws of the Commonwealth; or any sexual contact between a caretaker and a child under the care of that individual. This definition is not dependent upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting).

#### **Neglect means:**

Failure by a caretaker, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition. This definition is not dependent upon location (i.e., neglect can occur while the child is in an out-of-home or in-home setting).

#### **Physical Injury means:**

Death; or fracture of a bone, a subdural hematoma, burns, impairment of any organ, and any other such nontrivial injury; or soft tissue swelling or skin bruising, depending upon such factors as the child's age, circumstances under which the injury occurred and the number and location of bruises; or addiction to a drug or drugs at birth; or failure to thrive.

#### **Emotional Injury means:**

An impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.

### B. UNDERSTANDING CHILD ABUSE AND NEGLECT

Child abuse and neglect affect children of all ages, and boys and girls in almost equal numbers. It is important to understand that while child abuse is a high profile concern, and often cause for more immediate worry, neglect is the more common form of child maltreatment. The majority of those responsible for child abuse or neglect are parents; however, any adult who is considered a caretaker of a child, or who is entrusted with the responsibility for a child's health or welfare, may perpetrate child abuse or neglect.

There is no simple cause for child maltreatment. Each case of child abuse or neglect should be examined and treated independently. Many abusers may not intend to hurt children. Often a lack of understanding of children's basic needs can lead to frustration and anger, which, in turn, may lead to abuse or neglect. A lack of parenting skills can also contribute to child abuse or neglect.

## UNDERSTANDING ABUSE OR NEGLECT

### C. COMMON REASONS WHY CHILDREN ARE ABUSED OR NEGLECTED

#### **Substance abuse:**

The most frequently reported cause for the neglect and abuse of children is substance abuse. Although parents or caretakers' substance abuse does make it more difficult to address family problems, it should not mitigate our concern for the children involved. There is also a strong link between substance abuse and domestic violence.

#### **Lack of family support:**

Abusive parents and caretakers may not have adequate support to help them raise their children. If domestic problems or life crises arise, it can be hard to deal with daily pressures.

#### **Repeating the cycle:**

Parents and caretakers who hurt their children may have been denied emotional support or may have been abused when they were young. It may be more likely that these individuals will abuse or neglect their children.

#### **Extreme expectations:**

Some parents and caretakers expect children to fulfill their needs for love and acceptance, or may see children as the answer to their personal problems. Children cannot meet these needs. Children have more immediate and basic needs which must be met by their parents and caretakers. If parents or caretakers are unable to put their children's needs before their own, neglect and abuse can result.

## RESPONDING TO ALLEGATIONS OF ABUSE OR NEGLECT

### A. UNDERLYING PRINCIPLES

1. All allegations must be taken seriously.
2. Situations must be handled forthrightly with due respect for people's privacy and confidentiality.
3. Full cooperation must be given to civil authorities under the direction of the church's legal counsel.
4. Appropriate care must be shown for the well being of victims.
5. The victim should not be held responsible.
6. The accused will be treated with dignity and respect.

### B. RESPONSE PLAN

1. Adequate records will be maintained of all volunteers working with children and youth. These records should be kept for five years after the conclusion of their volunteer ministry.
2. The reporting of suspected child abuse should be done through the completing of the Suspected Child Abuse Report Form and handed to the Pastor and/or Safe Place Director.
3. If the accused is a church worker, he/she will be removed of his/her duties until an investigation is completed.
4. The church is mandated by Massachusetts law to report suspected child (under 18) abuse or neglect to the proper state agency.
5. The church's legal counsel will be contacted immediately and he/she can notify the church's insurance agent.
6. The church's legal council is to prepare, if necessary, a position statement for the press if an allegation of abuse occurs.
7. There will be a designated spokesperson for the church and all questions should be directed to the spokesperson. He/She is the person to speak to the media and the congregation in a discrete, informed, truthful and diplomatic way. **No other person should attempt to answer any inquiries to prevent conflicting statements. The wrong actions or response to an allegation could magnify the pain to all involved and/or the liability of the church.**

### C. RESPONDING TO THE CHILD

When a child first comes to the volunteer, be sure to take his or her word seriously. Don't deny the problem, but stay calm and listen to the child. Give emotional support, reminding the child that he/she is not at fault and that he/she was right in telling the volunteer about the problem. The volunteer must not promise the child they will not tell anyone.

## REPORTING ALLEGATIONS OF ABUSE OR NEGLECT

### A. REPORTING PROCEDURES

#### 1. Who Must Report

Anyone with concerns regarding the safety of a child should report to his/her Ministry Director, Safe Place Director, and/or the Pastor. Action will be taken against a person making a report maliciously or without reasonable grounds for an accusation.

