

Policy 605 Safe Church Policy

Drafted: 10/28/21

Adopted: 10/31/21

The Church of Apostles, UCC, is committed to creating and maintaining programs, facilities, and a community in which members, friends, clergy, employees, and volunteers worship, learn and work together in an atmosphere full of God's love. As a congregation, Church of Apostles UCC, supports principles of individual responsibility and guides each of us to fulfill the highest standards of personal behavior toward others.

The Congregation shall affirmatively nurture safe conduct, prevent and correct behavior that is contrary to this policy and, as necessary, discipline those who violate this policy. To that end, every employee and volunteer is required to read this policy and acknowledge that fact upon undertaking work on behalf of Church of Apostles, and at annual intervals thereafter. (See *Appendix A*). The Education Commission will be responsible for obtaining clearances for volunteers with children and youth. The Executive Committee will be responsible for obtaining clearances for all staff. The records will be kept confidential and filed with the Senior Pastor.

Sexual Abuse can take the form of inappropriate sexual contact or interaction for the gratification of the actor who is functioning as a caregiver and is responsible for another's care, be that child, youth or adult. It includes assault, exploitation, molestation or injury. Church of Apostles does not permit such behavior at any of its facilities, or activities sponsored by or related to it. In order to make this "zero-tolerance" policy clear to all church members, employees, volunteers, and family members, the following actions are in place.

All reports of suspicious or inappropriate behavior between any employee or volunteer and a person in their care will be taken seriously and confidentially. Church of Apostles, UCC, recognizing its position as mandatory reporter in Pennsylvania, will fully cooperate with authorities if allegations of abuse are made that require investigation. See Section III Response to Allegations.

SECTION I: PREVENTION:

Criminal Background Checks

Prior to working with any children and youth, all staff of Church of the Apostles will complete the Legal Disqualifiers Affirmation (See *Appendix B*) and an Affirmation of Legal Residence (See *Appendix D*) included here. All employees will request and submit a report Child Abuse Clearance from Child Welfare Information Service, a criminal history information from the Pennsylvania State Police History Clearance, and a FBI fingerprinting clearance at the beginning of their employment. These are required to be updated every three years during the time of employment.

Prior to approval as a volunteer with children and youth in any program affiliated with the Church of Apostles, applicants shall submit a Legal Disqualifiers and Education Affirmation (See *Appendix C*). They will also request and submit a Child Abuse Clearance from Child Welfare Information Service and a criminal history clearance from the Pennsylvania State Police Criminal History Clearance. That report shall be free of any offense which is designated under any protective service statutes. It will remain in confidential Church files, and will be

updated every three years. (See Appendix E for websites and directions.) All applicants must also complete an Affirmation of Legal Residence form prior to beginning. If the volunteer has not resided in Pennsylvania for more than 10 years, a FBI fingerprinting clearance will also be required.

Training

All employees, and volunteers with any program affiliated with the Church of Apostles will complete at the beginning of their service the Abuse to Risk Management and Prevention of Abuse modules offered through the Praesidium Academy or its equivalent which may include PA Department of Education or PA Department of Human Service training, and produce proof that they have completed it which will be kept on file. Such training shall be refreshed annually by staff and volunteers. Trainings will include becoming familiar with the symptoms of child abuse and neglect, including physical, sexual, verbal and emotional abuse as well as the obligations of state-mandated reporters and how to make a report. In-house trainings on this policy will be given to staff and volunteers yearly so those affected may know our policy and where to find it if they have a question. (See Appendix F)

SECTION II GUIDELINES

At least two unrelated volunteers must be present when working with children and youth unless a one-to-one interaction is required (see the item addressing this below).

At least one volunteer must be age 18 or older. The 2nd may be between ages 14-18. Prior to approval, the volunteer must be a member of Church of the Apostles for a minimum of 6 months. For teachers and students of the Apostles Academy of Arts & Sciences, windows are located in each of these classrooms so the student may be visible from the hallway. Parents and guardians are encouraged to use this as a way to insure their child's safety and well-being.

Children, Youth, and Adults, regardless of race, age, sex, or religion will be treated with respect at all times.

No person shall be subject to the following or similar behaviors:

Physical abuse: hitting, spanking, shaking, slapping, unnecessary restraint, separation.

