



FIRST BAPTIST CHURCH – DESOTO CHILD PROTECTION POLICY

General Purpose Statement

First Baptist Church of De Soto (“FBCD”) 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 FBCD from incidents of misconduct or inappropriate behavior while also protecting our staff and volunteers (workers) from false accusations.

Definitions

In order to screen workers appropriately to their responsibilities, the ministerial staff person responsible for each division will categorize workers into two categories: Primary and Secondary. These terms refer to the relative levels of responsibility and risk, not to the ages of the children being served.

Primary, paid and volunteer, workers: Includes paid staff members plus those volunteers in roles with greater responsibility or risk are classified as primary workers and should meet the primary screening standards. Must be eighteen (18) years of age. This category includes any workers that participate in overnight activities with children.

Secondary, paid and volunteer, workers: Persons who occasionally interact with children and/or do so in less risky circumstances. i.e., Sunday School teachers and volunteers who see children only in a group setting, on church premises or who interact with children in the presence of an approved Primary worker are classified as Secondary workers. This category may also include parents of participants who help supervise activities. All volunteer workers under the age of eighteen (18) will be considered Secondary workers.

Child: For purposes of this policy, the terms “child”, “children”, and “youth”, and “minor” include all persons under the age of eighteen (18) years, or whose mental capacity is deemed to be that of a “child”.

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) **Church Involvement Rule**

No person will be considered for any volunteer position involving contact with minors until she/he has been an active member of FBCD for a minimum of six (6) months, or has been a regular attendee for a minimum of one (1) year unless approved and known by the ministerial staff. 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 Primary or Volunteer Child Worker Application (**Attachment 1A or 1B**) to be supplied by FBCD as applicable. 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 Church office.

c) **Personal Interview**

Upon completion of the application, a face-to-face interview shall be scheduled with the applicant to discuss his/her suitability for the position.

d) **Reference Checks**

Before a Primary Worker applicant as defined above is permitted to work with children, at least two of the applicants' references shall 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 shall be maintained in confidence on file at the Church office. (**Attachment 2**)

e) **Criminal Background Check**

A national criminal background check is required for all Primary and Secondary volunteer employees regardless of position. Before a background check is ordered, prospective workers will be asked to sign an authorization form (**Attachment 3**) allowing FBCD to run the check. If an individual declines to sign the authorization form, she/he will be disqualified to work with children.

A disqualifying offense that will keep an individual from working with children will be determined by the appropriate ministerial staff 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 the FBCD 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 FBCD church office.

General Rules

1. **Two Adult Rule.** It is our goal that a minimum of two adult workers will be in attendance at all times when children are being supervised during our programs and activities. 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 session.



2. Overnight Outings.
 - Adults should not be alone in sleeping quarters with youth/children. There should be two approved workers sleeping in same room with youth/children.
 - Youth of the opposite sex should never be in any type of sleeping quarters without an adult present. Under no circumstances will a member of the opposite sex share sleeping quarters.
 - All youth/children participating in out-of-town and overnight outings must have a signed written consent form from their parent or legal guardian. **(Attachment 4)**

3. 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.

4. No worker will be permitted to serve in an overnight, counseling, or one-on-one mentorship situation until the screening process has been completed. However, the worker will be allowed to work in other areas temporarily under the supervision of a fully approved director or another approved worker.

5. Anyone in substance abuse recovery or “clean” for less than one year shall not work directly with youth or children.

6. Any minor that has been found guilty of child abuse will not be permitted to work in children or youth ministry.

7. If a worker needs to give a child a ride, another person over the age of fourteen must be present. Any adult alone in a car, office, home, or room with door closed (or no window) is prohibited.

8. Volunteer adult chaperones and supervisors (even just one-time event volunteers) will be required to comply with all of the Church’s outlined policies.

9. Homes or other facilities that are open for a youth event for minors must be approved and comply with Church rules during the time of the event.

10. Counseling Sessions. If counseling sessions with minors are necessary, parental permission shall be obtained prior to a minister meeting privately with a minor, or the Two Adult Rule shall be used. Prior permission may be granted by parents to cover a particular time period (i.e., a school year) for their child to receive counseling from a particular minister. Counseling with youth/children should take place in a designated area that is easily visible to others.