#### 2. What to Report

All volunteers and paid staff who are involved in ministry to children and youth should immediately report to the Ministry Director, Safe Place Director, and/or a Pastor any items of obvious concern relating to child abuse or neglect of which they have knowledge or have observed within the scope of their duties. It is not the responsibility of the reporting person or the paid staff to substantiate any allegations or suspicions.

#### 3. Possible Signs of Abuse or Neglect

- a. Unexplained bruises, burns, fractures, or abrasions (often in various stages of healing)
- b. Consistent lack of supervision
- c. Inappropriate dress, poor hygiene, or unattended medical needs
- d. Extreme acts of aggression or withdrawal
- e. Moves about with discomfort and shies away from physical contact
- f. Withdrawn, depressed, listless
- g. Torn, stained or bloody underwear
- h. Irritation of the mouth, genital, or anal area
- i. Inappropriate sex play, acting out seductiveness or promiscuity

**Abuse or neglect need not have occurred for a child to be in need of protection. It is not necessary to wait until a child has been harmed to intervene. When abuse or neglect can be reasonably anticipated and there are reasonable grounds to believe a child is in need of protection, the necessity of reporting applies.**

#### 4. Confidentiality

In these matters it is important to keep the information confidential at all times. Therefore, all suspicions of abuse should be directed to the Safe Place Director and/or Pastor. It is the responsibility of the Safe Place Director and/or a Pastor to contact the appropriate state agency.

#### 5. Reporting Form

Complete the Suspect Child Abuse Form. These forms can be obtained from the Safe Place Director. Fill out the report form and submit it to the Safe Place Director or to a pastor.

#### 6. Massachusetts Dept. of Social Services enforces mandated reporting. A Pastor will report the alleged abuse per the guidelines stated in the following two pages.

# Massachusetts Dept. of Social Services

## MANDATED REPORTING

### Who is a mandated reporter?

Clergy member, ordained or licensed minister, leader of any church or religious body, person performing official duties on behalf of a church or religious body that are recognized as the duties of clergy, or a person employed by a church or religious body to supervise, educate, coach, train or counsel a child on a regular basis.

Mandated Reporters who are staff members of medical or other public or private institutions, schools or facilities, must either notify the Department directly or notify the person in charge of the institution, school or facility, or his/her designee, who then becomes responsible for filing the report. Should the person in charge/designee advise against filing, the staff member retains the right to contact DSS directly.

### As a mandated reporter, what are my responsibilities?

Massachusetts law requires mandated reporters to immediately make an oral report to the Department of Social Services when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse or neglect. You should report any physical or emotional injury resulting from abuse, including sexual abuse; or any indication of neglect, including malnutrition; or any instance in which a child is determined to be physically dependent upon an addictive drug at birth. A written report must be submitted to DSS within 48 hours after the oral report has been made. ***Please note that any mandated reporter who fails to make required oral and written reports can be punished by a fine of up to \$1,000.*** During the screening and investigation of a 51A report, any mandated reporter who has information which he/she believes might aid the Department in determining whether a child has been abused or neglected shall, upon request by DSS, disclose the relevant information to the Department. ***Under the law, mandated reporters are protected from liability in any civil or criminal action and from any discriminatory or retaliatory actions by an employer.***

### Who is a caretaker?

A "Caretaker" can be a child's parent, step-parent, guardian, or any household member entrusted with the responsibility for a child's health or welfare. In addition, any other person entrusted with the responsibility for a child's health or welfare, both in and out of the child's home, regardless of age, is considered a caretaker. Examples may include relatives from outside the home, teachers or school staff in a school setting, workers at day care and child care centers (including babysitters), foster parents, staff at a group care facility, or persons charged with caring for children in any other comparable setting

### How do I make a report of suspected child abuse or neglect? When must I file it?

When you suspect that a child is being abused or neglected, you should immediately **telephone the DSS Area Office** serving the child's residence and ask for the Protective Screening Unit.

**DSS Area Office**  
***Please ask for the Protective Screening Unit***  
**Attleboro 508-431-9500**  
**Offices staffed between 9 a.m. and 5 p.m. weekdays**

**To make a report at any other time, including after 5 p.m. and on weekends and holidays, please call:**  
**Child-At-Risk Hotline at 1-800-792-5200.**

# Massachusetts Dept. of Social Services MANDATED REPORTING (Continued)

## Written Report

As a mandated reporter you are also required by law to mail or fax a written report to the Department *within 48 hours after making the oral report*. The form for filing this report can be obtained from your local DSS Area Office.

(see file: MA report of abuse form.pdf to print clear copies of form) A copy is included in the list of forms.

