

July 29, 2019

Attached is a draft copy of a Children & Youth Protection Policy for St. James Lutheran Church. We have been talking about developing such a policy for several years. We recognize the need, and we have received annual encouragement from the NC Synod office, as well as our insurance carrier.

I originally developed this document using several other congregations' policies, as well as suggestions from insurance documentation. I have no doubt that there are many improvements and additions to be made.

Congregation Council has requested that this draft document be reviewed for comment and suggestions by various ministry teams as well as families with children and other key leaders in the congregation.

Please note: THIS IS A DRAFT ONLY. NO POLICY HAS BEEN ADOPTED BY CONGREGATION COUNCIL.

We are asking that you review and respond with your comments and suggestions by August 18. Council will then compile all responses; make any changes deemed appropriate based on the feedback; publish a second draft for review. If you have questions, please contact a council member. Council's goal is for all feedback to be completed by August 18. You may return to the church office or to a council member.

We need input in several areas:

- There is no section detailing specific rules/expectations/etc. for specific activities – particularly off-site activities requiring travel or transportation. What, if anything, might we need to add?
- How do we define the difference between someone who has responsibilities with children/youth every week and someone that steps in as a substitute for one event? (Section 1)
- Do we need two different forms for volunteers and potential employees?
- Do we recognize background checks done by other institutions, i.e. school system, daycares, health care workers, etc.? And if so, how can that be done?
- How do we maintain the integrity of this policy moving forward? How is data updated, monitored, etc.?
- We have been using a company called Safe Gatherings (which is approved by NC Synod) to do both background checks and an initial on-line video training (about 45 minutes.) Cost is about \$25 per person. Certification is good for three years. We currently have about 4 folks certified through Safe Gatherings.
 - Note: All adult leaders attending LYO (annual NC Synod youth gathering) *must* have certification and training in youth protection. This requirement is from the NC Synod Bishop's office.

Thanks for your help in developing this important policy document.

Pastor John

CHILD/YOUTH PROTECTION POLICY

Saint James Lutheran Church, Fayetteville, NC 28305

OVERVIEW

Saint James Lutheran Church seeks to provide a safe, supportive, and Christian environment for all people. All institutions, whether religious or secular, in which children and youth participate, face a moral and ethical challenge to provide an environment free from the potentially devastating effects of incidents of verbal, physical, or sexual abuse of children or unfounded allegations that such conduct has taken place. This policy was adopted in order to provide the safest and most secure environment as possible for the children and youth of Saint James' congregational community and to ensure that false allegations are avoided.

GOALS

The goals of the Child/Youth Protection Policy are the following:

- to provide a safe and caring environment for our children and youth;
- to protect children/youth in Saint James congregational community from sexual, physical, and verbal abuse;
- to provide educational vehicles and opportunities to educate the congregation as a whole, and those involved with children and youth in particular, about child and youth abuse issues; and
- to protect leaders, staff, teachers, and volunteers, as well as the congregation as a whole, from potential false allegations of abuse.

POLICY STATEMENT

The Congregation Council, staff and members of Saint James Lutheran Church recognize that children and youth are entrusted to the care of adults in congregational programs and activities both on and off the campus of Saint James. Saint James is committed to providing a safe and caring environment in which children are protected from sexual, physical and verbal abuse and in which church staff, teachers, volunteers and other caregivers are protected from potential false allegations of child abuse.

PROCEDURES

1. Definitions

- a. Children And Youth are all persons under the age of eighteen (18) years of age.
- b. Leaders, staff, teachers, and volunteers are those who will be supervising and/or working with children/youth on an on-going setting, i.e. regular Sunday School teacher (i.e. monthly, weekly, more than twice in a six-week period), Vacation Bible School (if involved on more than 1 of 5 days), youth leader (if more than twice in a two month period), or any adult accompanying youth on an over-night activity.

2. Selection/Screening

- a. A screening forms (*located at the end of this document*) is required for those working with children/youth, whether volunteer or employed: volunteer persons involved in any way with supervision of or contact with children under the age of 18; employed staff members, anticipating that all professional and support staff will interact with children/youth on some level.