11. Dating between any ministerial staff and any member of the youth group is prohibited.



12. Children five years of age and older shall not be permitted or encouraged to sit on the lap of another youth or worker.
13. Workers should not discuss personal problems of a sensitive nature with minors.
14. Workers active in a life-style that is not reflecting a Christian walk should be removed from working with minors until they have grown stronger in their faith.
15. If a minister, coordinator, or director senses that a worker is getting too “close” or too “personal” with one or more minors, it is their responsibility to address the issue promptly in order to protect the worker, FBCD, and the child against potential problems. If the behavior persists after the initial address, the worker is subject to further action up to and including termination from that position.
16. Workers allowing minors to break FBCD rules will be counseled. If there is a second incident, workers may receive additional counseling, suspension, or termination depending on the severity of the offense.
17. It is the policy of FBCD 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 their immediate supervisor if assistance is needed with disciplinary issues.
18. All workers should be aware of and monitor all who enter the area who are non-workers. Any suspicious activity should be reported immediately to ministerial staff.
19. Church staff and volunteer directors will supervise on an ongoing basis and make unannounced visits into classes or other program sites from time to time.

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.



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 FBCD becomes aware of suspected abuse or neglect of a child under his/her care, this should be reported immediately to the appropriate ministerial staff 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 FBCD 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 or church member alleged to be the perpetrator of the abuse or misconduct will immediately be placed on leave pending an investigation and instructed to remain away from the premises during the investigation. He or she should be instructed to have no contact with the victim or with witnesses.
3. All allegations of abuse should be reported to (i) the minister over the area, i.e. Youth or Children's, (ii) the Senior Pastor or the Executive Pastor, and (iii) the Division of Family Services within 24-hours of the occurrence, and the organization will comply with any additional state's requirements regarding mandatory reporting of abuse as the law then exists. The organization will fully cooperate with the investigation of the incident by civil authorities.
4. The insurance company will be notified, and the organization will complete an incident report. **(Attachment 5)** Any documents received relating to the incident and/or allegations will immediately be forwarded to the insurance company.
5. The Church will designate a spokesperson to the media concerning incidents of abuse or neglect. The advice of legal counsel will be sought before responding to media inquiries or releasing information about the situation 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. This should be for the purpose of providing pastoral support during the time of crisis and not for the purpose of investigating the incident or influencing the investigation.
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. In instances where the evidence is inconclusive, FBCD should take action with the advice of civil authorities depending on the strength of the evidence available and after consideration of the victim and the victim's family's requests.
9. Preservation of records. Copies of all documents relating to a report of an event of abuse or neglect, including a list of all persons known to be present or in the vicinity shall be transferred to the Senior Pastor or the Executive Pastor. They will review them to determine if the documents are complete in accordance with church policy.



If any documents are missing, they shall make a written notation and transfer the documents to the church business administrator who shall retain them until advised that all criminal and civil investigations and actions have been completed.

Sick Child Policy

It is our desire to provide a healthy and safe environment for all of the children at FBCD. 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 24 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.

Medications Policy

It is the policy of FBCD to have authorized adults administer prescription and/or non-prescription medications to the children under our care as directed by parents/legal guardians through the "Minor Participation Authorization and Consent to Emergency Medical Treatment Form". Parents are reminded of our sick child policy.

Exceptions to the medications policy may be granted to parents of children with potentially serious conditions (such as asthma or severe allergic reactions). Parents of such children should address their situation with the Children or Youth Minister to develop a plan of action.

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 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 and will notify the child's parent or guardian of the injury at the time the child is picked up from our care.
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 in either case described above, an incident report will be completed.

Training

FBCD will provide documented training on this child protection policy to all new workers (**Attachment 6**) and will strive to provide opportunities for additional training classes or events on an annual basis. All workers are required to attend these training events.



Attachment 1A

Primary Child/Youth Worker Application Form

It is the goal of this church to create a safe and secure environment for all children and workers who are involved in church activities. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment or offer volunteer services to our children and youth program. This information will be used for the sole purpose of helping the church provide a safe and secure environment for children and workers.

