

# **The Presbytery of Tres Rios Child Protection Policy Approved June 10, 2016**

## **General Purpose Statement**

Tres Rios Presbytery seeks to provide a safe and secure environment for the children who participate in our programs and activities. By implementing the below practices, our goal is to protect the children of Tres Rios Presbytery from incidents of misconduct or inappropriate behavior while also protecting our staff and volunteers (workers) from false accusations.

## **Definitions**

For purposes of this policy, the terms “child” or “children” include all persons under the age of eighteen (18) years. The term “worker” includes both paid and unpaid persons who work with children. The term “volunteer” means anyone involved in a day care or school, in overnight activities involving minors, in counseling of minors, or in one-on-one mentoring of minors.

## **Selection of Workers**

All persons who desire to work with the children participating in our programs and activities will be screened. This screening includes the following:

a) **Six Month Rule**

No volunteer will be considered for any position involving contact with minors until she/he has been involved with Tres Rios Presbytery for a minimum of six (6) months. This time of interaction between our leadership and the applicant allows for better evaluation and suitability of the applicant for working with children.

b) **Written Application**

All persons seeking to work with children must complete and sign a written application in a form to be supplied by us. The application will request basic information from the applicant and will inquire into previous experience with children, previous church affiliation, reference and employment information, as well as disclosure of any previous criminal convictions. The application form will be maintained in confidence on file at the presbytery office.

c) **Personal Interview**

Upon completion of the application, an interview may be scheduled with the applicant to discuss his/her suitability for the position.

d) **Reference Checks**

Before an applicant is permitted to work with children, at least two of the applicants' references will be checked. These references should be of an institutional nature as opposed to personal or family references, preferably from organizations where the applicant has worked with children in the past. Documentation of the reference checks will be maintained in confidence on file at the presbytery office.

e) **Criminal Background Check**

A national criminal background check is required for all employees (regardless of position) and volunteers as defined above.

Before a background check is run, prospective workers will be asked to sign an authorization form allowing the church/synagogue/meeting to run the check. If an individual declines to sign the authorization form, s/he will be unable to work with children.

A disqualifying offense that will keep an individual from working with children will be determined by the Training and Nurture Team on a case-by-case basis in light of all the surrounding circumstances. Generally, convictions for an offense involving children and/or for offenses involving violence, dishonesty, illegal substances, indecency and any conduct contrary to our mission will preclude someone from being permitted to work with children. Failure to disclose a criminal conviction on the application form will also be a disqualifying event.

The background check authorization form and results will be maintained in confidence on file at the presbytery office.

## **Policy for Volunteers and Paid Staff**

1. As often as practicable, two adults will be assigned to supervise or lead all activities involving children or youth.
2. No person will serve as a teacher or volunteer leader of children or youth activities until an information form is submitted and security background checks have been completed.
3. As often as practicable, all teenage workers or volunteers will be supervised by adults.
4. No fewer than two leaders will be required for all trips and outings.
5. To ensure an adequate level of adult leadership, sponsors for retreats must be at least 21 years of age.
6. To ensure an adequate level of supervision, each group must have one adult sponsor for every six youth. Also each group must have sponsors for both male and female youth, regardless of how many youth in the group. (i.e. if your group has three girls and two boys for the total of five campers, you must have at least two sponsors, one male and one female.) In the event that you do not have the required number of sponsors, it may be possible to combine with another group, as long as arrangements are made before the retreat.
7. Private one-on-one contact between adults and children under the age of 18, and between minors is not permitted. If a personal conference between an adult and child is required, the meeting shall take place in view of other teachers or volunteers.
8. Adult leaders must respect the privacy of youth members in situations such as changing clothes or taking showers on church trips and retreats. Adults should intrude only to the extent that health and safety require. They should also protect their own privacy in similar situations.
9. On trips and presbytery outings adults are not permitted to sleep in the same bed with youth, other than their own child.
10. Appropriate clothing for children, youth and leaders, as determined by the Event Leader, is required for all activities.
11. Discipline used in activities should be constructive and reflect Christian values. Corporal punishment is never permitted.
12. Physical hazing and initiations are prohibited and may not be included as part of any activity.
13. Written parental or guardian permission is required for all overnight outings and trips.

## Two Adult Rule

In so much as possible, it is our goal that a minimum of two unrelated adult workers will be in attendance at all times when children are being supervised during our programs, activities and travel to and from events. Some youth classes may have only one adult teacher in attendance during the class session; in these instances, doors to the classroom should remain open and there should be no fewer than three students with the adult teacher. We do not allow minors to be alone with one adult on our premises or in any sponsored activity unless in a counseling situation.

