

CHILD PROTECTION POLICY/PROCEDURES DANIELL BAPTIST ASSOCIATION

PURPOSE

It is the purpose of the members and staff of the Daniell Baptist Association to provide a safe and secure environment for preschoolers, children, youth and mentally handicapped persons entrusted to our care. We do this to encourage those preschoolers, children, and youth and their families to grow in their relationship with God and one another.

A safe and secure environment includes a formal, written policy to help prevent the occurrence of child abuse. The following policy and procedures are for the protection of our preschoolers, children, youth, employees, volunteers and our entire association family of the Daniell Baptist Association.

SCOPE

This policy shall apply to all current and future workers, compensated and/or volunteer, who will have the responsibility of supervising the activities of preschoolers, children, youth, and mentally handicapped persons.

DEFINITIONS

* The term “counselor” refers to all adult leaders of camp, retreat, or other Association events.

* The term “child” refers to any person entrusted to our care at any Association event.

1. All counselors must be screened. They must submit an application that includes a permission form for criminal background checks. Results will be confidential, but may be reviewed by the applicant whose report was deemed unsatisfactory.
2. No one under eighteen (18) years of age will be able to function as a counselor.
3. Counselors are not to be alone with a child who is not their own. The two-adult rule will apply in every case.
4. All counselors must agree to abide by the attached “Code of Ethics.”
5. In the event of an allegation of counselor misconduct, the program coordinators will use the “Reducing the Risk Checklist” supplied to us by GuideOne Insurance Company, so that we might properly investigate the matter.
6. We (DBA) will help all who work with minors to understand the legal definitions of physical, emotional, and sexual abuse.

CHILD ABUSE REPORTING POLICY

Any person having cause to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect shall report the person's belief in accordance with this procedure. Non-accusatory reports shall be made to one of the following:

- Local Law Enforcement Agency
- Department of Family and Children Service (DFACS)

The report shall be made as follows:

- a. An oral report shall be made immediately upon learning of the abuse or neglect.
- b. If requested, a written report shall be made within five (5) days to the same agencies or departments.
- c. All reports must contain the name and address of the child, the name and address of the person responsible for the care of the child, if available, and any other pertinent information.

At the time a volunteer/employee of the Daniell Baptist Association first learns of the suspected abuse or neglect, they will also inform the Association's leadership. This will ensure that proper steps will be taken by the Daniell Baptist Association.

COUNSELOR CODE OF ETHICS AND EXPECTATIONS

While acting in the capacity of a Youth/Children/Preschool/Handicapped counselor of the Daniell Baptist Association, the following rules shall apply.

1. Smoking or using tobacco products in the presence of minors is prohibited.
2. Using, possessing, or being under the influence of alcohol, illegal, or illicit drugs will not be tolerated.
3. Counselors of minors shall not abuse such minors which include:
 - Any direct observations or evidence of sexual activity, abuse, insinuation or abuse, or evidence of abusive conduct towards a minor;
 - Sexual advances or sexual activity of any kind between any person and a minor;
 - Infliction or physically abusive behavior or bodily injury to a minor;
 - Physical neglect of a minor, including failure to provide adequate supervision in relation to the activities of the Daniell Baptist Association;
 - Mental or emotional injury to a minor;
 - The presence or possession of obscene or pornographic materials at any function of the Daniell Baptist Association;
 - The presence, possession, or being under the influence of any illegal, illicit drugs;
 - The consumption of or being under the influence of alcohol while leading or participating in a function for minors of the Daniell Baptist Association.
 - Failure to report any evidence of abuse to leadership.
4. Counselors must treat all people of all races, religions, and cultures with respect and consideration.
5. Counselors shall not use or tolerate the use of profanity in the presence of minors.

6. Counselors must be free of physical and psychological conditions that might adversely affect any minor's health, including, but not limited to, contagious disease.
7. Counselors will portray a positive role model for minors by maintaining an attitude of respect, loyalty, patience, courtesy, and maturity.
8. Counselors will be expected to act and react with Christian love and understanding in all situations.
9. Counselors will do everything in their power to avoid being put in a situation where they are alone with a minor other than their own son/daughter.
10. I understand that as a counselor with minors for the Daniell Baptist Association, I will be subject to a background check, including criminal history.
11. I understand that any violation of this code may be grounds for removal as a counselor.

Whether disclosed voluntarily or by result of the security background check, the following items will automatically disqualify a volunteer from participating in the leadership, sponsorship or supervising of any activities or programs with minors:

Any conviction for:

- Criminal homicide;
- Aggravated assault;
- Crimes related to the felony possession, use or sale of drugs or controlled substances;
- Sexual abuse;
- Sexual assault (rape);
- Aggravated sexual assault;
- Injury to a child;
- Incest;
- Indecency with a child;
- Inducing sexual conduct or sexual performance of a child;
- Possession or promotion of child pornography;
- The sale, distribution, or display of harmful material to a minor;
- Employment harmful to children;
- Abandonment or endangerment of a child;
- Kidnapping or unlawful restraint;
- Public lewdness or indecent exposure;
- Enticing a child.