Your report should include:

- 1 All identifying information you have about the child and parent or other caretaker, if known;
- 2 The nature and extent of the suspected abuse or neglect, including any evidence or knowledge of prior injury, abuse, maltreatment, or neglect;
- 3 The circumstances under which you first became aware of the child's injuries, abuse, maltreatment or neglect;
- 4 What action, if any, has been taken thus far to treat, shelter, or otherwise assist the child; and
- 5 Any other information you believe might be helpful in establishing the cause of the injury and/or person responsible.
- 6 As a mandated reporter, *you are required by law to also provide DSS with your name, address and telephone number.*

Hospital personnel should take photographs of any trauma that is visible on the child and mail or deliver the photographs to DSS with the written report.

We recommend that you inform the family that you have referred them to DSS for help, but do not do so if you think it would increase the risk to the child.

If you have any questions about whether or not to report a situation, please do not hesitate to contact your local DSS Area Office.

## What happens after DSS receives a report of suspected child abuse or neglect?

There are several possibilities, depending on the allegations reported and other case-specific circumstances: If the Department determines there is reasonable cause to believe that a child has been abused or neglected, a social worker is assigned to investigate the report. The investigation, called a 51B, includes a home visit during which the social worker meets and talks with the child and the care-taker. If DSS determines that the situation is an emergency, the investigation is completed within 24 hours after the report is designated as an emergency. Investigations of all other reports are completed within 10 days. If the Department determines that there is reasonable cause to believe that an incident of abuse or neglect by a caretaker did occur, the report is **supported** and the Department provides the family with services to reduce the risk of harm to the child. If the report is **unsupported** but the family appears to be in need of services, the Department may offer the family services on a voluntary basis. DSS will notify the mandated reporter, in writing, of its decision.

## Referrals to the District Attorney

It is important to note that if the Department determines a child has been sexually abused or sexually exploited, has suffered serious physical abuse or injury, or has died as a result of abuse or neglect, DSS must notify the District Attorney, who has the authority to file criminal charges, as well as local law enforcement authorities for the county where the child resides and where the offense occurred.

## **ADDRESSING THE ISSUE OF COMMUNICABLE DISEASES**

### **GENERAL STATEMENT**

The world in which we live requires church leaders to seriously consider the issue of communicable diseases and their influence on the church's ministries. It is the general practice of FAC to seek to meet the spiritual needs of each individual who comes to the church honestly seeking worship, fellowship, and spiritual growth. In keeping with such, there will be no exception to this statement. This would apply to those with communicable diseases. For those whose diagnosis would require isolation, a proper referral will be made. For those whose diagnosis allows for integration, this will be accomplished with discretion and sensitivity. An individual who has been diagnosed as being HIV-positive or who has AIDS will be treated with the same compassion as any other individual attending FAC. The church will not reject or ostracize anyone who is HIV positive or who has AIDS, as long as that individual presents no real threat to the safety of others in the congregation. The confidentiality of HIV-positive individuals will be determined on a case-by-case basis depending on the risk of potential exposure to others within the church.

## **FAC Emergency Evacuation Plan Christian Education Ministry 2005**

For the safety of all persons utilizing the Faith Alliance Church's facilities, the following emergency evacuation procedures have been established:

### **Assembly Area**

In the event of an emergency evacuation; all persons, regardless of time of day, ministry program being attended, or building evacuation route, should assemble in the back of the parking lot on the grass if possible. This should allow for maximum communication between church and firefighter personnel.

### **Evacuation Routes**

Elevator will NOT be used in the event of an emergency evacuation.

Teachers or program leaders should be last to leave any given classroom and last to evacuate the building to help ensure others are being evacuated. This will help ensure a more accurate accounting of all persons.

Upper Level: Unless otherwise blocked, persons in the upper level classrooms or gymnasium (Faith Hall) should exit through the closest rear door and down the staircase to the lower parking lot or the front entrance. Persons in the Library or Choir Room should exit through the front entrance or alternatively through the side exit door by the Choir Room.

Wheel-chaired persons should exit through the front entrance, unless blocked, in which case exiting the building may require some assistance to exit through the side exit door by the Choir Room.

Lower Level: Unless otherwise blocked, persons on the lower level classrooms should exit through the closest of the two rear doors out to the lower parking lot. Alternatively, persons may exit through the doorway and stairs which lead to the side exit door upstairs. Fellowship Hall exit through side exit door and up the stair, or alternatively the rear doors.

Wheel-chaired persons should exit through rear doors, unless blocked, in which case egress may require some assistance to exit through the doorway and stair which lead to the side exit door by the choir room.

Volunteers should always take the attendance sheet(s) to be sure all children are accounted for. If a child has gone to the restroom, the volunteer with that child should get back to the group in the safest, quickest manner possible. The other volunteer will immediately escort the rest of the children out of the building. Once at the designated meeting area, attendance should be re-taken to ensure all children and volunteers are accounted for. A volunteer from each group should notify the Ministry Director or a member of the pastoral staff that all are accounted for. If a parent would like to take their child while the children are outside of the building, the parent must initial the attendance sheet next to their child's name.