## Responding to Allegations of Child Abuse

For purposes of this policy, “child abuse” is any action (or lack of action) that endangers or harms a child’s physical, psychological or emotional health and development. Child abuse occurs in different ways and includes the following:

- **Physical abuse** – any physical injury to a child that is not accidental, such as beating, shaking, burns, and biting.
- **Emotional abuse** – emotional injury when the child is not nurtured or provided with love and security, such as an environment of constant criticism, belittling and persistent teasing.
- **Sexual abuse** – any sexual activity between a child and an adult or between a child and another child at least four years older than the victim, including activities such as fondling, exhibitionism, intercourse, incest, and pornography.
- **Neglect** – depriving a child of his or her essential needs, such as adequate food, water, shelter, and medical care.

Childcare workers may have the opportunity to become aware of abuse or neglect of the children under our care. In the event that an individual involved in the care of children at this Tres Rios Presbytery event becomes aware of suspected abuse or neglect of a child under his/her care, this should be reported immediately to the Event Director for further action, including reporting to authorities as may be mandated by state law.

In the event that an incident of abuse or neglect is alleged to have occurred at this Tres Rios Presbytery or during our sponsored programs or activities, the following procedure shall be followed:

1. The parent or guardian of the child will be notified.
2. The worker alleged to be the perpetrator of the abuse or misconduct will immediately be placed on leave from working with children, pending an investigation, and instructed to remain away from the premises during the investigation.
3. Civil authorities will be notified, and the Tres Rios Presbytery will comply with the state’s requirements regarding mandatory reporting of abuse as the law then exists. The Tres Rios Presbytery will fully cooperate with the investigation of the incident by civil authorities.
4. Our insurance company will be notified, and we will complete an incident report. Any documents received relating to the incident and/or allegations will immediately be forwarded to the insurance company.
5. Event Director will be our spokesperson to the media concerning incidents of abuse or neglect, unless he or she is alleged to be involved. We will seek the advice of legal counsel before responding to media inquiries or releasing information to the congregation. All other representatives of the church should refrain from speaking to the media.
6. A pastoral visit will be arranged for those who desire it.

7. Any person who is not found innocent of the alleged abuse or misconduct will be removed from their position working with children or youth.
8. The Presbytery of Tres Rios Sexual Misconduct Policy and Procedures shall be enforced.

### **You Also May Want to Consider the Following Provisions Regarding Child Protection**

#### **Open Door Policy**

Classroom doors should remain open unless there is a window in the door or a side window beside it. Doors should never be locked while persons are inside the room.

#### **Teenage Workers**

We recognize that there may be times when it is necessary or desirable for babysitters (paid or volunteer) who are themselves under age 18 to assist in caring for children during programs or activities. The following guidelines apply to teenage workers:

- Must be at least age 14.
- Must be screened as specified above.
- Must be under the supervision of an adult and must never be left alone with children.

#### **Check-in/Check-out Procedure**

For children below third grade, a security check-in/check-out procedure will be followed. The child will be signed in by a parent or guardian, who will receive a “child check” for the child similar to a claim check. The parent or guardian must present the “child check” in order to sign out the child from our care. In the event that a parent or guardian is unable to present the “child check,” Event Director will be contacted. Event Director will be responsible for releasing the child to the care of a parent or guardian after discussing the surrounding circumstances with the parent or guardian.

#### **Sick Child Policy**

It is our desire to provide a healthy and safe environment for all of the children at Tres Rios Presbytery. Parents are encouraged to be considerate of other children when deciding whether to place a child under our care. In general, children with the following symptoms should NOT be dropped off:

- Fever, diarrhea, or vomiting within the last 48 hours;
- Green or yellow runny nose;
- Eye or skin infections; and/or
- Other symptoms of communicable or infectious disease.

Children who are observed by our workers to be ill will be separated from other children and the parent or guardian will be contacted to request that the child be picked up for the day.

#### **Medications Policy**

It is the policy of Tres Rios Presbytery not to administer either prescription or non-prescription medications to the children under our care. Medications should be administered by a parent at home. Parents are reminded of our sick child policy.

Exceptions to the medications policy may be granted to parents of children with potentially life-threatening conditions (such as asthma or severe allergic reactions). Parents of such children should address their situation with the Event Director to develop a plan of action.

## **Discipline Policy**

It is the policy of Tres Rios Presbytery not to administer corporal punishment, even if parents have suggested or given permission for it. There should be no spanking, grabbing, hitting, or other physical discipline of children. Workers should consult with the Event Director if assistance is needed with disciplinary issues.

