

Ardmore Presbyterian Church

Youth and Child Protection Policy

1.000 STATEMENT OF PURPOSE

Our congregation affirms that all children are a gift of God. Over the objections of his disciples, Jesus himself welcomed and blessed the children. At the baptism of infants, we acknowledge that children are part of the Church family. It is our vow to guide and nurture these children in the faith. As a result, the first task of our ministry to youth and children is the creation of a safe environment. This policy has been adopted to protect our children, our youth, and the adults who work with them.

2.000. OVERSIGHT

2.100. On behalf of the Session, the Christian Education Committee and the Personnel Committee will oversee the implementation of these guidelines. It is the responsibility of each volunteer and employee to comply with these guidelines. The committees will maintain lists of those persons who have been approved to serve as a leader at any youth activity or to drive youth and children. These committees coordinate the training of volunteers and employees regarding these guidelines.

2.200 Church employees and approved children and youth leaders will be provided with annual training of this policy and relevant information related to child protection. Although required for employees and approved leaders, annual training should be open to any member of the congregation.

3.000 SAFEGUARDS

3.100 Approval of Activities

All activities for youth and children must be approved by the Pastor and an individual appointed by the Session.

3.200 Supervision

1. Standard Procedures

The Pastor and an individual appointed by the Session will submit a list of leaders and employees who express interest in working with children for approval by the Session. Except for Special Circumstances (See §3.220, below), at least two adults (21 years or older) must be assigned to lead any activity involving youth and children. At no time will one adult be left alone with one child. In situations that require personal conferences, such as between a youth and a confirmation sponsor, the meeting is to be conducted in plain view of other adults. For overnight activities, there must be a man assigned to provide leadership if boys are present and a woman if girls are present.

2. Special Circumstances

There are only two special circumstances in which a regularly scheduled activity with children or youth may have less than two adults as leadership.

- (1) On weekdays between 9 AM and 2 PM on the APC campus while the Preschool is in session.

- (2) On Sunday mornings from 9 AM to 12 PM on the APC campus during regularly scheduled activities for youth and children (Sunday School, Youth Choir, Nursery, Confirmation Class, et al).

During these circumstances, staff and volunteers will need to be approved by the session. In addition, these adult leaders will be under the supervision of a designated person for the entire program. This supervisor will be available and present, rotating between rooms. Under no circumstances will one adult be left alone with one child.

3. Transportation

Parents are normally responsible for arranging transportation to and from an activity for youth and children and for communicating their plans to the activity leaders. When transportation is provided for an approved youth or children's event, there does not need to be two adults in a vehicle, but again, there should never be one adult left alone with one child. All drivers are required to submit their Driver's License numbers and provide car insurance information.

3.300 Visibility

Interaction between youth and children and volunteers and employees should be conducted in ways that promote visibility by others and remove the opportunity for secrecy and isolation. Each room utilized for Child Care or Sunday School for children or youth will have an unobstructed window in the door. In situations that require personal conferences, the meeting is to be conducted in view of other adults and youths.

3.400 Communication & Transparency

Prior to any congregational activity for youth and children, leaders will make information about the activity available to youth and children and their parents. (See related §3.500.) All aspects of the church's youth program are open to observation by parents and leaders.

3.500 Parental Permission

The following documents must be obtained before a child or youth participates in an overnight activity or in an activity occurring away from the church's campus. It is the responsibility of the adult supervisors to obtain these documents prior to each activity:

- (1) A copy of the *Youth Activity Plan* (Appendix A) must be signed by a parent or guardian on behalf of each participant, in addition to
- (2) a *Participation Release* form (Appendix B) and
- (3) a *Medical Release* (Appendix C)

3.600. Compliance and Training

1. It is the responsibility of each volunteer and employee to comply with these policies and procedures. The church will present these guidelines to volunteers annually with random checks for compliance.
2. Volunteers and employees who work with youth and children are encouraged to obtain training in First Aid and CPR.