Verbal abuse: degrading, threatening, name-calling, cursing

Sexual abuse: inappropriate touching, exposing oneself, sexual verbalizations

Mental abuse: shaming, humiliation, cruelty

Neglect: withholding food, water, shelter

Observe and Record any “red flags” of abuse: Church of Apostles, UCC, its employees and volunteers are mandatory reporters of abuse under Pennsylvania State Law. Any of the following requires confidential reporting to ChildLine:

Physical evidence of abuse includes, but is not limited to: deep, unusually placed, or recurrent bruises; difficulty walking or ambulating normally; stained, bloody or torn underwear; genital pain or itching; sexually transmitted disease.

Behavioral signals include, but are not limited to: fear or reluctance about being left in the care of a particular person; recoiling from touch; bundling oneself in excessive clothing, particularly when temperature does not match the action; discomfort or apprehension when sex is referred to or discussed; fear of the night, and/or darkness.

Appropriate physical interactions include: (unless individual objects to such action) side hugs, shoulder to shoulder hugs, pats on shoulder or back, “high fives”, “fist bumps”, holding hands when escorting children.

Inappropriate physical interactions are: any form of attention unwanted by either party; full frontal hugs; kisses; lap sitting; tickling; any massage; comments relating to physique, body development; touching bottom, chest, genital area.

Appropriate verbal interactions include: positive reinforcement, encouragement, praise, conversation about the activity at hand.

Inappropriate verbal interactions are: name-calling, secrets, cursing, belittling, derogatory remarks about others, harsh language or tone which may frighten, intimidate, or humiliate.

One-on-one interactions shall take place in view of others. Both individuals shall be within view of the classroom door window, or open door. Inform others of any one-on-one meeting. (e.g. Post schedule of lessons, student, times, with supervisor) Tell someone (another employee, volunteer, or child’s parent) that you are alone with a child, youth, adult, and ask that they randomly drop by. This practice is required for each one-on-one activity, even if recurrent.

Electronic Communications between employees, volunteers and program participants must be transparent and appropriate. It is appropriate to send or reply to emails and text messages with children and youth ONLY when copying the supervisor and a parent. It is appropriate to use “organization group pages” on Facebook or other approved public forums. Employees and volunteers should separate their “personal” electronic communications, profiles, from those used with children, youth. Inappropriate electronic communications include “Friending” which allows anything posted to be read by the “friend”; private messages; posting inappropriate pictures, comments; any harsh, coercive, threatening, demeaning messages sent, or shared will result in immediate termination of employment or volunteer service.

Off-site, overnight activities require special attention. Written permission from the parent shall be obtained and on file. It shall include drop-off and pick-up sites and times. At least one adult female and male chaperone from Church of the Apostles UCC will always be present for all overnight events if children/youth from both genders are participating. These adults will be unrelated adults by birth or marriage. Parental consent is required for all off-site and overnight events. (*See sample Appendix G*)

Bathroom Procedure will be that only approved adult/youth (14 and older) volunteers will give bathroom assistance to the children in our church. Those individuals should take children to the bathroom in groups of two or more whenever possible. The stall/bathroom door should

remain open if assistance is required. If the child can assist themselves the door may be closed with the adult worker outside of the door. If diapers need to be changed, only approved volunteers may assist with another adult present.

Nonverbal or relational bullying when one person manipulates a relationship or desired relationship to harm another person. This includes social exclusion, friendship manipulation, or gossip. This type of bullying also includes intimidating another person by using gestures.

Cyberbullying is the intentional and overt act of aggression toward another person by way of any technological tool, such as email, instant messages, text messages, digital pictures or images, or website postings (including blogs). Cyberbullying can involve:

- sending mean, vulgar, or threatening messages or images
- posting sensitive, private information about another person
- pretending to be someone else in order to make that person look bad
- hazing which is defined as an activity expected of someone joining or participating in a group that humiliates, degrades, abuses, or endangers that person regardless of that person's willingness to participate
- sexualized bullying which is defined as involving behaviors that are sexual in nature such as sexting, exposing private body parts as a means of intimidation, and verbal bullying through sexualized language or innuendos.

Examples of Suspect or border-line inappropriate behavior include: seeking private time or one-to-one time when not required, gifting individual children or youth, suggestive comments, and picking favorites.