Maps of exit routes must be posted in each room with designated meeting place listed.

This emergency evacuation plan will be practiced at least twice per year and documented Safe Place Director.

**FAC SCREENING VOLUNTEERS  
REFERENCE CHECKS**

Record of contact with references and churches identified by a volunteer applicant

**NAME OF APPLICANT:** \_\_\_\_\_

**1. REFERENCE/CHURCH CONTACT:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Method of**  
**Contact:** Phone \_\_\_ Letter \_\_\_\_\_ Interview \_\_\_\_\_

Person making contact: \_\_\_\_\_

Summary of Contact:

---

---

Did the reference refuse to provide information? Yes No \_\_\_\_\_

**2. REFERENCE/CHURCH CONTACT:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Method of**  
**Contact:** Phone \_\_\_\_\_ Letter \_\_\_\_\_ Interview \_\_\_\_\_

Person making contact: \_\_\_\_\_

Summary of Contact:

---

---

Did the reference refuse to provide information? Yes No \_\_\_\_\_

**3. REFERENCE/CHURCH CONTACT:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Method of**  
**Contact:** Phone \_\_\_\_\_ Letter \_\_\_\_\_ Interview \_\_\_\_\_

Person making contact: \_\_\_\_\_

Summary of Contact:

---

---

Did the reference refuse to provide information? Yes \_\_\_\_\_ No \_\_\_\_\_

Appendix A-1

**FAC SCREENING VOLUNTEERS TELEPHONE SCRIPT**

**WHEN CALLING A FORMER CHURCH:**

“Hello, this is (insert name). I am (state your titled) at Faith Alliance Church in Attleboro, MA. Like many churches today, we have a screening policy for all the people who volunteer to work with our children/youth. I am calling your church because...

\_\_\_\_\_ [Name of applicant] indicated that he/she

attended your church in \_\_\_\_\_ [year(s)]

Became a member in \_\_\_\_\_ [year]

volunteered as a \_\_\_\_\_ in \_\_\_\_\_ department  
from \_\_\_\_\_ to \_\_\_\_\_

Can you verify this information?      Yes      No

Would you have any reservations about \_\_\_\_\_ working with  
children/youth at our church?    Yes    No

Thank you very much for your help.”

**WHEN CALLING A BUSINESS OR PERSONAL REFERENCE SAME OPENING PARAGRAPH AS ABOVE...**

\_\_\_\_\_ (name of applicant) listed you as a personal reference.

How do you know him/her \_\_\_\_\_

How long have you known him/her \_\_\_\_\_?

Would you have any reservations about \_\_\_\_\_ working with children/youth?  
Yes    No

Thank you very much for your help.”

**NOTE ALL COMMENTS, INCLUDING RESERVATIONS, IN THE SPACE PROVIDED IN SUMMARY OF CONTACT ON THE REFERENCE CHECK RECORD.**

**FAC SCREENING VOLUNTEERS  
CHECK LIST (CONFIDENTIAL)  
APPROVAL PROCESS  
[For Office Use Only]**

NAME OF VOLUNTEER: \_\_\_\_\_

MINISTRY AREA: \_\_\_\_\_

1. Reference checks completed [date completed]: \_\_\_\_\_
  
2. CORI check completed [date completed]: \_\_\_\_\_
  
3. Interview date: \_\_\_\_\_ Name of Interviewer: \_\_\_\_\_
  
4. Initial Volunteer Policy Training [date completed]: \_\_\_\_\_
  
5. Continued Training:  

Topic/Subject: _____	Date: _____
Topic/Subject: _____	Date: _____
Topic/Subject: _____	Date: _____
Topic/Subject: _____	Date: _____
Topic/Subject: _____	Date: _____
Topic/Subject: _____	Date: _____
Topic/Subject: _____	Date: _____
Topic/Subject: _____	Date: _____

**HEALTH AND SAFETY GUIDELINES AGES 0-K (FOR PARENTS)  
(TO BE HANDED OUT TO PARENT/GUARDIAN EACH SEPTEMBER)**

**1. Sick Children**

A child who is ill and could therefore expose other children and workers to illness should not be received in the nursery or classroom. Some signs of illness can be unusual fatigue or irritability, coughing, sneezing, runny nose, fever, vomiting, diarrhea, inflamed mouth and throat, or a rash. Any child known to have a contagious disease (i.e. conjunctivitis, strep infection, chicken pox, etc.) should be kept at home until (s)he is no longer contagious.