- b. After completion of the appropriate form, the guidelines in section #7 *Screening Process for Called/Employed Staff* will apply to the screening process.
 - c. All adults who work with children/youth are expected to have a commitment to Jesus Christ and the church and shall have been an active participant of St. James congregation for at least three months prior to being in a supervising role with children/youth.
 - d. Adults who have been convicted of or who have committed either sexual, physical, or verbal abuse will not be permitted to work or volunteer in any church sponsored activity or program for children or youth.
 - e. Volunteers will be required to complete the Criminal Records form.
 - f. All forms shall be kept in a confidential file in the church office.
 - g. All adults who work with children/youth are expected to know and abide by all policies and procedures of the church including the Child Protection Policy.
3. Never Alone Rule
- a. At least one adult, over the age of 21, who has been approved as a volunteer through our screening process, should be present at any youth or children's ministry event. No adult should ever be alone with only one child/youth at any event.
4. Appropriate actions when serving in Ministry with Children and Youth
- a. Saint James seeks to provide a safe, supportive, Christian environment for all members. In particular we want to be an environment where minors will be safe from physical, verbal, and sexual abuse and will feel safe, secure and valued. Adults working with children and youth are to maintain appropriate adult/youth/child boundaries in all interactions with them. In addition, adults are to model Christian principles of adult/child/youth relationships at all times. The following are appropriate behaviors for adults to use in relating to minors when working or volunteering in church:
 - i. Listen carefully to children/youth and show interest in what they have to say.
 - ii. Be consistent and fair with all children/youth.
 - iii. Be giving and flexible, keep a good sense of humor and enjoy the children/youth. Smile often.
 - iv. Focus on positive behaviors and praise the children/youth for that behavior.
 - v. Set clear limits that can be managed by adults and understood by the children/youth.
 - vi. Use appropriate, positive, steps when discipline is needed. Focus on the behavior, not the person.
 - vii. Pray for our children/youth that they may grow in faith in God, respect for each other, and God's creation.
5. Inappropriate and prohibited actions when serving in ministry with children and youth include the following:
- a. Physical abuse — physical injury inflicted by an adult on child/youth by other than accidental means.
 - b. Sexual abuse — employing, using, persuading, inducing, enticing or coercing any minor to engage in any sexual act.
 - c. Sexual exploitation — conduct which allows, permits, encourages or requires that a child or youth engage in prostitution or child pornography.

- d. Inappropriate touching or fondling of a sexual nature by any adult of a minor.
- e. Corporal Punishment — use of physical force to discipline a child/youth unless they are in ultimate physical danger/harm.
- f. Verbal Abuse — verbal conduct directed towards children/youth that results in severe emotional trauma in the children or youth.

6. Summary Guidelines for children/youth work volunteers

The disturbing and traumatic rise of physical and sexual abuse of children has claimed the attention of our nation and our society. The following policies reflect Saint James' commitment to providing protective care of all children, youth and adults who participate in church sponsored activities.

- a. Adults who have been convicted of either child sexual or physical abuse should not volunteer service in any Saint James sponsored activity or program for children or youth.
- b. Adult survivors of childhood sexual or physical abuse need the love and acceptance of the Saint James church family. Individuals who have such a history may consider discussing their desire to work with children or youth with one of the pastoral staff prior to engaging in any volunteer service.
- c. Adult volunteers should observe the Never Alone Rule.
- d. Adult volunteers should, within twenty-four hours, report to the Pastor any behavior which seems abusive or inappropriate.