Gift Giving

Molesters routinely groom consumers by giving gifts, thereby endearing themselves to a potential victim. They might instruct the child, youth or adult to keep the gifts a secret, which then starts teaching the potential victim to keep secrets from parents/guardians. For this reason, employees and volunteers should only give gifts to groups of consumers, and only under the following circumstances:

1. Pastoral leadership or Executive Committee must be made aware of and approve the gift.
2. Parents/guardians must be notified.

Crisis Plans for in the event of:

Active Shooter: Our Preschool classrooms all contain windows to the outside and a window on the door. There are fabric blinds which can be dropped in the event of an active shooter and the teachers are instructed to hide the children, youth or adults under furniture and as close to the ground as possible, preferably out of view from the shooter. The preschool's policy is to get the children out of the building by going out the windows. In the sanctuary, anyone present would be encouraged to go under the pews or move toward one of the other exits. During worship, all outside doors except those at the main lobby are locked and the Sound Booth door is locked during worship to prevent an active shooter from getting to that more advantageous place for damage.

Fire: Our Preschool practices fire drills monthly and our alarm is monitored to call the fire department if it is activated without being told of a drill. Maps are located around the building that indicate the closest door to use to leave the building as quickly and safely as possible.

Tornado: In the event of a tornado, all would be directed towards the restrooms, closets and interiors walls away from windows.

Loss of Power: We have a backup generator and emergency lighting system to provide some light so that those within the building can maneuver safely to an exit and leave the building.

SECTION III RESPONSE TO ALLEGATIONS

Report: Any employee, volunteer, member who learns of breeches to these policies must follow the **COA Procedures for Reporting Suspected Child Abuse** (*See Appendix I*) by reporting it to ChildLine or in the event that it is not about abuse, to the pastoral staff and/or Executive Committee.

Investigation: Conducted by the appropriate agency.

Action: Church of Apostles, UCC, reserves the right to place the party named in the incident on an involuntary leave of absence or reassigning that party to responsibilities that do not involve personal contact. Substantiation of allegations will result in appropriate disciplinary action which may include, but is not limited to, termination of the actor's relationship to Church of the Apostles, UCC.

Confidentiality: To the fullest extent possible, but consistent with our legal obligation to report suspected abuse to appropriate authorities, Church of Apostles, UCC, will endeavor to keep the identities of the alleged parties and investigation subject confidential.

Retaliation Prohibited: We prohibit any retaliation against anyone, including an employee, volunteer, member, student or individual, who in good faith files a report. Anyone who retaliates against someone who has made a good faith allegation of abuse, or anyone who intentionally provides false information, will be subject to discipline, up to and including termination of employment or relationship.

Intentionally false or malicious accusations of sexual abuse are prohibited. The confidential record of the incident in such case shall be open to challenge and action as false reporting.

APPENDIX A: SAFE CHURCH POLICY 605

Acknowledgment of Safe Church Policy and Procedures:

I have read, and agree to comply with Church of the Apostles, UCC, policies regarding prevention of abuse and response to allegations.

I have requested the required Criminal Background Check. (Appendix B) I understand that it will be on file, and must be renewed in three years.

I have taken the required risk management course: _____
Insert name of course

I understand that the training is to be updated in three years.

Signature of Employee/Volunteer

Date



APPENDIX B

DISCLOSURE STATEMENT APPLICATION FOR EMPLOYMENT, INCLUDING PROVISIONAL EMPLOYMENT

Required by the Child Protective Service Law 23 Pa. C.S. Section 6344 (relating to employees having contact with children; adoptive and foster parents)

This form must be completed, signed, and dated in the presence of a witness.

Today's Date: _____

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from employment as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or equivalent crime under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child) Section
4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children) Section
5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I must be dismissed from employment if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying employment or participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including termination or denial of employment.

I understand that certifications obtained for employment purposes may be used to apply for employment, serve as an employee, apply to volunteer and serve as a volunteer.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____

If the employee is a minor:

Parent/Legal Guardian Name: _____ Signature: _____

Date: _____

******FOR OFFICE USE ONLY******

Date received: _____ Date entered into system/filed: _____

APPENDIX C

Disclosure Statement and Education Affirmation for Volunteers
Working With Youth

Required by the Child Protective Service Law, 23 Pa. C.S. Section 6344 (relating to information relating to prospective child-care personnel). **This form must be completed, signed, and dated in the presence of a witness.**



Today's Date: _____

Initial each statement below:

_____ I hereby swear or affirm that I have not been named as a perpetrator of a founded report of child abuse or as an individual responsible for a founded report for a school employee as defined by the Child Protective Services Law.