All charges for these crimes or charges or convictions for any other crimes not listed above will be reviewed by the Director of Missions for interpretation of the criminal history record transcript and approved by the association for reviewing applicant transcripts. Only qualified persons (as stated above) may view information obtained on the criminal history record transcript.

REDUCING THE RISK APPLICATION CHECKLIST TO BE COMPLETED BY CLERGY/DIRECTOR

In the case of an allegation of child/youth sexual abuse, the volunteer or clergy staff person who observes or to whom the information is given is required by Daniell Baptist Association and by the state law to complete the tasks listed below. Date and initial as each step is completed.

Date: _____	Initial: _____	1. For clergy/directors, and paid staff: remove the accused from the situation and suspend the accused from duties involving children/youth.
Date: _____	Initial: _____	For volunteers: Remove the accused from the situation and immediately notify the closest available clergy/directors or staff person who will suspend the accused. If the clergy/staff person to whom the allegation is reported is not the department director, the person reporting will inform the director as soon as possible.
Date: _____	Initial: _____	2. Make written documentation of everything done and said. If the person reporting the allegation is a volunteer, both the volunteer and the clergy/professional staff to whom the volunteer has reported will document the procedures taken.

The procedures after this point will be administered by ministerial staff persons only.

Date: _____	Initial: _____	3. Immediately notify the parents/guardians of the alleged victim and respond to their questions and concerns.
Date: _____	Initial: _____	4. Immediately notify state authorities. Failure to report any suspected, alleged or witnessed abuse is a crime.
Date: _____	Initial: _____	5. Immediately notify the minister in charge.
Date: _____	Initial: _____	6. Make written documentation of persons contacted and action taken to this point.

Date: _____	Initial: _____	7. The clergy/professional staff person will immediately notify the Director of Missions to begin the internal and pastoral care process.
Date: _____	Initial: _____	a. notify the insurance carrier of the incident immediately and comply with its investigation, if any;
Date: _____	Initial: _____	b. cooperate with legal and state authorities in their investigations, if any;
Date: _____	Initial: _____	c. The Director of Missions will prepare a written statement and will respond to media inquiries;
Date: _____	Initial: _____	d. provide assistance to the alleged victim and his/her family in obtaining counseling or referral to a mental health professional, if needed;
Date: _____	Initial: _____	e. respond to the needs of the families of the alleged victim and the accused to seek a redemptive solution for all involved;
Date: _____	Initial: _____	f. inform the affected volunteer(s) and paid staff members of the need for confidentiality, and;
Date: _____	Initial: _____	g. consider and respond to the concerns of other parents.
Date: _____	Initial: _____	8. The director of the affected ministerial area will respond to the pastoral care concerns of persons within the department.
Date: _____	Initial: _____	9. Within five (5) days of the alleged abuse, the clergy/professional staff person who made the original report will prepare a written report and send one copy to the state agency and will give one copy to the Director of Missions
Date: _____	Initial: _____	10. Make written documentation of persons contacted and action taken.

INCIDENT REPORT FORM

Reason for report _____

Date of incident _____ Class _____

Title _____

Name(s) and Age(s) of Minor(s) _____

Quote the child's first words verbatim: _____

Briefly describe what happened: _____

What action did you take? _____

Has the incident been resolved? yes no Explain: _____

Were there any witnesses? yes no Names: _____

Signatures of witnesses (if possible): _____

Report submitted to: _____

**SCREENING FORM FOR THOSE WORKING WITH MINORS
OR MENTALLY HANDICAPPED**

This form is to be completed for any position (paid or volunteer) involving the supervision or care of minors or the mentally handicapped. This is being used to provide a safe and secure environment for the activities or programs of the association.

Name

Last	First	Middle	Maiden
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ID or DL# _____ Date of Birth _____
(Identity MUST be confirmed with a driver's license or DPS identification card.)

Present Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Occupation _____ Work Phone _____

If less than one year:

Previous Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Occupation _____ Work Phone _____

Have you ever been arrested for, charged with, under probation for, or convicted of either sexual or physical abuse? ____yes ____no. If yes, please explain

Personal References (3)

Name

Address

Telephone

An attachment of a photograph of the applicant will be made to this document if approved as a volunteer or paid staff member of Daniell Baptist Association. Photographs shall be updated every 3 years or as needed.

WORKER'S STATEMENT

The information contained in this screening form is correct to the best of my knowledge. I authorize any references to give you any information, including opinions, which they may have regarding my character and fitness for work with minors or the mentally handicapped. Each reference will be asked to submit the name of one person to be used as a reference. In consideration of the receipt and evaluation of this application by Daniell Baptist Association, I hereby release any individual, church, youth organization, charity, employer, reference, or any other person or organization, including record custodians, 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 compliance or any attempts to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me or my references in this screening form.

Should my application be accepted, I agree to be bound by the Bylaws and Policies of Daniell Baptist Association and to refrain from unscriptural conduct in the performance of my services on behalf of Daniell Baptist Association.

I further state that I have carefully read the foregoing release and know the contents thereof; and sign this release as my own free act. This is a legally binding agreement which I have read and understand.

Print Name _____ Date _____

Applicant's Signature _____

Print Witness Name _____ Date _____

Witnesses' Signature _____