3. All employees, volunteers, parents, and active session members shall receive copies of this policy. The church will also make available copies to anyone else interested, and it will be made available on the internet.

4.000 SCREENING – Revise according to current law.

4.100. Application and Background Check

All who lead activities with youth or children, either paid staff or volunteers, must complete an application (Appendix D) and receive the appropriate background checks required by Pennsylvania state law.

4.200. Background Checks

Whether disclosed voluntarily or as a result of a criminal history check, a person will be disqualified from participating in the leadership of any activity involving youth and children for any conviction related to a felony, or crimes against children/families.

4.300. Confidentiality

1. The Pastor and an individual appointed by the Session, will confidentially review the criminal history report. If the report shows a "Not Clear" status, the Pastor or an individual appointed by the session will discuss the report with the individual. If the individual desires to continue pursuing his or her application to work with youth and children, the report will be submitted to the Session for review. Criminal history checks should be updated every three years.

2. Information gathered in the course of a background check will be kept in a separate, secure location, under the control of the pastor.

3. The pastoral staff will be held to the level of confidentiality that is expected of all pastoral ministry, as specified in the *Book of Order* section G-4.0301 which hold, in part, that:

“In the exercise of pastoral care, teaching elders (also called ministers of the Word and Sacrament)...shall maintain a relationship of trust and confidentiality, and shall hold in confidence all information revealed to them in the course of providing care and all information relating to the exercise of such care.

When the person whose confidences are at issue gives express consent to reveal confidential information, then a teaching elder or a ruling elder commissioned to pastoral service may, but cannot be compelled to, reveal confidential information.”

5.000. REPORTING

5.100. It is the responsibility of all employees, volunteers, parents, members, and visitors of Ardmore Presbyterian Church to report violations of this policy or incidents of abuse/neglect. The Session may treat failure to report violations as grounds for termination of an employee or as grounds for the suspension or prohibition of any person from participating in church activities involving youth and children.

5.200 Any incident must be reported to the pastoral staff, Clerk of Session, or Executive Presbyter immediately. Any incident must also be reported to the appropriate state and local agencies as required by Pennsylvania State law. See the *Book of Order of the PCUSA*, G-4.0302.

5.300 Ardmore Presbyterian Church and its members will cooperate with the proper legal authorities in investigating all alleged or confirmed instances of abuse/neglect, in keeping with the requirements and statutes of Pennsylvania State Law.

5.400. In the event anyone personally witnesses an occurrence in violation of this policy, that person will be asked to complete an *Incident Report* (Appendix E).

5.500 In addition to any legal processes, ecclesiastical investigation will follow the guidelines as found in section D, Rules of Discipline, of “The Book of Order, PCUSA.”

Appendix A

Ardmore Presbyterian Church

Youth and Children Activity Plan

Dear Children/Youth and Parents:

What's happening? _____

We're leaving on: _____

Meet at: _____

And coming back on: _____

Pick us up at: _____

Your leaders/sponsors are _____ and _____.

Your drivers are _____ and _____.

We'll be staying at _____ and their phone number is _____.

And we'll be participating in the following activities: _____

Here are emergency contact numbers:

Name: _____ Phone: _____

Name: _____ Phone: _____

Cost per child/youth: _____

Please pay by _____ and make checks payable to Ardmore Presbyterian Church.

Attached are a list of things you need to bring and any additional forms you need to submit.

Parents, please update medical and insurance information if it's changed. Please return a copy of this signed letter if your child/youth will be participating.

We're looking forward to the trip!

My child/youth plans to participate.