_____ I hereby swear or affirm that I have not been convicted of any of the following crimes or the attempt, solicitation or conspiracy to commit any of the following crimes under Title 18 of the Pennsylvania Consolidated Statutes or equivalent crimes in another state or under Federal law:

- Chapter 25 (relating to criminal homicide).
- Section 2702 (relating to aggravated assault).
- Section 2709.1 (relating to stalking).
- Section 2901 (relating to kidnapping).
- Section 2902 (relating to unlawful restraint).
- Section 3121 (relating to rape).
- Section 3122.1 (relating to statutory sexual assault).
- Section 3123 (relating to involuntary deviate sexual intercourse).
- Section 3124.1 (relating to sexual assault).
- Section 3125 (relating to aggravated indecent assault).
- Section 3126 (relating to indecent assault).
- Section 3127 (relating to indecent exposure).
- Section 4302 (relating to incest).
- Section 4303 (relating to concealing death of child).
- Section 4304 (relating to endangering welfare of children).
- Section 4305 (relating to dealing in infant children).
- Section 5902(b) Felony (relating to prostitution and related offenses).
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
- Section 6301 (relating to corruption of minors).
- Section 6312 (relating to sexual abuse of children).

_____ I hereby swear or affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past three years.

_____ I understand that I will not be able to volunteer to work with youth if I am named as a perpetrator of a founded report of child abuse within the past five (5) years, or if I have been convicted of any of the crimes listed above.

_____ I understand that I will not be able to volunteer to work with youth if I have been named as the perpetrator of an indicated or founded report of child abuse or as an individual responsible for the injury or abuse in a founded or indicated report for a school employee.

_____ I understand that I will not be able to volunteer to work with youth if I have been convicted of a felony offense or have been convicted of a crime involving child abuse, child neglect, physical violence, or moral corruptness.

_____ I understand that if in the future I am a) arrested or convicted of a crime covered by state laws that limits contact with children, b) placed on the Pennsylvania state child abuse registry, c) or if I am otherwise named as a perpetrator of a founded report of child abuse, d) or convicted of any of the crimes listed on this form, then I must notify a member of the pastoral staff within 72 hours.

Is there anything else in your past that is not covered by the above statements, and that would prevent you from working with children? (circle one) YES NO

If you circled YES, please explain below:

I hereby swear/affirm that I have read this entire document, that the information above is true and correct to the best of my knowledge and belief, and that I understand the penalty for false swearing is a misdemeanor of the third degree pursuant to Section 4903(b) of the Criminal Code. **In addition, I hereby swear/affirm that I have read the entire Education for Volunteers Working With Youth document (available on the Church of the Apostles website and in hardcopy in the church office), and that I understand my responsibilities, outlined in this document, as a mandatory reporter.**

Print Name: _____ Signature: _____ Date: _____

Witness: _____ Signature: _____ Date: _____

******FOR OFFICE USE ONLY******

Date received: _____ Date entered into system/filed: _____

APPENDIX D

Affirmation of Legal Residence and Worksheet for Background Checks

Today's Date: _____

Effective July 1, 2015, all adults age 18+ who will work with youth, whether as paid employees or volunteers, are required to have several background checks performed **every three years**. The two Pennsylvania state checks are free for volunteers working with youth; Church of the Apostles will cover the cost for all other clearances.

Full Name: _____ Other/former name(s): _____

Street Address: _____

City, State, ZIP: _____ Social Security # _____

This has been my legal address since (month, year): _____

If this has been your legal residence for less than ten years prior to today's date, please list all other legal addresses over the past ten years on the back of this sheet.