**2. Medications**

- (a) Volunteers are not permitted to give or apply any medications. If a child needs medication, the parent must give it.
- (b) No medications will be left with a volunteer worker or with the child.
- (c) In extreme cases such as life threatening allergies, asthma, etc., parents need to inform the volunteer of how and where to contact them in order to dispense any medication.
- (d) Volunteers will ONLY be permitted to apply baby powder and ointments during diaper changing if specifically requested to do so by a parent and it is noted on the sign-in sheet under special needs.

I have read the above and agree to the conditions.

Parent/Legal guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) of children in this age group:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH AND SAFETY GUIDELINES 1<sup>st</sup>-5<sup>th</sup> GRADES (FOR PARENTS)  
(TO BE HANDED OUT TO PARENT/GUARDIAN EACH SEPTEMBER)**

**1. Sick Children**

A child who is ill and could therefore expose other children and workers to illness should not be received in the classroom. Some signs of illness can be unusual fatigue or irritability, coughing, sneezing, runny nose, fever, vomiting, diarrhea, inflamed mouth and throat, or a rash. Any child known to have a contagious disease (i.e. conjunctivitis, strep infection, chicken pox, etc.) should be kept at home until (s)he is declared by a physician to be no longer contagious.

**2. Medications**

- (a) Volunteers are not permitted to give or apply any medications. If a child needs medication, the parent must give it. Exception: Volunteers are permitted to apply over-the-counter topical ointments for first aid purposes only (i.e., Neosporin).
- (b) No medications will be left with a volunteer worker or with the child.
- (c) In extreme cases such as life threatening allergies, asthma, etc., parents need to inform the volunteer of how and where to contact them in order to dispense any medication.
- (d) In the event of functions i.e. VBS, summer camp or overnight activities where the parent will not be on site, medications such as inhalers and epi-pens may be held by the person in charge of the event. Medication should never be left with the child. All medications must be physician authorized and in the original pharmacy container. Medication should only be held for extreme cases including but not limited to life threatening allergies and asthma. The parent must sign a release and authorization form giving permission and explicit instructions. If medication must be administered, it is to be done by an adult with the knowledge of the church volunteer/staff in charge of the event and recorded on the parent medical authorization form. The form is to be kept and filed.

I have read the above and agree to the conditions.

Parent/Legal guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) of children in this age group:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Appendix B-2

**HEALTH AND SAFETY GUIDELINES JR/SR HIGH (FOR PARENTS)  
(TO BE HANDED OUT TO PARENT/GUARDIAN EACH SEPTEMBER)**

**1. Sick Children**

A teen who is ill and could therefore expose other children and workers to illness should not be attending youth group events or classes. Some signs of illness can be unusual fatigue or irritability, coughing, sneezing, runny nose, fever, vomiting, diarrhea, inflamed mouth and throat, or rash. Any teenager known to have a contagious disease [i.e. conjunctivitis, strep infection, chicken pox, etc.] should be kept at home until (s)he is declared by a physician to be no longer contagious.

**2. Medications**

- a. Volunteers are not permitted to give or apply any medications. If a child needs medication, the parent must give it. Exception: Volunteers are permitted to apply over-the-counter topical ointments for first aid purposes only (i.e. – Neosporin)
- b. No medications will be left with a volunteer worker or with the child with the exception of asthma inhalers. Teens having asthma are allowed to keep their inhalers with them.
- c. In extreme cases such as life threatening allergies, etc., parents need to inform the volunteer of how and where to contact them in order to dispense any medication.
- d. In the event of functions i.e. VBS, summer camp or overnight activities where the parent will not be on site, medications such as inhalers and epi-pens may be held by the person in charge of the event. Medication should never be left with the child with the exception of asthma inhalers if a parent has so noted on the Medical Release Form. All medications must be physician authorized and in the original pharmacy container. Medication should only be held for extreme cases including but not limited to life threatening allergies and asthma. The parent must sign a release and authorization form giving permission and explicit instructions. If medication must be administered, it is to be done by an adult with the knowledge of the church volunteer/staff in charge of the event and recorded on the parent medical authorization form. The form is to be kept and filed.

I have read the above and agree to the conditions.

Parent/Legal guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) of children in this age group:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## DIAPER CHANGING INSTRUCTIONS

1. Put on non-latex gloves.
2. Prepare to change diaper, (i.e. get wipes ready, have new diaper within easy reach).
3. Place sheet of wax paper down on changing area.
4. Gently place baby on top of wax paper.
5. Undo baby's outfit and remove soiled diaper.
6. Thoroughly clean diaper area with wipes and set aside soiled materials.
7. Change soiled non-latex gloves (if necessary) and put clean diaper on baby and re-dress the child.
8. Hand baby over to other workers in the nursery.
9. Clean up soiled diaper, wipes, and wax paper and put into trash receptacle.
10. Remove non-latex gloves and dispose of them.
11. Wash hands thoroughly with soap and warm water.