Name: _____

Have you ever used name(s) other than the one above? Yes ___ No ___ If yes, please list:

Current street address: _____

City, State, Zip: _____ Years at address: _____

Previous address: _____

Current phone number (Home): _____ (Work): _____

Current Email address: _____

Position applying/volunteering for: _____

Employment History (Please begin with most recent)

Employment Date (s)	Employer & Supervisor's Name	Address & Telephone Number	Job Title & Primary Responsibilities	Reason for Leaving



Is there any reason you should NOT work with or around children or youth? Yes ___ No ___

Have you ever been the subject of a child abuse investigation? Yes ___ No ___

If yes, please provide details: _____

Have you ever been convicted of or pleaded guilty to a criminal offense? _____

If yes, please provide details: _____

Please provide the following church information:

What, if any, church affiliation do you have? _____

How long have you attended that church? _____ Are you a member? Yes ___ No ___

List other churches with which you have been affiliated: _____

Have you ever worked with youth or children? _____ List where: _____

Have you made a personal commitment to Jesus Christ? Yes ___ No ___

Please briefly describe your relationship with Jesus Christ: _____



Please list two references (of a business or organizational nature):

Name: _____ Phone: _____

Address: _____ Years known each other: _____

Name: _____ Phone: _____

Address: _____ Years known each other: _____

I hereby give permission to make a thorough investigation of my past employment, education, and background, and release from liability all persons, companies, or corporations supplying such information. I also release the church from any liability that might result from making such an investigation. I understand that any false statements or implications made by me on this application or other required documentation shall be considered sufficient cause for denial of employment or discharge. I have received, will read, and will abide by the Child Protection Policy of First Baptist Church – De Soto

Signature: _____ Date: _____

I have received, will read, and will abide by the Child Protection Policy of First Baptist Church – De Soto.

Signature: _____ Date: _____



Attachment 1B

Secondary Child/Youth Worker Application Form

It is the goal of this church to create a safe and secure environment for all children and workers who are involved in church activities. To facilitate this emphasis, it is necessary to gather pertinent information from those who desire employment or offer volunteer services to our children and youth program. This information will be used for the sole purpose of helping the church provide a safe and secure environment for children and workers.

Name: _____

Have you ever used name(s) other than the one above? Yes ___ No ___ If yes, please list:

Current street address: _____

Current Email address: _____

City, State, Zip: _____ Years at address: _____

Previous address: _____

Current phone number (Home): _____ (Work): _____

Is there any reason you should NOT work with or around children or youth? Yes ___ No ___

Have you ever been the subject of a child abuse investigation? Yes ___ No ___

If yes, please provide details: _____

Have you ever been convicted of or pleaded guilty to a criminal offense? Yes ___ No ___

If yes, please provide details: _____

Continue on reverse side.



Please provide the following church information:

What, if any, church affiliation do you have? _____

How long have you attended that church? _____ Are you a member? Yes ___ No ___

List other churches with which you have been affiliated: _____

Have you ever worked with youth or children? Yes ___ No ___ List where: _____

I have received, will read, and will abide by the Child Protection Policy of First Baptist Church – De Soto.

Signature: _____

Date: _____



Attachment 2

Documentation of Reference Check Youth/Children Worker or Volunteer

Applicant Name: _____

Reference Name: _____

Date of Contact: _____

Method of Contact and Contact Information:

Telephone: _____

E-mail: _____

Other: _____

Reference Check Type (check one):

Former Employer

Personal

Former Volunteer

Other Organization (please specify): _____

How long have you known the applicant? Under which circumstances?

What is your knowledge of this person's work with children/youth?

How would you describe this person's manner of interacting with children/youth?

Based on your observation, is this person reliable and dependable?

Would you feel comfortable with this person being alone with a small group of children/youth for a period of time? Why or why not?

Do you have any concerns we should know about regarding this person's ability to work with children/youth?

Were you ever made aware of circumstances in which this person's care of children/youth was called into question or criticized? If yes, please describe the circumstances.