Please sign and date the correct option below:

A. I have been a legal resident of Pennsylvania for ten or more years prior to today's date:

Signature: _____ Date: _____

OR

B. I have NOT been a legal resident of Pennsylvania for at least ten years prior to today:

Signature: _____ Date: _____

All volunteers and paid employees are required to complete the following background checks:

- A. The **Pennsylvania Child Abuse History Clearance (Form CY-113)**, obtained from the Department of Human Services at www.compass.state.pa.us/cwis (no cost for volunteers; can be completed entirely online); and
- B. The **Pennsylvania State Police Criminal History Check (Form SP4-164)**, obtained from the Pennsylvania State Police at <https://epatch.state.pa.us/Home.jsp> (no cost for volunteers; can be completed entirely online).

All volunteers who have been legal residents of Pennsylvania for less than ten years, AND all employees regardless of residence, are also required to complete.

- C. **FBI fingerprinting by Cogent**; go to https://www.pa.cogentid.com/index_dpwNew.htm and click on "Register online" under the "Registration" heading (can be paid for online)

_____ A. Date PA Child Abuse History Clearance form completed/submitted

_____ B. Date PA State Police Criminal History Check form completed/submitted

_____ C. (if applicable) Date PA FBI Fingerprinting application completed/paid for

_____ (if applicable) Date PA FBI Fingerprinting completed

If your current address has been your legal residence for less than 10 years, please list your previous address(es) below, going back to ten years before today's date:

Street Address: _____

City, State, ZIP: _____ From/To (mm/yy to mm/yy) _____ to _____

Street Address: _____

City, State, ZIP: _____ From/To (mm/yy to mm/yy) _____ to _____

Street Address: _____

City, State, ZIP: _____ From/To (mm/yy to mm/yy) _____ to _____

Street Address: _____

City, State, ZIP: _____ From/To (mm/yy to mm/yy) _____ to _____

City, State, ZIP: _____ From/To (mm/yy to mm/yy) _____ to _____

I hereby swear/affirm that the information above is true and correct to the best of my knowledge.

Name: _____ Signature: _____ Date: _____

*******FOR OFFICE USE ONLY*******

Date received: _____ Date entered into system/filed: _____

_____ A. Date PA Child Abuse History Clearance form received/filed

_____ B. Date PA State Police Criminal History Check form received/filed

_____ C. Date PA FBI Fingerprinting results received/filed (if not needed, write NA)

APPENDIX E CLEARANCE LOCATIONS

Church of Apostles will submit the attached on behalf of Employees and Volunteers, at no cost. Please come to our office to submit your application at:

<https://www.compass.state.pa.us/cwis/public/home>

For volunteers:

Pennsylvania Criminal Background Check is submitted at:

<https://epatch.state.pa.us/Home.jsp>

For employees and volunteers who have not lived with Pennsylvania for the last 10 years, a FBI fingerprinting clearance is needed. That is obtained by scheduling a time through:

<https://www.identogo.com/>

APPENDIX F: TRAINING RESOURCES

Training through the Praesidium Academy at <https://www.praesidiumacademy.com/>

An invitation to create a login will be sent to your email by a training administrator when you are hired or before beginning your volunteer work with our church.

Department of Human Services: <https://www.dhs.pa.gov/KeepKidsSafe/Pages/Trainings.aspx>

PA Family Support Alliance: <https://pafsa.org/mandated-reporter-training/>

APPENDIX G PERMISSION FORM SAMPLE

Over-night or Off-site Activity Permission Form

Required of all unaccompanied children/youth

Title of Event _____

Description of Event: DATE(S) _____ DAYS OF WEEK _____

START TIME _____ END TIME _____

Details of event to include: transport plans, activity plans, what participant should bring, what will be supplied, and estimated costs to individual

Contact/Sponsor _____
Group, Individual Coordinating *Phone*

DEADLINE FOR REGISTRATION/PERMISSION FORMS _____
date

detach- ----- here

I give my permission for my child to participate in _____
Name of event

Child's Name _____ Birthdate _____

Address _____ Parental Phone _____

Please use back of this permission slip to list any medical or other conditions we should know as we care for your child.