PLEASE NOTE: ADULTS **ONLY** MAY CHANGE BABIES DIAPERS. PLEASE USE NEW WAX PAPER AND GLOVES FOR EACH CHILD. Appendix D-1

## FAITH ALLIANCE CHURCH FIRST AID KIT INVENTORY LIST

Item	Unit	Quantity	Expiration Date
Ibuprofen - 200 mg	Packet of 2	2	11/07
Extra Strength Non Aspirin - 500 mg	Packet of 2	2	4/08
Aspirin - 325 mg	Packet of 2	2	3/08
Scissors	Each	1	
Thermometer - Disposable	Each	1	
Tweezers - Disposable	Each	1	
Moleskin - 2" x 2"	Each	2	
BandAids - Regular Size 3"x3/4"	Each	25	
BandAids - Small Size 1.5"x3/8"	Each	10	
BandAids - Large Size 4" x 2"	Each	2	
BandAids - Fingertip Size	Each	2	
BandAids - Knuckle Size	Each	2	
Buttefly Wound Closures	Each	3	
Gauze - Eye Pad	Each	1	
Gauze - 2" x 2" Pad	Each	2	
Gauze - 4" x 4" Pad	Each	1	
Gauze - 2" x 9" Pad	Each	1	
Gauze - Roll 2" Wide	Each	1	
Gloves - Latex Free	Pair	1	
CPR Mask	Each	1	
Safety Pin	Each	2	
Soap Towelette	Each	3	
Alcohol Pad	Each	12	
Antiseptic Cleansing Wipe	Each	6	
Sting Relief	Each	3	
Burn Gel - 1/8 oz	Each	1	
Cotton Swabs	Each	10	
Antibiotic Ointment	Each	3	3/09
Adhesive Tape - 1/2" Roll	Each	1	
Tongue Depressor	Each	1	
Ice Pack	Each	1	
First Aid Guide	Each	1	
Zip Lock Baggies	Each	2	

Appendix D-2

# Faith Alliance Church Christian Education Ministry

## Student Information Sheet

Purpose: The purpose of this information sheet is to present valuable information to the class teacher or coordinator in cases of emergency, for birthday acknowledgements or celebration and adherence to parental preferences for infants and toddlers. This information is kept confidential by the Sunday School Superintendent or Ministry Director in a locked area, except during class times when it is with the teacher.

STUDENT'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

PARENT/GUARDIAN CONTACT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PARENT/GUARDIAN'S CONTACT PHONE NUMBER \_\_\_\_\_

NAMES OF SIBLINGS \_\_\_\_\_

LIST ANY REVELANT ALLERGIES, HEALTH OR SPECIAL CONCERNS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR INFANTS/TODDLERS ONLY:** PLEASE LIST PARENTAL PREFERENCES (SUCH AS DIAPER, BOTTLE OR JUICE, FOOD OR SNACK, CRY PREFENCES, ETC.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE NOTE: This form is to be updated annually by the parent/guardian and reviewed quarterly by the Ministry Director.

# PARENTAL ACTIVITY CONSENT STATEMENT

I hereby consent to let my child, \_\_\_\_\_ participate

in the following church activity \_\_\_\_\_ to be held on (date)\_\_\_\_\_.

It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of accident or sickness, FAC, its staff and its volunteers are hereby released from any liability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_



# PARENTAL ACTIVITY CONSENT STATEMENT

I hereby consent to let my child, \_\_\_\_\_ participate

in the following church activity \_\_\_\_\_ to be held on (date)\_\_\_\_\_.

It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of accident or sickness, FAC, its staff and its volunteers are hereby released from any liability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_



Appendix E-2

**PARENTAL MEDICAL RELEASE FORM  
(THIS FORM IS TO BE KEPT ON FILE)**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Insurance Company & Policy #: \_\_\_\_\_

Name of insured: \_\_\_\_\_

A providing doctor or hospital may require additional information on healthcare coverage, particularly to determine that coverage exists and to determine any co-pays. The following information would be helpful if it is available.

Insurance Phone Number for Verification of coverage: \_\_\_\_\_

Insurance Phone Number to Pre-certify hospitalization: \_\_\_\_\_

1. Is your child allergic to:

Bee sting _____	Hay Straw _____	Pollens _____
Penicillin _____	Other Drugs _____	Other _____

If you checked "other" please list here:

\_\_\_\_\_

2. Is your child bringing any medication with him/her? (If yes, please list) \_\_\_\_\_

3. Does your child have any physical, emotional, mental, or behavioral concerns or limitations that our staff should be aware of"? (If yes, please explain on back of this page) \_\_\_\_\_

\_\_\_\_\_

4. Has your child ever had:

Seizures _____	Homesickness _____	Asthma _____
Heart disease _____	Other (please list)	

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 FAC to secure proper medical treatment. PARENTS WILL BE NOTIFIED IMMEDIATELY.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Person to contact if parent cannot be reached \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Appendix E-3

# SUSPECTED CHILD ABUSE REPORTING FORM

Date \_\_\_\_\_ Date Reported to a Pastor \_\_\_\_\_

Date Pastor filed Report to Massachusetts:  
(Oral) \_\_\_\_\_ (Written) \_\_\_\_\_

Name of Child \_\_\_\_\_

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 state agency. All information received is to be kept STRICTLY CONFIDENTIAL.

