

LIVING SAVIOUR LUTHERAN CHURCH

6817 Carmel Road • Charlotte, NC 28226-3904 • (704) 542-3626

Child Protection Policy

Introduction

Living Saviour Lutheran Church (LSLC) believes that every child has at all times and in all situations, a right to feel safe and protected from any situation or practice that results in their being physically or psychologically damaged.

This Child Protection Policy is prepared for the orientation of all church employees, members and others who are involved with children in the church environment. This policy provides guidelines on how to maintain a secure and safe environment within which every child can feel comfortable and can flourish.

I. Policy

A. Working with Children

1. Meetings, rehearsals, or gatherings involving children (those under 18) should be held in rooms with windows in the doors, or with open doors, with at least one adult in attendance. Two is recommended whenever possible.
2. Except in an emergency situation, clergy, leaders, choir directors, or teachers will not drive children home unless parents give permission.
3. Regular church attendance as a member or non-member planning to join the church will be a requirement prior to volunteer service with children in church related activities.
4. After church events, care will be taken to release children to parents or other prearranged individuals.
5. Exceptions to the aforementioned should be addressed to the Congregation Council President and issues will be addressed as soon as possible.
6. LSLC will not knowingly permit offenders of domestic violence or child abuse to work with children.

B. Staff Orientation and Screening

1. The Chairperson of the Personnel Committee (Chair-PC) will see that background checks are conducted on *paid staff*. The background check will include screening for both criminal history (arrests and convictions), drug and alcohol abuse, and complaints for child abuse and neglect through Child Protective Services.
2. The Chair-PC will require references and follow up with contacts before hiring staff who work with children.
3. Adults who work with children will sign a form that:
 - a. indicates they have read, understand, and agree to follow the Child Protection Policy of Living Saviour Lutheran Church, and

- b. states that they have no convictions for child abuse, neglect, drug and alcohol abuse, or domestic violence.
 - 4. The Chair-PC or designee will conduct policy orientation when requested. All new volunteers should go through this orientation as soon as possible.
- C. Classroom Accessibility**
 - 1. Classrooms will have doors with windows, or doors will remain open when in use.
 - 2. Any room where children may be gathered may be entered at any time without prior notice.
- D. Child Protection Awareness Training**
 - 1. Information will be given to all individuals who work with children about signs of abuse and the correct procedures to follow in possible abuse situations, including information that may be available through Child Protective Services.
 - 2. Information will be given to all individuals who work with children about appropriate approaches to disciplining children and youth. Corporal punishment or verbal abuse may not be used at any time.
 - 3. The Christian Education Committee will provide this annual training.
- E. Designated Person**
 - 1. The Church has a designated person(s) who takes on responsibility for handling child protection issues. The church Personnel Committee will choose the designated person(s). The designated person(s) will have undergone appropriate training and have knowledge and skills in recognizing and acting upon child protection concerns.
 - 2. The roles and responsibilities of the designated person will be to:
 - a. Ensure that the local Child Protection Laws and Procedures are followed as described in Section II of this policy.
 - b. Ensure all staff and volunteers know to pass on their concerns to the designated person(s).
 - c. Act as a source of expertise and advice within the church.
 - d. Co-ordinate action within the Church to deal with child protection issues.
 - e. Contact the Council President in the event of a child protection issue and decide whether an immediate referral is necessary. Advice may be sought from Social Services about the need for a referral.
 - f. Forward any Social Services reports arising from a verbal referral to the Council President and open up a confidential file on each issue.
 - g. Pay particular attention to the physical, social and emotional development of any child identified as being at risk.
 - h. Develop an effective working relationship with other agencies as needed.
 - i. Attend child protection conferences as appropriate.

II. Child Protection Procedures

A. Communication

1. All staff members and others who work with children are issued a copy of LSLC's Child Protection Policy. This policy also covers Dealing with Disclosure in Section VI and must be emphasized. Parents are informed of the church's duties and responsibilities under the Child Protection Policy.

B. When Child Abuse is suspected

1. According to Federal law, Child Abuse and Treatment Act of 1974, any person who is paid to care for children on a routine basis has an affirmative duty to report suspected child abuse immediately to the local Child Protective Services (704-336-3150).
2. If any volunteer or member of staff is concerned about a child, he or she must inform the Designated Person immediately. In the absence of the Designated Person, the Council President must be informed.
3. The person contacted must make notes about the concerns as quickly as possible.
4. All procedures followed in handling the allegation will be documented.

