

Trinity United Methodist Church
Logan, Ohio

Safe Sanctuary
Policies and Guidelines

Revision 1-11-2003

In order to provide a safe and healthy environment for children and youth who participate in its programs and activities, Trinity United Methodist Church has developed the policies and procedures contained in this guide. It is the goal of Trinity to provide programs for children and youth which instill Christ-like values and provide opportunities for witness in fulfillment of the Great Commission.

Eight Commandments for Safe Sanctuary

The guiding principles for attaining these goals are outlined in the Eight Commandments for Safe Sanctuary. An abbreviated listing of these Commandments is contained in Appendix A, which is to be reproduced and posted in highly visible areas around the Church to promote the principles.

Each of the eight principles is detailed on the following pages with references to additional information contained in the Appendices.

For purposes of this Guide, ‘youth’ and ‘children’ are defined as those individuals considered “minors” under Ohio law.

Application/Screening

All staff and volunteers have been approved for work with youth and children

- I. All those wishing to volunteer in programs working with youth and children will complete a written application (see Appendix B)
- II. All applications for volunteers and staff will be confidentially reviewed and pre-approved in writing by SPRC; applications will be kept secured in the Church office
- III. All applications are subject to in-depth reference checks, fingerprint screening and security background check; a medical physical may be required for certain assignments (see Appendix C)
- IV. An interview by SPRC is required for staff positions; volunteers will be interviewed by a team appointed by the SPRC
- V. Parents and guardians are always welcome to participate in activities involving their children and youth in conjunction with approved volunteer or staff members

Training

All staff and volunteers receive regular training for work with youth and children

All staff and volunteers will participate in continuing ‘Safe Sanctuary’ updates and reviews at least every 6 months; this training can be either in-person or via video tape

- I. All staff and volunteers must complete a training class of safe sanctuary policy and procedures; this training may be completed in-person and/or via video.
 - A. New training classes will be established as needed
 - B. New training will be administered by at least three (3) members of the Ministry Team
 - C. The Ministry Team will conduct an annual review of safe sanctuary policies for staff and volunteers
 - D. The annual review will be administered by at least two (2) members of the Ministry Team
- II. All staff/volunteers will be required to complete a basic first aid training class and complete certification in CPR
 - A. Classes will be conducted by a certified instructor with either the American Red Cross or Hocking College
 - B. Classes will be scheduled as needed

Supervision

All activities involving youth and children are supervised by 2 or more approved staff and/or volunteers

Christians live in a covenant community, meaning they work in partnership with one another in all things. For the protection of adults, children and youth alike, supervision of children and youth activities shall be conducted by adults who are called by God to work in a disciplined, supportive and safe environment.

- I. There shall be no activities planned where children or youth are isolated in any part of the building with only one adult, even though there might be another adult in the building
- II. Activities not having sufficient supervision according to the following guidelines must be cancelled:
 - A. Teenagers are not adults and should not be left alone with children; teenagers may, however, serve as a second supervisor with an adult
 - B. There shall be no more than 3 infants (new born to age 3) per adult for supervision in the nursery
 - C. There shall be no more than 6 children or youth per adult for supervision in ages above 3 and through 18
 - D. Parents of any children and/or youth may serve as a second supervisor with an approved staff or volunteer
 - E. The ministry coordinator shall keep a up-to-date list of approved volunteers who may serve as substitutes
 - F. In the event that a volunteer must momentarily leave an activity or room (leaving only the second adult with the activity), the entrance door to the space being used shall remain open.

Incidents

All incidents of injury, suspected abuse or neglect shall be documented, reported and investigated (see related 'Discipline' section)

We believe that a safe church environment includes a procedure for documenting, recording, and reporting injury, neglect, and abuse. This procedure helps ensure the safety of our children and youth as well as protection for the staff working with them. Clear documentation provides a means of recording and communicating details of any incident considered a valid concern to parents, guardians and other individuals.