## **Restroom Guidelines**

Children five years of age and younger should use a classroom bathroom if one is available. If a classroom bathroom is not available, workers should escort a group of children to the hallway bathroom. They should always go in a group, never taking a child to the bathroom alone. The workers should check the bathroom first to make sure that it is empty, and then allow the children inside. The workers should then remain outside the bathroom door and escort the children back to the classroom. If a child is taking longer than seems necessary, the worker should open the bathroom door and call the child's name. If a child requires assistance, the workers should prop open the bathroom door, and leave the stall door open as they assist the child.

For children over the age of five, at least one adult male should take boys to the restroom and at least one adult female should take girls. The worker should check the bathroom first to make sure that the bathroom is empty, and then allow the children inside. The worker should then remain outside the bathroom door and escort the children back to the classroom.

For presbytery youth retreats when at all possible, one adult should accompany youth to the restroom or have two youth go together.

For the protection of all, workers should *never* be alone with a child in a bathroom with the door closed and never be in a closed bathroom stall with a child. Parents are strongly encouraged to have their children visit the bathroom prior to each class.

## **Accidental Injuries to Children**

In the event that a child or youth is injured while under our care, the following steps should be followed:

1. For minor injuries, scrapes, and bruises, workers will provide First Aid (Band-Aids, etc.) as appropriate.
2. For injuries requiring medical treatment beyond simple First Aid, the parent and/or guardian will immediately be summoned in addition to the worker's supervisor. If warranted by circumstances, an ambulance will be called.
3. Once the child has received appropriate medical attention, an incident report will be completed in the case of injuries requiring treatment by a medical professional.

## **Training**

**Tres Rios Presbytery** will provide training on this child protection policy to all new childcare workers and will strive to provide opportunities for additional training classes or events on an annual basis. All workers are strongly encouraged to attend these training events.

# PERMISSION/MEDICAL AUTHORIZATION/LIABILITY RELEASE FORM

**PARTICIPANT'S**  
**NAME:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

To Parent or Guardian: This permission form must be filled out completely and returned to your child's sponsor in order for your child to attend activities with Tres Rios Presbytery. No child will be permitted without this form, completed and signed.

I, \_\_\_\_\_ (please print), the Parent/Guardian of the above named participant, do hereby release Tres Rios Presbytery and/or the Sponsors of the trip and/or function from any and all liability in the event of sickness or injury during the duration of the event. I further understand and acknowledge that certain activities such as horseback riding, swimming, and hiking have an increased risk of injury.

I certify that my child is in good health and can participate in all normal activities of the group.

I understand that my child will leave from \_\_\_\_\_ (location) ON \_\_\_\_\_ (day), \_\_\_\_\_ (date), Will travel to \_\_\_\_\_, spend \_\_\_\_\_ nights return to the above location by \_\_\_\_\_ (time) ON \_\_\_\_\_ (day), \_\_\_\_\_ (date).

In conjunction herewith, I grant to Tres Rios Presbytery and/or the Sponsors of the trip, or each of them, the power to authorize any and all medical treatment deemed necessary for my child to include but not be limited to the authorization by said Sponsor(s) to the physician of his/her choice for any treatment necessary, to any hospitalization deemed necessary, and the power to authorize any procedures necessary to the care of said child to include, but not be limited to any surgical and/or anesthesia procedures. I authorize for a doctor to be called and/or other medical services to be provided, at my expense, should an emergency arise.

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

## MEDICAL INFORMATION

MEDICAL CONDITION(S) (is chronic conditions, for example, sinus, kidney problems, asthma, diabetes, etc):  
continue on reverse if needed

### MEDICATIONS TAKEN

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ALLERGIES (list any foods, insect bites, medicines, etc.) continue on reverse if needed

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FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICAL INSURANCE: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

INSURANCE PHONE: \_\_\_\_\_ HOLDER'S NAME: \_\_\_\_\_

## CONTACT INFORMATION

PARENT OR GUARDIAN NAME: \_\_\_\_\_ BEST CONTACT PHONE #: \_\_\_\_\_ ALTERNATE PHONE # \_\_\_\_\_

PARENT OR GUARDIAN NAME: \_\_\_\_\_ BEST CONTACT PHONE #: \_\_\_\_\_ ALTERNATE PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

In case or emergency, and the child's parent/guardian(s) cannot be reached,

CONTACT: \_\_\_\_\_, PHONE: \_\_\_\_\_

## **Background Check Authorization**

By my signature below, I authorize The Presbytery of Tres Rios or its agent to obtain information from a consumer reporting agency which will include, but not be restricted to:

- SSN Verification
- Identity Verification
- Address History (10 years)
- 50 State Criminality Search
- 50 State Sex Offender Registry Search
- 50 State Terrorist Database
- Motor Vehicle Records check for serious traffic infractions

I understand that this report will be used for the purpose of evaluating me for employment by a Congregation of Tres Rios Presbytery.