C. Informing the congregation

1. The congregation will be informed about the purpose and contents of the policy every two years.
2. The policy will be placed on the church web site and hard copies made available upon request.

D. Periodic Review of the Policy and Procedures

1. The Child Protection Policy and Procedures will be reviewed and updated as needed at least annually by the Personnel Committee.

III. Church Commitment

Living Saviour Lutheran Church will meet their commitment to safeguard children through the following means:

Awareness

Ensuring that all staff and volunteers are aware of the problem of child abuse and risks to children.

Prevention

Ensuring through awareness and good practice, that staff and volunteers minimize the risk to children.

Reporting

Ensuring that staff and volunteers are clear what steps to take where concerns arise regarding the safety of children

Responding

Ensuring that action is taken to support and protect children where concerns arise regarding possible abuse.

In order that the previous standards of reporting and responding are met, Living Saviour Lutheran Church will ensure that it will:

1. Take seriously any concerns raised.
2. Take positive steps to ensure the protection of children who are the subject of any concerns.
3. Support children, staff or other adults who raise concerns or who are the subject of concern.
4. Act appropriately and effectively in instigating and co-operating with any subsequent process of investigation.
5. Listen to and take seriously the views and wishes of children.
6. Work in partnership with parents/care person and/or other professionals to ensure the protection of children.

IV. Types of Abuse

The following definitions of abuse have been taken from the multi-agency code of practice 'Working together to Safeguard Children'.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, physical restraint, or otherwise causing physical harm to a child.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or endangered, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Sexual Abuse

Sexual abuse involves forcing or inciting a child or a young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or care person failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to a child's basic emotional well being.

V. When to be Concerned: Recognizing Signs of Abuse

It is not always easy to spot when children have been abused. However, some of the more typical symptoms, which should trigger suspicions, would include:

Physical Abuse

- Unexplained or untreated injuries
- Injuries on unlikely or unusual parts of the body.
- Cigarette burns, bites belt marks or scalds.
- Fear of parents being contacted, going home or receiving medical attention.
- Flinching when touched, refusal to discuss injury.
- Covering arms or legs.
- Aggressive or withdrawn behavior.
- Fear of one *person*.

Emotional Abuse

- Over-reaction to mistakes.
- Sudden speech disorders.
- Extremes of emotions.
- Self-mutilation.
- Poor personal hygiene.

Sexual Abuse

- Pain, itching, bruising or bleeding to genital areas.
- Stomach pains.
- Discomfort when walking.
- Unexplained source of money.
- Inappropriate sexual drawings/language/behavior.

Abuse by Neglect

- Constantly hungry.
- Inappropriate clothing or dress.
- Constantly tired, lonely, no friends.
- Under weight.
- No parental support or interest.
- Disheveled appearance.

VI. Dealing with a Disclosure

If a child discloses that s/he has been abused, the person being addressed should:

- Listen carefully to what the child says without displaying shock or disbelief.
- Accept what is being said.
- Allow the child to talk freely.
- Reassure the child but do not make promises, which it may not be possible to keep.
- Do not promise confidentiality – it may well be necessary to inform Social Services.
- Reassure the child that it is not his or her fault.
- Stress that it is right to tell.
- Listen; do not ask direct or leading questions.
- Do not criticize the perpetrator – the child may still love him or her.
- Explain what you have to do next.
- Thank him or her for confiding in you.

VII. Record Keeping

When abuse is disclosed or suspected the Designated Person must:

- Make brief notes as soon as possible giving quotes if they can be recalled.
- Dates and times should be recorded.
- Notes should be factual and precise.
- These notes must not be destroyed, even if a more detailed report is later written. They may be needed in court.
- Draw a diagram to indicate any marks or injuries observed.
- All Child Protection files are marked ‘Strictly Confidential’, and are kept separate from other Church records.
- Files are only accessible to the Chair-PC and designated people as referred to in this policy, in partnership with the Senior Pastor and any appropriate synodical contact. Parents do not have access to Child Protection files.
- The Church will keep Child Protection files for seven years.