- I. The staff or volunteer in charge of a group of children or youth is responsible for completing, in a timely manner, either an Accident Report (see Appendix D) for an injury accident or an Incident Report (see Appendix E) following any incident of suspected abuse or neglect; the second supervisor in charge of the activity will also file a report
- II. All incident reports will be reviewed promptly by the pastor, or another staff/committee when appropriate; accident reports will be filed for future reference
- III. The parent or legal guardian will be notified of the accident or incident by the pastor or staff as appropriate
- IV. The pastor or staff/committee will promptly notify local authorities (law enforcement, social services, medical personnel, etc.) when required or appropriate
- V. SPRC will be notified of every incident at their next scheduled meeting or at a special meeting when appropriate or necessary
- VI. All documentation will be kept in a secure, locked location to ensure confidentiality.

Permission

Participation in all Church-related activities, including off-site activities, require written permission by the legal guardian

We will ensure that children participate only in activities in which their legal custodian wishes them to participate. Therefore, the policy set forth herein will be followed to obtain informed consent prior to the child engaging in any planned activity.

- I. Each participant in an activity must complete a medical information sheet (see Appendix F) which must be signed by the parent or legal guardian
- II. Each parent or legal guardian of a participant in an activity must complete a Limited Power of Attorney (see Appendix G)

Activity Approval

All Church-related activities, including off-site activities, are approved in advance by SPRC

- I. All groups wanting to have an activity (held on-site or away from Church property) must complete an Activity Form (see Appendix H)
- II. SPRC must review and approve all activities in advance

Discipline

In order to provide a safe environment for everyone, disruptive or other inappropriate behavior by staff, volunteers, youth, children or others will not be tolerated in the programs

We believe that discipline is based on the dignity and worth of each person as a child of God. Discipline teaches children to redirect themselves and bring their actions under control. Discipline reinforces positive alternative behavior, provides choices, sets realistic limits and provides reasonable and natural consequences. We believe discipline should provide guidance with love, trust, understanding, acceptance and care, therefore, helping children become aware that they are special people created by God.

- I. When inappropriate or unacceptable behavior is exhibited, action will be taken to stop the behavior and to keep all participants safe
- II. If the director of the program is not present, the witnessing staff member will report the behavior to the director immediately
- III. Persons helping with the activity, paid or unpaid (herein referred to as staff), will first talk with the child about their inappropriate behavior
- IV. Behavior incident reports will be used to document unacceptable behaviors
- V. Disciplinary actions will be used to help the child regain self-control; possible disciplinary actions include:
 - A. time outs
 - B. removing the child from the other children
 - C. talking with them
- VI. If the inappropriate behavior continues, the child and the staff will talk with the director of the program; if the child's behavior continues, the director, staff and child will talk with the pastor
- VII. The staff, director, and pastor will involve the parent/guardian when the inappropriate behavior is continuing despite attempts to stop it
- VIII. Although the staff will have the authority to correct inappropriate behavior, the director and pastor shall have the responsibility to determine if further disciplinary action is necessary including notification to appropriate governmental agencies
- IX. In order to make the programs safe and enjoyable for all attending, the following behavior problems may result in dismissal from a program:
 - A. Attempting to cause or threatening to cause physical injury to another person
 - B. Causing or attempting to cause damage to property of others
 - C. Stealing or attempting to steal from others
 - D. Committing an obscene act or engaging in habitual profanity or vulgarity
 - E. Disrupting any church activities or otherwise willfully defying the valid authority of the staff at Trinity
 - F. Possessing any knife, fire arm, or other dangerous object not authorized by the activity leader
 - G. Unlawfully possessing or using alcohol, drugs, (illegal or over the counter medicine), tobacco, or any product containing tobacco or nicotine

Safety

To promote a healthy physical environment, we will maintain a safe, clean facility

- I. Repair/maintenance request forms will be available near every entry door to identify problems that need to be addressed (see Appendix I)
- II. A schedule will be developed and followed to provide appropriate periodic cleaning and disinfection of carpets, furniture and toys in areas used by children, especially infants and toddlers; procedures to minimize contamination in these areas will be developed and posted
- III. Trustees will insure adequate numbers and regular inspection of all building safety equipment, including fire extinguishers, smoke and CO detectors, emergency lighting and exit signs
- IV. Emergency and fire exit diagrams will be posted in every room
- V. Toxic materials and cleaning supplies will be stored safely, out of the reach of children, and will be properly identified; poison and toxic substance handling and medical treatment instructions will be posted
- VI. First Aid kits will be available in appropriate locations, identified and properly stocked
- VII. Flammable substances, including matches, lighters, candles and lamp oil, will be properly stored; handling instructions will be posted
- VIII. A list of individuals certified in CPR, First Aid and other emergency aid will be maintained and posted in conspicuous locations in the Church
- IX. The trustees will periodically review insurance limits to maintain adequate and appropriate coverages
- X. Physical facilities will be upgraded to insure:
 - A. All doors with locks have a mechanism to lock/unlock the door from both sides
 - B. Cupboards and cabinets can be “child-proofed” to prevent access to inappropriate items
 - C. Doors to all rooms have windows to allow visual access
 - D. Unused electric outlets are covered in areas where children have access