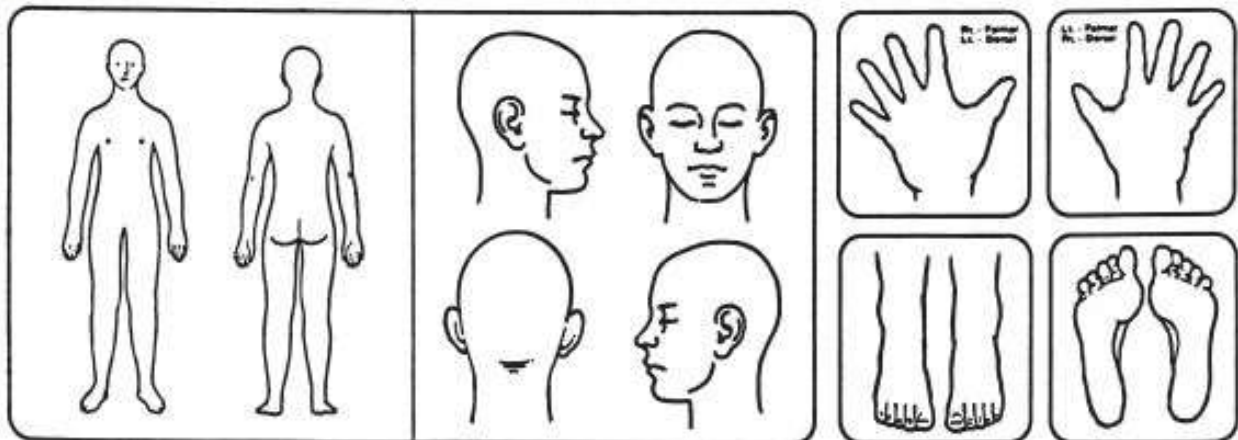
Signature _____ **Date** _____

Appendix H Copy of CY47 Reporting Form

REPORT OF SUSPECTED CHILD ABUSE (CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA CSA CHAPTER 63)

PLEASE REFER TO INSTRUCTIONS ON REVERSE SIDE. EXCEPT FOR SIGNATURE, PLEASE PRINT OR TYPE

1. NAME OF CHILD (Last, First, Initial)		SSN	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (State, City, State & ZIP Code)			COUNTY	
1A. PRESENT LOCATION IF DIFFERENT THAN ABOVE			COUNTY	
2. BIOLOGICAL/ADOPTIVE MOTHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
3. BIOLOGICAL/ADOPTIVE FATHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
4. OTHER PERSON RESPONSIBLE FOR CHILD		SSN	BIRTHDATE	RELATIONSHIP TO CHILD
ADDRESS (City, State & ZIP Code)		COUNTY		SEX <input type="checkbox"/> M <input type="checkbox"/> F
5. ALLEGED PERPETRATOR (Last, First, Initial)		SSN	BIRTHDATE	RELATIONSHIP TO CHILD
ADDRESS (City, State & ZIP Code)		COUNTY		SEX <input type="checkbox"/> M <input type="checkbox"/> F
NAME OF ALLEGED PERPETRATOR'S EMPLOYER AND EMPLOYER'S ADDRESS				
6. FAMILY HOUSEHOLD COMPOSITION (Excluding Above Names)				
NAME (Last, First, Initial)		RELATIONSHIP TO CHILD	NAME (Last, First, Initial)	
A.			D.	
B.			E.	
C.			F.	
ADDRESS WHERE THE SUSPECTED ABUSE OCCURRED			COUNTY	
DESCRIBE THE NATURE AND EXTENT OF THE SUSPECTED CHILD ABUSE, INCLUDING ANY EVIDENCE OF PRIOR ABUSE TO THE CHILD OR ANY SIBLING OF THE CHILD. ALSO INCLUDE ANY EVIDENCE OF PRIOR ABUSE BY THE ALLEGED PERPETRATOR(S) TO OTHER CHILDREN. PLEASE NOTE EXACT LOCATION OF THE INJURY(S) ON MODEL BELOW.			DATE OF INCIDENT	