VIII. Support

Dealing with child protection is always difficult and stressful. Members of staff should consider seeking support for themselves, initially from the Designated Person.

Handout for volunteers

What should I do if a child tells me s/he is being abused?

Always

- Stay calm – ensure the child is safe and feels safe.
- Show and tell the child that you are taking what s/he says seriously.
- Reassure the child and stress that s/he is not to blame.
- Be honest; explain you will have to tell someone else to help stop the alleged abuse.
- Make a note of what the child has said as soon as possible after the event. Be factual in your account of what the child has said.
- Maintain confidentiality – do not tell anyone who does not need to know.
- Inform the Designated Person of the disclosure immediately, if s/he is not available inform a member of the LSLC Personnel Committee.

Never

- Rush into actions which may be inappropriate
- Make promises you cannot keep.
- Interrogate the child.
- Show shock or disbelief.

Addendum 1 – Forms and Resources Supporting the Child Protection Policy

Internet & Local Resources for Criminal-Record Research

NC Sex Offender & Public Protection Registry (free)

<http://sbi.jus.state.nc.us/DOJHAHT/SOR/Default.htm>

FBI Links to state sex offender registries (NC, SC, & others – free)

www.nsopr.gov/

NC Department of Corrections Public Access Information System (free)

Search by name or ID number for public information on inmates, probationers or parolees since 1972. This system allows users to view and download any/all public information from the Department of Correction database for convicted offenders. Also includes information on inmate releases and escapees.

<http://webapps6.doc.state.nc.us/apps/offender/menu1>

Federal Bureau of Prisons Inmate Locator (free)

http://www.bop.gov/inmate_locator/index.jsp

Prison Inmate Search (free)

Links to Inmate Search for State Department of Corrections in various states

http://www.ancestorhunt.com/prison_search.htm#Prison%20Inmates%20Search%20by%20State

NC Driving Record (release required):

Cost is \$11 for a certified complete history, or \$8 for an uncertified history

Forms are at www.ncdot.org/dmv/other_services/recordsstatistics/copyDrivingRec.html

Local Criminal Record Check

Available for \$10 from:

Clerk of Superior Court

Criminal Department

Room 4401

700 East 4th Street

Charlotte, NC 28206

Send a letter requesting the criminal-record check and giving the person's name, address and date of birth, along with any other names used (including maiden name). Include a check for the \$10 fee plus a stamped, self-addressed envelope.

Volunteer Information Sheet

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Occupation: _____

Do you have a valid driver's license? _____

Do you have vehicle liability insurance? _____

(Name of carrier) _____

Have you ever been charged, convicted of, or pleaded guilty to a crime, a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)? Yes No

If yes, please explain fully: _____

Reference: Person must not be related to you by blood or marriage and be someone you have known for at least three years.

1. Name: _____
Address: _____
Daytime Phone: _____
Evening Phone: _____
Length of time you have known reference: _____
Relationship to reference: _____

Please note that this information will be held confidential and filed with the church administrator for use by church staff only. Access by other church members would require your permission.

Ministry Promise

The information contained in this volunteer information sheet form is correct to the best of my knowledge. I understand the importance of protecting our children, our adults, and our ministry here at Living Saviour Lutheran Church. I authorize the church to contact any and all references I have listed on this volunteer information sheet. They are authorized to give the church any and all information they deem relative to the position I will be serving in.

Should I serve in any volunteer position within the congregation, I agree to be bound by the Bylaws and Policies of the church and to refrain from unscriptural conduct in the performance of my services on behalf of protecting my brothers and sisters in Christ for the sake of the Gospel.

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 _____

Volunteer's Signature _____

Print Witness Name _____ Date _____

Witness's Signature _____

Authorization and Request for Criminal Records Check

I, _____, hereby authorize Living Saviour Lutheran Church to request the appropriate authorities (federal, state or local law enforcement agencies) to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said law enforcement departments from all liability that may result from any such disclosure made in response to this request. I understand that the background check will be at the discretion of the Personnel Committee.