I understand that this report will be kept under lock and key in a file at the office of The Presbytery of Tres Rios.

I understand that results of this report will not be released to anyone without written authorization by me.

I understand that I have a right to request disclosure of the nature and scope of the report.

***Please PRINT all information and Sign in BLUE INK***

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

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

Former Name: \_\_\_\_\_

Last Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Church/Ministry: \_\_\_\_\_

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

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

# Minor Participation Authorization and Consent to Emergency Medical Treatment Form

Name of Participant: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age of youth: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_ (hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of Tres Rios Presbytery: \_\_\_\_\_ (hereafter "the activity") on or about \_\_\_\_\_, 20\_\_.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release Tres Rios Presbytery, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Tres Rios Presbytery, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

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

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_



## Publicity Release

Name of  
Participant: \_\_\_\_\_

Parent(s) or Guardian(s):  
\_\_\_\_\_

On occasion Tres Rios Presbytery takes photographs or makes audio or video recordings of children and/or adults involved in activities. Such photographs or recordings may be used by staff and participants to remember the activities and participants, and may be used in publications or advertising materials and/or website, to let others know about our ministry. The presbytery may also invite local news organizations to photograph or record events for news reporting or special interest features.

I consent to the use of any such photograph or audio or video recordings of the child names above, or me, if I am participating, to be used, distributed, or displayed as agents of the presbytery deem appropriate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Youth Covenant

During each and every youth activity sponsored by Tres Rios Presbytery, participants are required to adhere to these simple steps to enhance the quality of the activity and to build a community characterized by respect, trust, concern, and dignity:

1. I understand the importance of always representing myself and my youth group as ambassadors of the high standards of our faith. I will conduct myself as a representative of my family, church and Christians everywhere. I will lead our group in stellar behavior.
2. I covenant to respect God, respect myself, respect other people, and respect property. I understand that my continued participation in activities depends on my support.
3. I covenant to be responsible to the adults attending on behalf of Tres Rios Presbytery.
4. I covenant to respect those we travel with and the local community by not damaging the bus or any other property.
5. I covenant to respect the privacy of others by not entering into areas assigned to females if I am a male, or areas assigned to males if I am female.
6. I covenant to respect those around me by not engaging in reckless behavior that could cause harm to myself or others.
7. I covenant not to bring fireworks, firearms, illegal drugs, and alcohol or tobacco products.
8. I covenant to abstain from inappropriate sexual behavior toward other participants.

The above agreement has been developed to enhance the quality of the Tres Rios community. Participants accept the responsibilities in this covenant in order to build a community characterized by respect, trust, concern, and dignity.

It is assumed that all participants and their parents/guardians will sign, accept and abide by this covenant. I understand that any failure on my part in abiding by this covenant may result in my being dismissed from the event and returned home at my parent's expense.

\_\_\_\_\_ Participant Signature

\_\_\_\_\_ Parent / Guardian Signature

## Incident Report

REASON FOR REPORT \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ TIME \_\_\_\_\_

NAME OF REPORTER \_\_\_\_\_ TITLE \_\_\_\_\_

NAME (S) OF CHILD (REN)/YOUTH \_\_\_\_\_

AGE (S) OF CHILD (REN)/YOUTH \_\_\_\_\_

QUOTE THE CHILD'S/YOUTH'S FIRST WORDS VERBATIM:

BRIEFLY DESCRIBE THE CHILD'S/YOUTH'S DEMEANOR/APPEARANCE:

BRIEFLY DESCRIBE WHAT HAPPENED:

WHAT ACTION DID YOU TAKE?

HAS THE INCIDENT BEEN RESOLVED? \_\_\_ YES \_\_\_ NO EXPLAIN:

NAMES OF WITNESSES:

REPORT SUBMITTED TO: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Time: \_\_\_\_\_

# Volunteer Application

## General Information

Full Name: \_\_\_\_\_ Name you go by: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Which congregation are you a member? \_\_\_\_\_ How long? \_\_\_\_\_

## Background Information

**To understand your call to serve, please respond to the following:**

Tell us of your faith journey

Why are you committed to serve in the area of children and youth?

What leadership roles have you held?

Please list any training or education which you deem to be helpful preparation for children/youth ministry.

References (Please list three personal references)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact information: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact information: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact information: \_\_\_\_\_

**Experience**  
**(Please complete the two sections if applicable)**

Please list all church work involving children and youth in the past five years

Please list all non-church work involving children and youth in the past five years