7. Screening Process for Called or Employed Staff

- a. Applicant completes Staff Screening Form.
- b. Personnel and/or call committee reviews resumé and screening forms and selects individuals on whom to check references.
- c. A letter requesting a recommendation with a copy of applicant's statement is sent to each reference with a stamped, self-addressed envelope. If there are questions or an applicant is not recommended, an attempt is made to contact the reference by phone for further explanation.
- d. Personnel or call committee eliminates any individuals as result of reference checks.
- e. Candidates are asked to complete criminal background forms. Check is done on candidates selected. Candidates are interviewed when screening forms, criminal background checks, employment applications, and references are satisfactory to the personnel and/or call committee.
- f. As part of interview, candidates are given a summary of the child/youth protection policy. A pastoral interview is conducted. If a candidate has been a victim of abuse and so desires, the Pastor is available for pastoral care and conversation.

8. Procedures for Reporting and Responding to Alleged Incidents of Child Abuse

To whom and how soon? Incidents of child sexual, verbal, and/or physical abuse or, in reasonably suspected cases of abuse, should be reported as soon as possible (at least within a 24 hour period) to the Pastor. Reports should be made orally and confirmed in writing.

- a. The Pastor will report the incident to the appropriate authorities as defined by NC Child Protection laws.
- b. Incidents/allegations shall be reported to church legal counsel who shall make an appropriate report to the liability insurer for the church.
- c. Parents/guardian of the suspected victim shall be notified as appropriate.
- d. The safety and security of the child/youth must be safeguarded before the person accused of abuse is confronted.
- e. All reports of actual or suspected sexual or physical abuse shall be taken seriously but shall not be judged prematurely. Adults are encouraged to be sensitive to the potential for child abuse and to appearances of such behavior(s). They should not hesitate to caution others that activities they observe are or may appear to be inappropriate. Those reporting are expected to maintain confidentiality.
- f. Persons accused must be treated with dignity and support; however, such persons shall be immediately relieved of further responsibilities involving youth/children until investigation is completed and allegations are cleared or substantiated. All reasonable steps shall be taken to preserve the confidentiality of the accused by church personnel.
- g. The Pastor and/or legal representative of the church shall be the sole spokespeople for the church insofar as media inquiries are concerned. Confidentiality of all persons involved shall be safeguarded.
- h. Incidents of child sexual, verbal, and/or physical abuse involving the pastor and rostered lay leaders shall be reported to the President of the Congregation Council. He/she shall immediately notify the Office of the Bishop of the North Carolina Synod of the alleged charges. The Office of the Bishop is solely responsible for processing allegations against any rostered person.
- i. Should false allegations be made, all possible efforts shall be made to correct any damage done to the one(s) falsely accused.

9. EDUCATION AND TRAINING

Saint James will provide ongoing training opportunities for all those working with children and youth. In addition, Saint James will provide periodic educational information and classes on topics associated with child protection issues to keep all members informed of the needs and concerns our policy addresses.

Youth and Children's Staff/Volunteer Worker Application Form

Position being applied for: _____

Name of applicant: _____

Please list any other names you may have used in the past: _____

Current Address: _____ City: _____ State ____ Zip Code _____

Work phone: _____ Home phone: _____

Email address: _____

How long have you been at this address? _____ How long have you lived in this state? _____

Sex: __M__F Date of Birth ____ / ____ / _____

Driver's License Number: _____ Social Security Number: ____ - ____ - _____

Are you a member (or active participant) of this church? ____ Since when (month/year) ____ / ____

If not, where are you a member/active participant? _____

Employer name: _____

Employer address: _____

Please list residences and churches attended for the last 10 years:

Address	City, State	Church Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any work done in a church, volunteer work, or any work involving minors. Include type of work, supervisor's name and contact number.

Dates	Organization	Type of Work	Supervisor's Name / Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any other employers in last five years:

Dates	Organization	Type of Work	Supervisor's Name / Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any reason you should not work with or around minors? _____ Have you ever been convicted of a felony? _____ Have you ever been convicted of a crime involving minors? _____

If yes to any of the above, please explain here:

Education: Your Name when Graduating? _____
Year of Degree _____ High School ___ College ___ Other _____ Course of study/major/emphasis _____
Other (list continuing ed., other study areas, etc.): _____

References: (please list three references with at least one being an organizational or professional reference)