Signed \_\_\_\_\_ Signed \_\_\_\_\_  
Reporting person Pastor

Print Name \_\_\_\_\_

Appendix F-1

# FAC INCIDENT REPORT FORM

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Describe the Incident:

---

---

---

Describe the Action Taken:

---

---

---

Names of Other staff members present:

---

---

Staff Member Filling out Report

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please give a copy of this form to the parents and return the original to the Ministry Director.**



## Report of Child(ren) Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect

Massachusetts law requires an individual who is a mandated reporter to immediately report any allegation of serious physical or emotional injury resulting from abuse or neglect to the Department of Social Services by:

1. Immediately reporting by oral communication; **and**
2. Completing and sending this written report to the appropriate Department of Social Services' office within **48 hours** of making the oral report.

**Please complete all sections of this form. If some data is unknown, please signify. If some data is uncertain, place a question mark after the entry.**

### ▼ DATA ON CHILDREN REPORTED

Name	Current Location / Address	Sex	Age or Date of Birth
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____

### ▼ DATA ON MALE GUARDIAN OR PARENT

Name: \_\_\_\_\_  
First Last Middle

Address: \_\_\_\_\_  
Street and Number City / Town State Zip Code

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

### ▼ DATA ON FEMALE GUARDIAN OR PARENT

Name: \_\_\_\_\_  
First Last middle

Address: \_\_\_\_\_  
Street and Number City / Town State Zip code

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

### ▼ DATA ON REPORTER / REPORT

Report Date: \_\_\_\_\_  Mandatory Report  Voluntary Report

Reporter's Name: \_\_\_\_\_  
First Last middle

(If the reporter represents an institution, school or facility, please indicate)

Reporter's Address: \_\_\_\_\_  
Street and Number City / Town State Zip code

Phone #: \_\_\_\_\_

Has reporter informed caretaker of report  Yes  No

▼ What is the nature and extent of injury, abuse, maltreatment, or neglect, including prior evidence of same?  
(Please cite the source of this information in not observed firsthand.)

---

---

---

---

---

---

▼ What are the circumstances under which the reporter became aware of the injuries, abuse or maltreatment, or neglect?

---

---

---

---

---

---

▼ What action has been taken thus far to treat, shelter, or otherwise assist the child(ren) to deal with the situation?

---

---

---

---

---

---

▼ Please give other information that you think might be helpful in establishing the cause of the injury  
and /or the person(s) responsible for it. If known, please provide the name(s) of the alleged perpetrator(s)?

---

---

---

---

---

---

Signature of Reporter:

# SAFE PLACE DIRECTOR CHECKLIST

## Weekly

- Check incident reports, if any, and take any necessary actions if required

## Quarterly

- Schedule and perform initial volunteer training for new volunteers
- Perform at least one unannounced visit to each ministry area/class to review compliance
- Check need for supplies (nametags, information sheets, first aid supplies, diaper changing supplies, etc)
- Check each ministry area for compliance of posted policies and evacuation procedures
- Meet with ministry heads for planning, prayer and evaluation meetings
- Make sure student information sheets are up to date and stored securely in each ministry area
- Review lists of volunteer workers and substitutes

## Semi Annually

- Practice and document a fire drill twice per year

## Annually

- Resubmit names of volunteers for CORI Checks
- Review volunteer personnel forms for up to date contact and emergency information
- Destroy any volunteer personnel forms for workers who have concluded service more than 5 years prior
- Review driver information as described in Safe Place
- Coordinate, schedule and announce volunteer training opportunities for the upcoming year
- Ensure volunteers review the Safe Place document as required annually at the beginning of each school year
- Review the Safe Place document and update as needed, seeking proper approval
- Attend any necessary training as Director
- Develop and write a year-end review for the Annual Meeting
- Develop and write a prospective plan for the upcoming year for the Annual Meeting as necessary

## **JOB DESCRIPTION FOR SAFE PLACE COORDINATOR**

### **QUALIFICATIONS**

1. The Safe Place Coordinator will be a born again believer who's life is committed to the lordship of Christ.
2. He/she will be committed to the Purpose Statement of FAC and will be actively involved in the ministries of the church by attendance and service.
3. He/she will be a member of FAC.
4. He/She shall be a student of the Word of God and the principles of teaching.
5. He/She shall recognize a vision and enthusiasm for Christian Education, particularly in areas concerning the safety of the children and workers of FAC, and execute means of carrying out these tasks.