7. ACTIONS TAKEN OR ABOUT TO BE TAKEN BY THE PERSON MAKING THE REPORT:			
<input type="checkbox"/> NOTIFICATION OF CORONER OR MEDICAL EXAMINER	<input type="checkbox"/> X-RAYS	<input type="checkbox"/> PHOTOGRAPHS	<input type="checkbox"/> HOSPITALIZATION
<input type="checkbox"/> POLICE NOTIFIED	<input type="checkbox"/> MEDICAL TEST(S)	<input type="checkbox"/> TAKEN INTO PROTECTIVE CUSTODY	<input type="checkbox"/> OTHER (Specify)
8. SAFETY CONCERNS AND RISK FACTORS:			
A. DESCRIBE THE CHILD(REN)'S PHYSICAL AND BEHAVIORAL HEALTH, GOOD MOOD AND TEMPERAMENT. DESCRIBE CHILD(REN)'S INTELLECTUAL FUNCTIONING, COMMUNICATION AND SOCIAL SKILLS, SCHOOL PERFORMANCE AND PEER RELATIONS. INCLUDE WHETHER THE CHILD(REN) HAS EXPRESSED ANY SUICIDAL/HOMICIDAL IDEATION OR PLANS.			<input type="checkbox"/> INFORMATION UNKNOWN
B. DESCRIBE HOW THE ADULT CAREGIVERS FUNCTION COGNITIVELY, EMOTIONALLY, BEHAVIORALLY, PHYSICALLY AND SOCIALLY. INCLUDE WHETHER THE ADULTS HAVE ANY MENTAL HEALTH, SUBSTANCE USE ISSUES AND/OR CRIMINAL HISTORY. DOCUMENT ANY PAST OR PRESENT DOMESTIC VIOLENCE. RECORD THE EMPLOYMENT STATUS/SOURCE OF INCOME AND WHETHER THERE ARE ANY FINANCIAL STRESSORS IN THE HOME. INCLUDE ANY SAFETY OR SANITARY CONCERNS REGARDING THE CONDITIONS OF THE HOME AND WHETHER THERE ARE WORKING UTILITIES. WHAT IS THE PRIMARY LANGUAGE OF THE HOUSEHOLD?			<input type="checkbox"/> INFORMATION UNKNOWN
C. DESCRIBE WHETHER THE CAREGIVERS HAVE THE APPROPRIATE KNOWLEDGE, EXPECTATIONS AND SKILLS TO PARENT THE CHILD(REN) ADEQUATELY. DOES THE CAREGIVER ADEQUATELY SUPERVISE THE CHILD(REN)? ARE THEY WILLING AND ABLE TO PROTECT THE CHILD(REN)? DESCRIBE THE ABILITY OF THE CAREGIVER TO EMPATHIZE, NURTURE AND ADVOCATE FOR THE CHILD(REN).			<input type="checkbox"/> INFORMATION UNKNOWN
D. DESCRIBE THE CAREGIVERS' APPROACH/METHODS OF DISCIPLINING THE CHILD(REN). DESCRIBE WHEN DISCIPLINE OCCURS AND WHETHER DISCIPLINARY METHODS ARE AGE-APPROPRIATE? ARE THERE ANY CULTURAL PRACTICES IN THE HOME THAT WOULD INFLUENCE THE DISCIPLINARY METHODS USED?			<input type="checkbox"/> INFORMATION UNKNOWN
E. PLEASE PROVIDE ANY ADDITIONAL INFORMATION RELEVANT TO THE INVESTIGATION PROCESS THAT HAS NOT ALREADY BEEN ENTERED IN THIS REFERRAL. THIS MAY INCLUDE ADDITIONAL ADDRESSES TO LOCATE THE CHILD OR PERPETRATOR, ADDITIONAL RESOURCES FOR THE CHILD, EMAIL ADDRESSES, INFORMATION ABOUT ANY WEAPONS IN THE HOME OR CONCERNS YOU MAY HAVE FOR THE CASEWORKER'S SAFETY.			<input type="checkbox"/> INFORMATION UNKNOWN

INSTRUCTIONS TO MANDATED PERSONS:

A mandated reporter making an oral report of suspected child abuse to the department via the Statewide toll-free telephone number (800-932-0313) must also make a written report, which may be submitted electronically, within 48 hours to the department or county agency assigned to the case by using this form. If needed, attach additional sheet(s) of paper to provide all of the requested information on this form.

NOTE:

If the child has been taken into custody, you must immediately contact the county children and youth agency where the abuse occurred.