Name of Participant: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Appendix B
Ardmore Presbyterian Church
Participation Release

Name of Participant: _____

Parent or Guardian: _____

Address: _____

Home Phone #: _____

EMERGENCY CONTACT INCLUDING Phone #: _____

Age of youth: _____ Birth date: _____ Grade: _____

Functions and Activities:

It is my understanding that participating in the programs, recreational activities, and other activities of Ardmore Presbyterian Church is a privilege. Prior to my child's participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability:

By signing this Participation Release, I expressly warrant that the child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release Ardmore Presbyterian Church and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Ardmore Presbyterian Church or its ministers, leaders, employees, volunteers, or agents.

Indemnification:

I further agree to indemnify and hold harmless Ardmore Presbyterian Church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child or me during such activities.

I represent that I am the parent/guardian of the child named above, who is under 18 years of age or a participant in activities for youth and children at Ardmore Presbyterian Church. I have fully read the above Participation Release and am fully familiar with the contents thereof.

Parent/Guardian Signature: _____ Date: _____

Appendix C
Ardmore Presbyterian Church
Medical Release

Name of Participant: _____

Parent or Guardian: _____

Address: _____

Home Phone: _____ EMERGENCY Phone: _____

Age of Youth: _____ Birth Date: _____ Grade: _____

Family Physician: _____ Phone: _____

Medications Taken: _____

Allergies: _____

DATE OF LAST TETANUS BOOSTER: _____

Other Pertinent Health Information: _____

Medical Insurance Company: _____ Group No.: _____

Medical Insurance ID No.: _____ Phone: _____

Emergency Contacts:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

First Aid and Emergency Medical Treatment:

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I hereby give permission for agents of Ardmore Presbyterian Church to seek and secure any needed medical attention or treatment for the child named above, or me if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

I also agree to notify agents of Ardmore Presbyterian Church if there are any changes in the above information that I have submitted.

Parent/Guardian Signature: _____ Date: _____

Appendix D

Ardmore Presbyterian Church

Confidential Information Form

Must be completed by all employees, and all adults supervising children on overnight activities.

As members of Ardmore Presbyterian Church, we are each called to teach, nurture, and protect our children through the myriad of opportunities we are given. As a volunteer "shepherd" please know that information gathered below is only asked in the spirit of utmost interest of our littlest and most vulnerable members, our lambs.

First Name: _____ Middle Name: _____ Last Name: _____

Other Names You Have Used: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

FORMER ADDRESS: _____

Home Phone Number: _____ Mobile Phone Number: _____

E-mail Address: _____

Preferred Method of Contact: _____

Have you been active in the life of Ardmore Presbyterian Church for more than six months? _____

APPLICATION TO DRIVE CHILDREN AND YOUTH

Driver's License Number: _____ State: _____

Auto Insurance Carrier: _____ Policy Number: _____

~~ All information requested or obtained is confidential ~~

Appendix D (continued)

- Yes ____ No ____ Do you have a valid Pennsylvania driver's license?
- Yes ____ No ____ Are you twenty-one years old or older?
- Yes ____ No ____ Has your driver's license ever been suspended or revoked?
- Yes ____ No ____ Do you agree to require seat belt usage at all times and child safety seat usage when appropriate?
- Yes ____ No ____ Do you agree to transport persons only in vehicles that are in safe operating condition?

References

NAME : _____ PHONE: _____ RELATIONSHIP: _____

NAME : _____ PHONE: _____ RELATIONSHIP: _____

~~ All information requested or obtained is confidential ~~

Appendix E

Ardmore Presbyterian Church

Incident Report

Deliver to the Pastor or the Clerk of Session

Date of Incident: _____ Time of Incident: _____ Place: _____

Name(s) of Child(ren): _____ Age(s): _____

Child's parent or other person responsible for the child's care: _____

Name(s) of those suspected of violating the church's guidelines: _____

Relationship of the accused to the child: _____

Briefly describe what happened: _____

What was the child's demeanor and appearance? What, if anything, did the child say about the incident?

What immediate action was taken? _____

Were there any witnesses? Does anyone else have relevant information? (names and phone numbers)

Printed Name of Person Reporting: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____