Appendix A

Eight Commandments for Safe Sanctuary

Eight Commandments for Safe Sanctuary

To provide a safe and healthy environment in which children and youth can participate in its programs, Trinity United Methodist Church will follow these guidelines:

1. **Application/Screening**: All staff and volunteers have been approved for work with youth and children
2. **Training**: All staff and volunteers receive regular training for work with youth and children
3. **Supervision**: All activities involving youth and children are supervised by 2 or more approved staff and/or volunteers
4. **Incidents**: All incidents of injury, suspected abuse or neglect shall be reported and investigated
5. **Permission**: Participation in all Church-related activities, including off-site activities, require written permission by the legal guardian
6. **Activity Approval**: All Church-related activities, including off-site activities, are approved in advance by SPRC
7. **Discipline**: In order to provide a safe environment for everyone, disruptive or other inappropriate behavior by staff, volunteers, youth, children or others will not be tolerated in the programs
8. **Safety**: To promote a healthy physical environment, we will maintain a safe, clean facility

Appendix B

Application for Activity Volunteer

Application for Volunteer Service

Trinity United Methodist Church – Logan, Ohio

This is not an employment application, but is part of a process to provide a safe and secure environment for children and youth who participate in our programs. Information on this form must be completed in full and will be kept confidential.

Personal Information

Last Name: _____ First: _____ Middle: _____

Current Address: _____

Previous addresses for past 5 years:

Dates: _____ Address: _____

Dates: _____ Address: _____

Dates: _____ Address: _____

Dates: _____ Address: _____

Current Home Phone Number: _____ Work Phone Number: _____

Soc. Sec. Number: _____

Do you have a valid driver's license? Yes - State & Number: _____ No

Have you been or are you currently serving as a paid or volunteer worker with children or youth in another organization where you have undergone and met screening requirements and/or a background check?

Yes - Organization: _____ Contact Person: _____
Address: _____ Phone Number: _____

No

Church Membership & Work History

Current Membership (Church, Location): _____
Length of Membership: _____

Other Churches Regularly Attended During the Previous 5 Years (Church, Location):

List previous church work involving children or youth (include church name, address, work performed and dates):

List previous non-church work involving children or youth (include organization name, address, work performed and dates):

Have you ever been arrested for a criminal offense? [] Yes [] No

A "yes" response requires further explanation and consultation with a pastor of the Church. If you were a victim of child abuse or molestation, a confidential consultation with the pastor of the Church is encouraged, but not required.

References

Current Employer: _____ Phone Number: _____

Address: _____

Length of Employment: _____ Contact Person: _____

Persons familiar with your work with children or youth in other organizations:

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Applicant's Statement

I state that the responses set forth in this application are true under penalty of perjury under the laws of the State of Ohio. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for work with children and youth. I further authorize the release of referrals and/or letters of disposition from childrens' services agencies in which I am a named principal. I understand I am subject to a fingerprint and criminal background check as a part of this application.

In consideration of the receipt and evaluation of this screening by TUMC, I hereby release any individual, church, youth organization, charity, employer, reference or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs or family on account of compliance or any attempts to comply with this authorization. Should my application be accepted, I agree to be bound by the bylaws and policies of TUMC and to refrain from abusive or other inappropriate conduct in the performance of my services on behalf of the Church.

I further state that I have carefully read the foregoing release and understand the contents thereof and I sign this release of my own free will. I understand this is a legally binding agreement.