1. Name: _____ Phone: _____
Address: _____ City/State _____
How long have you known this person? _____ In what context? _____
2. Name: _____ Phone: _____
Address: _____ City/State _____
How long have you known this person? _____ In what context? _____
3. Name: _____ Phone: _____
Address: _____ City/State _____
How long have you known this person? _____ In what context? _____

As part of the church's procedure for verifying the information provided by me on this form or evaluating me for employment purposes, I understand that Saint James Lutheran Church may contact persons, employers and/or organizations named by me in this form; conduct a national criminal background check; conduct a sex offender registry check; a social security trace or other appropriate background investigative report which may include information gathered through person interviews with third parties, family members, and persons, with whom I am acquainted. I consent to the church making such checks and understand that this may include information regarding my character, general reputation, and personal characteristics. I further agree to sign any and all documents, consents and/or agreements which may be necessary for the church and its authorized representatives and/or designees to complete the above.

By signing this form, I authorize the church to request and obtain the information described above. Further, I release Saint James and its denominational agency, affiliates, related entities, agents, employees, and officers (collectively "church") and all references from any claim or liability whatsoever arising out of such request or any information disclosed in response thereto, and I agree to hold the church and all references harmless and will not to bring any action or assert any claim against the church or any reference on account thereof.

I have read and understand the above and affirm that the information I have provided on this application is true and correct.

Applicant's printed name Applicant's signature Date signed

Children / Youth Activity Information Form

Planned Activity: _____
Location of activity: _____
Date(s) of activity: _____
Group/Activity leader name: _____
Other adults accompanying group: _____
Details of activity: _____
Method of Transportation: _____
Cost: _____ Payment deadline: _____
What to bring: _____

Other details of activity:

CONSENT TO PARTICPATE AND CONSENT TO TREAT MINOR

Please complete both sides of this form and return to the church office or designated adult leader

Name of Child: _____
Name of Parent(s) or Guardian(s) (printed): _____
Child's Date of Birth: _____ Child's Social Security Number _____
Address: _____

My child, _____, has my permission to participate in (activity) _____

List any activities in which the child is not permitted to engage: _____

HEALTH HISTORY INFORMATION AND EMERGENCY CONTACT FORM

(This information is to be updated in the fall of each year and as significant medical changes occur.

It will be kept in confidential file by youth director, and will be used only in case of emergency)

Name of child: _____

Date of Birth: ___ / ___ / ___ Social Security Number ___ - ___ - _____

Is your child prone to (circle those that apply):

cold sore throat fainting spells bronchitis cramps convulsions allergies (others list below)

Does your child have or has ever had (circle those that apply):

asthma heart trouble lung trouble sinus trouble hernia appendicitis appendix removed

Is your child currently under any type of medical treatment? YES NO

Is there any history of behavioral disorders or emotional disturbances? YES NO

Has your child been under the treatment of a psychiatrist in the past three years? YES NO

Date of last tetanus shot: ___ / ___ / ___

List any prescriptions or over-the-counter medications currently being taken. (Use a separate page if needed.)

Name of medication	Dosage	Times to be taken

What medications may we administer? _____

Please list any drug interactions, food or other allergies: _____

Does your child have any physical disabilities or disorders that may affect their participation in activities?

Are there any special instructions or comments relating to the questions above or to your child's health and their participation in any activities?

Emergency Contact Information

Primary Contact: Name: _____ Relationship _____
Cell # _____ Home # _____ Work # _____

Secondary Contact: Name: _____ Relationship _____
Cell # _____ Home # _____ Work # _____

CONSENT TO TREAT:

While my child is attending this function, I hereby authorize the adult(s) in charge, or in his/her absence or disability, any adult accompanying or assisting him/her, to consent to the following medical treatment for said minor:

- (i) provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution;
- (ii) employ any physicians, dentists, nurses or other person whose services may be needed for such health care;
- (iii) review and, if necessary, disclose the contents of any confidential medical records; and,
- (iv) execute consent forms required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child.

Parent / Guardian Signature _____ Date _____