REPORTING SOURCE:			
PRINTED NAME AND SIGNATURE:		DATE OF REPORT:	
ADDRESS:			
TITLE OR RELATIONSHIP TO CHILD:	FACILITY OR ORGANIZATION:	TELEPHONE NUMBER:	EMAIL ADDRESS:

CY 47 12/14

APPENDIX I - COA Procedures for Reporting Suspected Child Abuse

Effective July 1, 2015, as an adult volunteer working with youth, you are a “mandated reporter” under Pennsylvania law. This means that if you suspect that a child is the victim of abuse, or if someone else tells you that a specific child is the victim of abuse, you are required under law to report the suspected abuse to ChildLine IMMEDIATELY after learning of the suspected abuse. You are also required under law to file a report with ChildLine if an individual aged 14 years or older discloses to you that s/he has committed child abuse.

There are several things worth noting:

- 1) You are **not** responsible for investigating the abuse, or proving that a child was abused; you are only responsible for **reporting what you know** to ChildLine. ChildLine will turn over the information from your report to the appropriate authorities, who will handle the investigation and inform you of its outcomes.
- 2) All reports made to ChildLine are confidential.
- 3) Mandated reporters who follow the reporting procedures are protected by law for both criminal and civil liability, as well as from retaliation, intimidation, and obstruction in child abuse cases.
- 4) **A mandated reporter who “willfully fails to report suspected child abuse is committing a crime that may range from a felony of third degree to a misdemeanor of the second degree.”**

HOW TO REPORT SUSPECTED ABUSE:

- 1) **If the child is in immediate danger, call 911, THEN follow the procedures below.**
- 2) **As a mandated reporter, state law requires you to report suspected abuse IMMEDIATELY (i.e., as soon as you learn about it) to ChildLine.** There are two ways to do this:
 - File an online report with ChildLine at www.compass.state.pa.us/cwis (note: you will need to have access to the login information you used when you created your Compass account in order to register online for your child abuse clearance) **OR**
 - Call ChildLine at 1-800-932-0313 (note: after initiating a report by phone, you will need to complete a CY47 form and submit it to the county Child and Youth Services office within 48 hours; you can access this form online at http://www.dhs.state.pa.us/cs/groups/webcontent/documents/form/c_137044.pdf)
- 3) **Within 72 hours AFTER reporting the suspected abuse to ChildLine, COA policy requires that you then report the suspected abuse to a member of the COA Pastoral Staff.**

[Adapted in part from information prepared by the Center for Children’s Justice (www.C4CJ.org) and the United Church of Christ Office of General Counsel (generalcounsel@ucc.org).]

APPENDIX J

Church of the Apostles
a United Church of Christ congregation



CODE OF CONDUCT FOR THOSE WORKING WITH CHILDREN & YOUTH

As disciples of Jesus Christ, Church of the Apostles UCC seeks to share Christ's love with all people by creating safe and welcoming spaces for all ages. We are committed to creating an environment that is nurturing, empowering, and that promotes growth and success.

Therefore, no form of abuse will be tolerated and confirmed abuse will result in immediate dismissal from volunteering with our young and vulnerable populations. All reports of suspicious or inappropriate behavior with consumers or allegation of abuse will be taken seriously. We will fully cooperate with authorities if allegations of abuse are made that require investigation.

This Code of Conduct outlines our specific expectations of our employees and volunteers as we strive to accomplish our mission together.

- All people, regardless of age or ability, will be treated with respect at all times.
- All people will be treated fairly regardless of race, sex, sexual orientation, gender identification, age, or religion.
- Employees and volunteers will adhere to uniform standards of displaying affection as outlined by our organization.
- Employees and volunteers will avoid affection with anyone that cannot be observed by others.
- Employees and volunteers will adhere to uniform standards of appropriate and inappropriate verbal interactions as outlined by our organization.
- Employees and volunteers will not stare at or comment on the bodies of anyone.
- Employees and volunteers will not date or become romantically involved with those under 18 or vulnerable adults.
- Employees and volunteers will not use or be under the influence of alcohol or illegal drugs while on our premises or at any of our events involving supervision of those under 18 or vulnerable adults.
- Employees and volunteers will not have sexually oriented materials, including printed or online pornography, on our church's property.
- Employees and volunteers will not have secrets with children under 18 or vulnerable adults and will only give gifts with prior permission from parents or guardians.
- Employees and volunteers will also read and sign our Safe Church policy for more specific information and expectations.

I hereby swear/affirm that I have read this document and that I understand my responsibilities outlined here.

Print Name: _____

Signature: _____ Date: _____