Applicant Signature: _____ Date: _____

Witness: _____ Date: _____

Appendix C

Applicant Medical Form

(At this time, this form is required for the
Scout program; the form is provided
by the Scout leadership)

Appendix D

Injury Accident Report Form

Injury Accident Report Form

Trinity United Methodist Church - Logan, Ohio
Each person involved must complete a separate incident report

Name of person completing this report: _____

Date of accident: _____ Date of report: _____

Reporting person's position at Trinity?
(Staff/volunteer/participant/other?): _____

Name and age of Injured person(s): _____

Witnesses: _____

Time and location of accident: _____

Description of accident:

_____ The accident described above required medical attention by a professional (EMS, ER staff, physician, etc.)

Signature of person submitting report: _____

By signing this report, I/we acknowledge receipt of a copy of this report; signature does not imply release of liability.

Parent/Legal Guardian _____
Date

Church authority receiving this report: _____

Date received: _____

Appendix E

Incident Report Form

Critical Incident Report Form

Trinity United Methodist Church - Logan, Ohio
Each person involved must complete a separate incident report

Name of person completing this report: _____

Date of incident: _____ Date of report: _____

Reporting person's position at Trinity?
(Staff/volunteer/participant/other?): _____

Alleged victim(s): _____

Alleged perpetrator(s): _____

Witnesses: _____

Date, time, and location of incident: _____

Description of incident:

_____ I choose to remain anonymous to all persons other than those authorized to investigate this incident

_____ I have reported, or intend to report, this incident to law enforcement and/or social services authorities

Signature of person submitting report: _____

Person receiving this report: _____

Date received: _____

Appendix F

Activity Participant Medical Form

TRINITY U. M. CHURCH MEDICAL INFORMATION FORM

Name of Child: _____ Date of Birth: _____ Age: ___ Sex: ___
Address _____ Home Phone: _____
City and State: _____ Zip: _____
Health Insurance _____ Policy Number: _____
Name of Child's Custodian: _____ Phone Number: _____
Address of Child's Custodian: _____
City and State: _____ Zip: _____

In An Emergency, Notify:

Name _____ Relationship: _____ Phone: _____
Address: _____ Business Phone: _____
City and State: _____ Zip: _____
Personal Physician: _____ Physician Phone: _____
Dentist: _____ Dentist's Phone: _____
Optometrist: _____ Physician's Phone: _____

Medical History

IMMUNIZATIONS (If disease, put "D" and year)

Emergency Medical Information

| Type | Date |
|-------------------|------|
| Tetanus _____ | |
| Diphtheria _____ | |
| Pertussis _____ | |
| Measles _____ | |
| Mumps _____ | |
| Rubella _____ | |
| Pollio _____ | |
| Chicken Pox _____ | |

Has or is subject to:

[] Allergy to a medicine, food, plant, animal or insect toxin?
[] Any condition that may require special care or medication
[] Asthma
[] Convulsions
[] Heart Trouble
[] Fainting spells
[] Diabetes
[] Contact Lenses

Parental Statement

Has it ever been necessary to restrict applicant's activities for medical reasons? Yes No
Dose the applicant take medicine regularly or require special care? Yes No
If yes, explain: _____

To the best of my knowledge the information on this form is accurate and complete. I give my permission for full participation in Trinity United Methodist Church programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

Parent or guardian: _____

Applicants signature: _____

Date signed: _____

Appendix G

Limited Power of Attorney

Trinity United Methodist Church

PERMISSION AND LIMITED POWER OF ATTORNEY

The undersigned, being the custodial parent or legal custodian of the child(ren) hereinafter named, does hereby give permission for the child(ren) to participate in the following activity, which is sponsored by The Trinity United Methodist Church of Logan, Ohio:

The undersigned appoints the person(s) hereinafter named for purposes of consenting to any and all medical treatment (of whatsoever nature) that may arise during the child's participation in the activity stated herein when the attending physician believes that medical assistance must be given to the child before I can be reached to personally give my consent. I, further, agree to be financially responsible for any such treatment given to my child and consented to by person authorized to give consent through this document.

The undersigned acknowledges that the activity for which consent is given may involve some risk of harm, although it is understood that all reasonable steps will be taken to keep the child(ren) from injury. The undersigned agrees that The Trinity United Methodist Church of Logan, