

**Clover Presbyterian Church (“CPC”)
Child Safety Policy**

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I. Introduction

Clover Presbyterian Church recognizes the importance of protecting the children and youth entrusted to our care when attending church functions both on and off the church property. We accept the responsibility of nurturing our children in the Christian life and are committed to providing a safe and secure environment to ensure all children are sheltered from emotional, physical, or sexual abuse.

Specific procedures have been developed to ensure the safety and security of our children and youth:

- Procedures for hiring and screening all staff and volunteers assuming a caretaker/custodial role with minors
- Procedures for educating all volunteers and staff members in appropriate and best practices to ensure excellent care, supervision, and interaction with children and youth
- Procedures for reporting and responding to allegations of physical, emotional or sexual abuse
- Procedures for reporting accidents/injuries/illnesses and medical emergencies

These procedures will be applicable to all persons working with children or youth including staff and volunteers.

Clover Presbyterian Church is committed to protecting all church staff, volunteers, and children through the implementation of our child safety and protection plan.

II. Definitions

- A. Abused Children/Youth: Under South Carolina law, an abused child or youth is one whose death results from or whose physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of the child's parents, guardian, or other person responsible for his/her welfare.
- B. Adult: A person who is 18 years of age or older.
- C. Child: Any person who is under the age of 12 years old.
- D. Youth: Any person who is at least 12 years of age but not yet 18 years old.
- E. Church Activity: Any activity involving children that is sponsored by the Church. The activity may be held on or off of Church grounds.
- F. Emotional Abuse: Any incident which results in impaired psychological growth and development, including but not limited to, belittling, rejection, constant unequal treatment, verbal assaults, excessive demands on child's performance, and isolation from normal social activities.
- G. Neglect: The failure to use proper care or supervision of children or youth or the abandonment of the children or youth participating in any church sponsored activities.
- H. Physical Abuse: Actions which result in physical injury, including, but not limited to bruises, burns, cuts, welts, fractures, and internal injuries.
- I. Sexual Abuse: Activity consisting of sexual contact or interactions with a child/youth, including physical contact and/or nonphysical contact. The perpetrator may be another juvenile.
- J. Reasonable Suspicion: The existence of credible evidence or a discrepancy or inconsistent history in explaining a child's condition, activity, or injury.
- K. Sunday Supervisor: A volunteer who is assigned to monitor church hallways, classrooms, and worship areas of the church during Sunday school hour and to act as the emergency contact during the Sunday school and worship service hours.
- L. Employee or Staff: Any full or part-time employee or independent contractor of Clover Presbyterian Church.
- M. Volunteer: Any person who participates in any ministry of Clover Presbyterian Church involving children or youth without pay or compensation.
- N. Administrative and Personnel Ministry Team of the Session: Member(s) of the Session performing duties associated with administration and personnel matters of the Church.
- O. Out of Town Event: Any activity taking place more than 50 miles away from the Church property.

III. Selection and Screening of Staff and Volunteers

The following procedures will be implemented for employees, independent contractors and volunteers who work with children/youth in any and all church-related activities:

- A. Staff Members/Employees:
 - 1) All employees, prospective employees and independent contractors will complete a Clover Presbyterian Church Employment Application (see Appendix B). This form will be reviewed by appropriate church personnel and will be held in strict confidence.

- 2) All prospective employees or independent contractors shall be interviewed by at least two members of any of the following: the administration and personnel ministry team of the Session, the pastor or other appropriate persons as determined by the personnel team and/or pastor.
- 3) All prospective employees or independent contractors shall provide a minimum of two references. Where possible, references should include the two immediate past employers. Either a member of the Administrative and Personnel Ministry team of the Session, the Director of Christian Education or the pastor shall contact these references.
- 4) With respect to prospective employees who have been interviewed and who are considered to be viable candidates for employment with the Church, and with respect to independent contractors having direct contact with children, the Church will perform or cause to be performed a criminal background check of the prospective employee and search of the national sex offender registry. The Church may accomplish this task by hiring a third-party vendor that regularly performs such background checks.
- 5) Every three years, CPC will conduct a national criminal database and national sex offender database search for each employee or independent contractor. Each employee/contractor is required to execute any additional documentation necessary to conduct these searches.
- 6) No person who has been convicted of crimes including, but not limited to, the following shall be allowed to work with children: murder; rape; aggravated assault; sexual abuse; sexual assault; inducing sexual conduct or sexual performance of a child; injury of a child; incest; indecency with a child; possession or promotion of child pornography; sale, distribution or display of harmful material to a minor; employment harmful to children; or abandonment or endangerment of a child.
- 7) All applications are subject to review and CPC reserves the right to request new background checks or reference checks.
- 8) All current and prospective employees or independent contractors shall read this policy and execute the Pledge included in the Employment Application form (see Appendix B) verifying that they understand and agree to uphold the Policy.
- 9) The Director of Christian Education or Pastor shall maintain a confidential copy of the following in the Church's records:
 - a. Executed Employment Application
 - b. Pledge form
 - c. Results of background check information.

B. Volunteers:

- 1) All prospective volunteers will complete a Clover Presbyterian Church Volunteer Registration Form.
- 2) Persons wishing to volunteer to work with children/youth will be a member of the church, or have been an active participant for at least six months.
- 3) Volunteers will agree to read the Child Safety policy and sign the Pledge form (see Appendix A) verifying they understand and will uphold this policy.

- 4) No person who has been convicted of crimes including, but not limited to, the following shall be allowed to work with children: murder; rape; aggravated assault; sexual abuse; sexual assault; inducing sexual conduct or sexual performance of a child; injury of a child; incest; indecency with a child; possession or promotion of child pornography; sale, distribution or display of harmful material to a minor; employment harmful to children; or abandonment or endangerment of a child.
- 5) The Church will perform or cause to be performed a search of the national sex offender registry for each volunteer. The search will be re-executed every three years at a minimum.
- 6) The Director of Christian Education or Pastor shall maintain a confidential copy of the following in the Church's records:
 - a. Executed Volunteer Registration Form
 - b. Pledge form
 - c. Results of background check information.

IV. Supervision of Children/Youth

- A. At least one adult caregiver will be present at any church-sponsored activity that involves the supervision of minors. When possible, two unrelated adult caregivers should be present.
- B. Adult(s) supervising children should have in their possession, or have immediate access to, a cell phone at all times while supervising children.
- C. The door to the room where children are present should remain open at all times; however, a door need not remain open if the room contains one or more windows or other openings allowing adults from outside of the room to have direct lines of sight into the main portion of the room.
- D. If a child should require the assistance of a caregiver in using a bathroom, the bathroom door shall remain open during such assistance.
- E. The Sunday Supervisor will monitor activities in classrooms, hallways, stairways, sanctuary and bathrooms throughout the Church during the Sunday School hour and will provide assistance to Sunday School and Children's Church staff and volunteers as needed.
- F. The Sunday Supervisor will have the Church cell phone activated and in his/her possession while conducting his/her duties.
- G. Each Sunday classroom will be posted with a sign containing the Church cell phone number to ensure adult supervisors are able to contact the Sunday Supervisor when necessary.
- H. Overnight and/or Out-of-Town Events: The following governs overnight or out-of-town Church events involving children:
 - 1) Before any child or youth may participate in an out of town event or overnight activity, two forms must be completed and submitted to Church leaders:
 - a. The "Parent/Guardian Consent to Treat a Minor" form (Appendix H). This form must be completed annually by the parent/guardian and kept on file at the Church.
 - b. The "Parent/Guardian Consent and Hold Harmless" form (Appendix G) must be completed by the parent/guardian and submitted to the

activity leader prior to each activity. A copy of this form will be kept on file at the Church.

- 2) Adult supervisors will be responsible for maintaining copies of the following forms during the course of the activity:
 - a. A Parent/Guardian Consent to Treat a Minor for each participant.
 - b. A Parent/Guardian Consent to Hold Harmless for each participant.
 - c. At least two copies of the Child/Youth Incident/Injury Report Form (Appendix C)
 - 3) A minimum of one adult per eight children/youth, to the greatest extent possible, will supervise out-of-town events and over-night trips. For overnight events, a minimum of two adult supervisors are required. To the extent possible, there will be gender balance between children/youth in attendance and adult supervisors.
 - 4) For overnight activities, rooming arrangements should provide for children of the same sex to room together and adults of the same sex to room together. Adults shall sleep in rooms adjacent to the children/youth, when possible. In situations where one large sleeping area must be used, two or more adults may sleep in the same room as the children/youth.
- I. Driving Children/Youth in Motor Vehicles
- 1) Safe and Lawful Driving: All volunteers and staff who transport children/youth will abide by all applicable safe driving motor vehicle laws. Any and all drivers shall possess a valid motor vehicle operator's license. Seat belts must be worn by all passengers when the vehicle is in operation.
 - 2) Church-Leased Vehicles: In those circumstances where the Church leases a vehicle for the purpose of providing transportation of children/youth, the Church will perform or cause to be performed a background check of the driver's motor vehicle history. The Pastor, or his/her designee, will review the driving history.

V. Allegations of Abuse

In the event of an incident or allegation of inappropriate treatment, including physical, sexual, or emotional abuse or neglect, the following procedures will be implemented:

- A. Procedures for reporting known or suspected instances of alleged abuse to the appropriate state authorities shall be those set forth in South Carolina Code Ann Section 20-7-510. Persons required by law to report known or suspected instances of abuse include members of clergy and childcare workers.
- B. Any child/youth who feels he/she has been treated inappropriately or abused, or any person who suspects or witnessed inappropriate treatment of a child, shall report the incident immediately to the supervisor of the event and the pastoral staff. and, in the case of mandatory reporters, will report the treatment to the appropriate law enforcement agency.
- C. The pastor/designee, Clerk of Session, or Chairman of the Administrative-Personnel Committee shall relieve the person accused of the inappropriate treatment of further responsibilities and contact with children/youth until any and all investigations are complete and, until and unless, it is determined the allegations were without merit.
- D. Within 24 hours, the person reporting, or his/her representative, shall document in writing all known facts and circumstances regarding the incident and give the report to the pastor or his/her designee.

- E. The pastor or designee, along with the event supervisor and the Clerk of Session or Chairman of the Administrative/Personnel committee, will meet with the reporter of the incident or alleged victim, and his/her parent/guardian, and complete the appropriate abuse allegation report form (Appendix E) documenting all information/facts/circumstances of the incident.
- F. If a member of the pastoral staff is the accused, a report will be made to Clerk of Session who will notify the Presbytery.
- G. The pastor or his/her designee and the Clerk of Session or Chairman of the Administrative-Personnel committee will meet with the accused. During this meeting, all information/facts/circumstances of the incident will be documented in writing on the appropriate abuse allegation form. (Appendix F).
- H. Nothing herein shall be deemed to require any member of Staff or the Church to take any action that would materially interfere with an investigation of any law enforcement or other state agency.
- I. Any person accused of inappropriate treatment shall be treated with dignity and respect.
- J. The pastor/Clerk of Session or Chairman of the Administrative/Personnel Committee shall make a report to the liability insurance agent and the church's attorney regarding the incident.
- K. All persons involved in reporting alleged inappropriate treatment shall maintain strict confidentiality regarding all aspects of the incident/investigation, including the identity of all individuals involved.
- L. The pastor or his/her designee or Clerk of Session will be the sole spokesman for Clover Presbyterian Church regarding any inquiries about the event or any contact with civil, legal authorities.
- M. The pastor or his/her designee or Clerk of Session will report the process and results of the investigation to the Session in a timely manner respectful to all involved.
- N. Pastoral care will be offered to all parties involved with the hope of bringing healing and reconciliation when appropriate.

VI. Accidents, Illnesses, and Medical Emergencies

- A. In the event of an accident, illnesses, and/or medical emergency during an on-site Church activity, the Sunday school teacher, nursery attendant, or volunteer will:
 - 1) Be in possession of an activated cell phone.
 - 2) Assess the seriousness of the student's condition. If the condition appears to be potentially life threatening, call 911 immediately.
 - 3) If the incident occurs during Sunday School or worship, call the Sunday supervisor. The supervisor will be available by dialing 803-610-9849. This telephone number is posted in each classroom. The safety supervisor will assist in whatever way possible.
 - 4) Seek to care for the student, guided by the concept of "In Loco Parentis" (in place of the parent).
 - 5) Contact the parents immediately and the pastor as soon as possible.
- B. In the event of an accident, illness, or medical emergency during church related activities outside of the church, the activity leader will:

- 1) Be in possession of an activated cell phone.
- 2) Assess the seriousness of the participant's condition. If the condition appears to be potentially life threatening, call 911 immediately.
- 3) Seek to review the participant's "Parent/Guardian Consent to Treat a Minor" form (Appendix H), if available. If such form is not available, care for the participant guided by the concept of "In Loco Parentis" (in place of the parent).
- 4) Contact the parents and the pastor.
- 5) Complete the "Child/Youth Incident/Injury Report" form (appendix C) and deliver a copy of the "Child/Youth Incident/Injury Report" to the church office to be kept on file.

**CLOVER PRESBYTERIAN CHURCH
Volunteer Registration and Pledge**

Name _____

Home Address

Cell Phone _____ Home Phone _____

Email _____

Are you a member of Clover Presbyterian Church? Circle one. Yes No

How long have you attended Clover Presbyterian Church for six months or longer?
Circle one. Yes No

In which area(s) of our church ministry would like to serve?

Have you ever been convicted of a crime? Circle one. Yes No

If yes, please explain the nature of the crime and the date and jurisdiction of the conviction:

Volunteer Signature and Pledge

I certify that I have completed this form accurately, and understand that volunteer applications may be verified to ensure the security of our children and youth. I also have studied the Child Safety Policy and agree to uphold all its regulations and procedures.

Signature _____ Date _____

Please place this Volunteer Registration/Pledge form in the Church secretary's box in the office workroom.

CLOVER PRESBYTERIAN CHURCH
EMPLOYMENT APPLICATION AND PLEDGE FORM

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

Name: _____ Date: _____

Date of birth: _____

Have you ever used name(s) other than the one above? If yes, please list:

Current address: _____

Length of time at current address: _____

Previous address: _____

Phone numbers: (Home) _____ (Work) _____ (Cell) _____

Email address: _____

Position for which you are applying: _____

When are you available to work? _____

Do you have a valid driver's license? _____ License # _____ State issued _____

Do you have a commercial driver's license? _____ License # _____ State issued _____

Current employer: _____ Length of employment: _____

Name of Current or Last Supervisor _____

Previous employment (within last five years):

Name of Employer

Dates employed

Have you ever been the subject of a child abuse/sexual abuse investigation? _____

If yes, please provide details

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

If yes, please provide details regarding the nature of the offense, date and jurisdiction of conviction:

Please list your educational background:

Name	Graduate?	Year	Degree/course of study
High school _____	_____	_____	_____
College _____	_____	_____	_____
Other (Please specify) _____	_____	_____	_____

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: Circle One. Yes No

Have you ever worked with children/youth before? If so, please explain in what capacity and where:

Please explain how you are qualified and prepared for this position:

Please list three references (include at least one recent employer):

Name: _____ Phone: _____

Address: _____ Relationship _____

Name: _____ Phone: _____

Address: _____ Relationship _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

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 also have studied the Child Safety Policy and agree to uphold all its regulations and procedures.

Signature: _____

Date: _____

CLOVER PRESBYTERIAN CHURCH
Child/Youth Accident/Illness/Injury Report Form

Date: _____ Name of preparer: (print) _____

Is this an: accident/injury Illness other (specify) _____

Name(s) of child(ren)/youth:

How was the accident brought to your attention?

Adults witnessing or present during accident:

Person reporting the accident: _____

Date, time and location of accident: _____

Description of the accident as reported or witnessed:

Did anyone else witness the accident? If so, list names:

Describe the injury: _____

How was the injury treated? _____

Who treated the injury? _____

Were parents/guardians notified? _____ List the date/time: _____

Was the insurance company notified? _____ When and By Whom: _____

Other pertinent details:

Signature: _____ Position: _____

Date _____

CLOVER PRESBYTERIAN CHURCH

Allegation of Abuse (Sexual/Physical/Emotional) Complaint Form

Person Reporting Incident: _____ Date: _____

Name of Complainant (person who was allegedly abused):

_____ Age: _____

Date/Time/Location of Alleged Incident: _____

Name of Person Who Allegedly Abused: _____

Witnesses of Alleged Incident: _____

Description of Alleged Incident:

Name of Agency Incident was Reported To/Name of Person Making Report:

Signature of Complainant or Complainant's Parent/Guardian:

Name/Title of person completing this report: _____

CLOVER PRESBYTERIAN CHURCH
Investigation of Allegation of Abuse

Date of Investigation: _____

Name /Title of person/s conducting investigation: _____

Witnesses Interviewed:

Findings/Information Learned About Incident:

Results of Investigation (Action Taken): _____

Signature of Investigator(s)_____

Date: _____

CLOVER PRESBYTERIAN CHURCH

Parent/Guardian Consent and Hold Harmless Form

Name of activity: _____ Date: _____

Child's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

Phone Numbers: _____

I, _____ (*printed name of parent/guardian*), being the parent or legal guardian of _____ (*printed name of minor*) have been informed of the above activity sponsored by CLOVER PRESBYTERIAN CHURCH and hereby give my consent for my minor child to participate in this activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold CLOVER PRESBYTERIAN CHURCH, its leaders, staff, or volunteers liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also wish that my minor child be excluded from the following activities while on this event:

I have discussed this with my child, and he/she understands that he/she does not have my permission to participate in the above listed activities.

Signature of parent/guardian: _____

Date: _____

CLOVER PRESBYTERIAN CHURCH

Parent/Guardian Consent to Treat a Minor Form

Being the parent or legal guardian of _____ (*minor's name printed*), I _____ (*parent/guardian's name printed*) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decision necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Minor's Date of Birth: _____

Family Physician: _____

Family Physician Phone Number: _____

Date: _____

Medical Insurance Company: _____

Policy Number: _____

List any known illnesses or allergies: _____

List any medications (names and dosages): _____

Parent/Guardian Signature: _____

Date: _____