Signature: _____ Date: _____

Print Full Name: _____

Print all other names that have been used by applicant (if any):

Date of Birth: _____ Place of Birth: _____

Social Security Number: (if required) _____

Driver's License Number: _____ Issuing State: _____

License Expiration Date: _____

For office use only

***This form should be completed for paid and volunteer staff.

Form for Reference Check

Applicant Name: _____

Reference Name: _____

Reference Address: _____

Reference Phone: _____ Email: _____

- What is your relationship to the applicant?
- How long have you known the applicant?
- How well do you know the applicant?
- How would you describe the applicant?
- How would you describe the applicant's ability to relate to children and/or youth?
- How would you describe the applicant's ability to relate to adults?
- How would you describe the applicant's leadership abilities?
- How would you feel about having the applicant as a volunteer/paid worker with your child and/or youth?
- Do you know of any characteristics that would negatively affect the applicant's ability to work with children and/or youth? If so, please describe.
- Do you have any knowledge that the applicant has ever been convicted of a crime? If so, please describe.
- Please list any other comments you would like to make.

Completed by: Name _____ Date _____

Personnel File Check List

Name of Applicant: _____

Date of Application: _____

Position Applied for: _____

Employment Application or Volunteer Interest Sheet

Initial Interview

Criminal Records Check Authorization

Criminal Records Check Results

Reference Check Forms Returned from:

Hire Decision: Hire Date: _____ Rejection Date: _____

Photograph

Copy of Driver's License

Copy of Social Security Card (Paid staff only)

Church Membership Status Updated

TRAINING COMPLETED

Guidelines for Adults Working with Children

Policy and Procedure Manual Given

Policy and Procedure Manual Signed

Emergency Plan Covered

Addendum 2 – Traveling with Children on Church Related Activities

Although families are responsible for transporting children to and from church related activities, there are certain occasions such as mission trips, retreats and activities involving group travel that this is not possible. To ensure the safety of the children beyond the scope of the Child Protection Policy, further steps and information preparation are required. These steps and any associated forms are detailed below.

- Activity leaders should not room with children. If this must be the case based on housing, there must always be more than one child in the room, and a permission slip should be signed by the parent.
- For all events and outings, a Permission Slip and Assumption of Risk Waiver and Release Form must be signed by the Parent and Child. Adults associated with the event should also sign the waiver.
- A Health Form and Consent to Seek Treatment Form must be completed for each child that is expected to participate in outings from the church. This form, completed by the parent is kept on file at the church and should be renewed every September. This form must be notarized for treatment to be administered.
- Accident Report Forms should be completed within 24 hours of all accidents, and filed in the church office. This includes accidents involving adults.
- For all mission trips and retreats, an Emergency Plan should be completed with the correct information and given to the adult leaders.
- For all outings, the appropriate forms mentioned above for each child attending should accompany the adult leader as well as some accident forms. The Health Form must be returned to the church office upon return.

Samples of the forms follow.

Permission Slip, Waiver & Release Agreement

Church: Living Saviour Lutheran Church

Address: 6817 Carmel Road, Charlotte NC 28226-3904

Phone: (704) 542-3626

Date(s) of Activity/Trip: _____

Destination: _____

Activity Description: _____

Means of Transportation: _____

I, _____ parent/guardian of _____ give my child permission to participate in all activities of Living Saviour Lutheran Church (LSLC) on the above dates. I understand that I/my child will be participating in activities that are grounded in Christian education, character building, team building, and spiritual growth.

In consideration of my child's participation in the above event, I hereby waive for myself, my child, heirs, administrators and assigns all claims for damages against Living Saviour Lutheran Church and its employees, volunteers, representatives, successors, assigns and all others associated with said church for all injuries and /or losses suffered arising out of the event/activity my child is participating in. I hereby hold the above church and it's employees, volunteers, representatives, successors and assigns harmless from any and all liability of whatever nature which may arise out of or result from such participation.

I have carefully read this agreement and understand its contents.

Parent/Guardian's Signature: _____ **Date:** _____

Child/Participant's Signature: _____ **Date:** _____

Health Form and Consent to Seek Treatment

Participant's Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Name of Parent/Guardian: _____

Relationship to Participant: _____ Phone: _____

Work Phone: _____ Cell Phone: _____

Name of Parent/Guardian: _____

Relationship to Participant: _____ Phone: _____

Work Phone: _____ Cell Phone: _____

Insurance Information

Insurance Carrier: _____

Policy Number: _____

Policy Holder: _____

Phone Number of Insurance Carrier: _____

Physician Information

Family Doctor: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Allergy to: _____ Medications: _____

Procedure for exposure: _____

Allergy to: _____ Medications: _____

Procedure for exposure: _____

Allergy to: _____ Medications: _____

Procedure for exposure: _____

Other Medications: _____

Has the participant had surgery in the past year? _____

If yes, what type: _____

Please provide any other information the Church staff and volunteers may need to know about you/your child:

I _____ Parent/Guardian of _____

give the staff and volunteers of Living Saviour Lutheran Church permission to assess any accident, illness, or injury that may occur to myself/my child while participating in activities/trips. I also give them permission to seek medical treatment for me/my child if their assessment of the situation deems treatment/medical attention is necessary. I understand that I will be contacted and notified of any treatment/medical attention as soon as the situation allows.

Parent/Guardian's Signature: _____ **Date:** _____

Child/Participant's Signature: _____ **Date:** _____

***** This Form Must Be Notarized. Church administrator is authorized to do this.*****

(Please resubmit this form if health or insurance information changes)

Accident Report Form

PLEASE PRINT THIS INFORMATION IN DARK INK

***ONLY PROVIDE FACTS, NOT YOUR BELIEFS ABOUT WHAT YOU THINK HAPPENED.

DATE OF ACCIDENT: _____ TIME OF ACCIDENT: _____

Name of participant injured: _____ Age: _____

Address of participant injured: _____

Location of accident: _____

Parent or guardian: _____

Phone: _____ Work Phone: _____

Name of person(s) who witnessed the accident:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Describe the accident: _____

Who was contacted: _____

When: _____

By Whom: _____

Emergency Plan

EMERGENCY PROCEDURES...are a necessary aspect of any event, gathering or retreat. This is an outline that can be printed prior to events or retreats, and the appropriate contacts included.

GENERAL GUIDELINES CONCERNING EMERGENCIES

1. Give emergency treatment to injured youth. Don't give first aid beyond your training.
 - a. If necessary based on your location, send someone for help:
 - i. If there are enough staff, send a staff person/adult for help.
 - ii. If there is not enough staff, send two capable youth for help.
 - Make sure you have instructed them on who to talk to and how to find them.
2. Keep other participants safe.
3. Continue regular activities.
4. Cooperate with public authorities, but give no information beyond that required.
5. Jot down a list of witnesses. Include names, addresses, and telephone numbers. Provide this list to the pastor or his or her designee.
6. The lead staff person ONLY will contact parents, insurance company, media, and attorneys.
7. DO NOT ALLOW YOUTH, YOURSELF, OR OTHER STAFF TO USE THEIR CELL PHONES TO CALL ANYONE BUT THE LEAD STAFF PERSON AND EMERGENCY PERSONNEL. Ministries are destroyed by innocent calls of fear and concern to parents and friends in other locations. Incidents can be taken out of context and made larger than they are at the time. Only the church designee can contact anyone other than emergency personnel. No exceptions.

EMERGENCY CHAIN OF COMMAND (who's in charge if an emergency strikes)

1. Lead Staff Person: _____ Phone: _____
2. Staff Person: _____ Phone: _____
3. Staff Person: _____ Phone: _____
4. Staff Person: _____ Phone: _____

EMERGENCY PLAN

General Procedures to be applied in all emergency situations.

1. The highest person available on the chain of command or other appointed personnel will:
 - a) call 911 to request the proper help.
 - 1) State the nature of the emergency.
 - 2) Give directions to the location of the emergency.
 - b) Dispatch someone to the appropriate location to guide emergency personnel to the site of the emergency. Only emergency vehicles should be allowed in the vicinity.
2. Issue the "all clear" signal when appropriate to do so.
3. Complete the "Accident Report Form" within 24 hours of the accident or emergency.

ALWAYS CARRY WITH YOU (You will need a & b for each participant.)

- a) Notarized Health History, with emergency contact information, and Consent to treat.
(It is the responsibility of the parent/guardian to have the forms notarized).
- b) Permission Slip and Assumption of Risk, Waiver & Release Agreement.
- c) Emergency Plan Cards for each adult.