### **RESPONSIBILITIES**

6. He/she shall oversee the working of the Safe Place program, including but not limited to, all necessary paperwork, interviews and reference checks on prospective volunteers, establish evacuation procedures, and post necessary Safe Place guidelines in classrooms.
7. He/she shall pray for and with his/her staff.
8. He/she shall provide organization, administration and supervision of the Safe Place program., for both children and adults.
9. He/she shall continue to establish standards with the approval of the Governing Board, for the Safe Place program.
10. He/she shall conduct periodic observations and evaluations of classes, departments, etc.
11. He/she shall maintain lists of prospective workers, substitutes, etc
12. He/she shall arrange for at least one Safe Place training course during the year.
13. He/she shall submit reports to the Christian Education Committee and a written report at the Annual Meeting.
14. He/she shall conduct periodic planning and evaluation meetings with his/her ministry heads and Safe Place staff members.

### **ACCOUNTABILITY**

15. He/she shall personally be accountable to God and to the local church.
16. He/she shall be accountable to the Christian Education Committee Chairman or in the absence of such a chairman, the Governing Board.

THIS PAGE  
LEFT  
INTENTIONALLY  
BLANK



**FAC VOLUNTEER APPLICATION (Page 2 of 2)**

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

---

---

---

---

---

---

---

---

What type of ministry do you prefer? Check all categories that apply.

**AGE/GRADE LEVEL**

**MINISTRY INTEREST**

**MINISTRY AREA**

- Nursery (0-2.5 years)
- 2's and 3's (2.5 & 3 years)
- 4yr – K
- 1<sup>st</sup> – 5<sup>th</sup>
- Jr. High (grades 6-8)
- Sr. High (grades 9-12)

- Teaching
- Teaching Assistant
- Administration
- Music
- Arts & Crafts
- Games/Activities

- Sunday School
- Clubs
- Children's Church
- Summer Programs
- Youth Group
- Other (please specify)

---

In a brief paragraph, please outline your spiritual journey, including when you received Christ as Savior.

---

---

---

---

---

---

---

---

---

---

---

---

**Appendix H-1**



**Rev. Don Wiegand**  
*Senior Pastor*  
**Rev. Tom Boisclair**  
*Pastor of Discipleship*

FTHAC  
FE1352

**CORI REQUEST FORM**

Faith Alliance Church has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for \_\_\_\_\_, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)                      PLACE OF BIRTH

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Requested but not required)

MOTHER'S MAIDEN NAME: \_\_\_\_\_

CURRENT AND FORMER ADDRESSES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE  
Appendix H-2

THIS PAGE  
LEFT  
INTENTIONALLY  
BLANK

**FAC VOLUNTEER PERSONNEL FORM (Page 2 of 3)**

**PERSONAL REFERENCES**

(Please do not include any relatives as a reference. Please include any former church or organization where you worked with children among your references as well as professional references)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

**FAC PERSONNEL FORM (Page 3 of 3)**

**Applicant's Statement**

The prime objectives of The FAC are “to bring people to a saving knowledge of Christ, to teach biblical principles emphasizing missions, and the centrality of Christ as Savior, Sanctifier, Healer, and Coming King, and to equip people for evangelism and Christian service.” (Manual of The Christian and Missionary Alliance, 1995 Edition A7-Article II.) The same area of the Manual (A7-Article IV, Section 8) states, “It is desirable that all teachers be members of the local church, and when they are not, they must be in full harmony with the doctrines and principles of The Christian and Missionary Alliance.” **The responses I have provided in completing this application form are complete, truthful and accurate.**

I hereby authorize the church to make inquires 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. I hereby authorize all persons associated with me, including churches, employers, law enforcement, 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 Faith Alliance Church and The Christian and Missionary Alliance 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 FAC. I waive any right that I might 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 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 comply with all policies and procedures of Faith Alliance Church and The Christian and Missionary Alliance, including but not limited to, its Child Protection Policy as presented in the publication Safe Place. If at any time I find that for any reason I am unable to support the policies, procedures, or doctrine of this church or the Alliance, 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 disciplinary action, at the discretion of the Elder Board. I will report any known or suspected child abuse or other violation of policy to the Pastor and/or Safe Place Director..

_____ /	_____ /	_____ /
(Applicant's Name - please print)	(Applicant's Signature )	(Date)
_____ /	_____ /	_____ /
(Witness's Name - please print)	(Witness's Signature )	(Date)