Were you ever made aware of any criminal or civil investigations or actions taken against this person? If yes, please describe the circumstances.

Do you recommend this person to work with children/youth? Why or why not?

Is this person eligible to work with your organization's children again in the future? If no, why not?

Additional notes or comments:

Signed (person checking reference): _____

Printed Name: _____ Date: _____

CONFIDENTIAL

PLEASE FILL OUT **ONLY** IF 18yrs. OR OLDER

First Baptist Church of De Soto Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Current Address: _____
(Street) (City/State) (Zip)

Social Security Number: _____
(This is **MANDATORY**. Needed to run background check.)

Email Address: _____
(This is required for a video training.)

Date of Birth: _____ Telephone Number: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize First Baptist Church of De Soto and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to First Baptist Church of De Soto or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release First Baptist Church of De Soto, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____

COST: \$10.00

If you can help with this fee with any amount, it would be appreciated. Thanks!

Minor Participation Authorization and Consent to Emergency Medical Treatment

Name of Minor/Child: _____ Age: _____

Address _____ City: _____

State: _____ Zip Code: _____ Phone #: _____

Primary Emergency Contact: _____ Phone: _____

Secondary Emergency Contact: _____ Phone: _____

Does the above child have any allergies to food, drugs, bites or stings? (Yes) (No) If yes, please explain

I give permission for my child to be administered the following medication(s) by an authorized adult during this activity (include medications like Tylenol, Ibuprofen, and Benadryl).

Medication Name	Dosage	Frequency Taken
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Insurance Company: _____ Policy #: _____ Group # _____

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

First Baptist Church – De Soto ("FBCD"): _____

(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 **FBCD**, 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 **FBCD**, 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.

Parent/Guardian Signature _____ Date _____

Printed Name _____



Attachment 5

Incident Report

Instructions

Complete this report under any of the following situations:

- A. A child becomes ill or receives an injury that requires First Aid or medical treatment while in your care;
- B. A child receives a bump or blow to the head or other visible injury regardless of treatment;
- C. A child is transported by ambulance from your facility;
- D. An unusual or unexpected incident occurs that jeopardizes the safety of a child, such as a child left unattended, there is a vehicle accident (with or without injuries), or a child is exposed to a threatening person or situation;
- E. There is an allegation or reasonable suspicion of abuse of a child; OR
- F. As otherwise required by any state licensing or other authority, such as childcare or daycare licensing.

Date of Incident:	Time of Incident:
Name and Approximate Age of Child Involved (One Report per Child):	
Contact Information for Child Involved: Parent/Guardian: _____ Address: _____ Telephone: _____ Email: _____	
Nature of Injury/Incident:	
Location of Incident:	
Description of Incident (Note: If an abuse allegation, note the Child's first words verbatim):	

Was the above information:

Reported to you by someone else? If so, who: _____

OR

Directly observed/witnessed by you?

Action(s) Taken: (Check all that apply.)

Provided First Aid What/When _____

Call placed to 911 By Whom _____

Taken to hospital By Whom _____

Notified Parent/Guardian Who/When: _____

Notified Church Official Who/When: _____

Notified Authorities Who/When: _____

Automobile accident Obtain for each vehicle involved:
Name of vehicle owner: _____
Name of vehicle driver: _____
Year of vehicle: _____ Make of vehicle: _____
Model of vehicle: _____
License plate/state of vehicle: _____
Insurance Company: _____
Insurance policy#: _____

Other _____

Witnesses to Incident:

Name: _____

Address: _____

Telephone: _____

Email: _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Printed Name of Person Completing This Report: _____

Position at the Church: _____

Address: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

Signature of Church Official: _____ Date: _____

WITNESS REPORT

Name: _____

Address: _____

Telephone Numbers:

Home: _____ Work: _____

Cell: _____ Email: _____

Date/Time of Incident:

Fully Describe What You Observed:

Anyone else you know who may have witnessed the incident?

Name: _____

Address: _____

Telephone: _____ Email: _____

Printed Name of Witness: _____

Signature: _____

Date Signed: _____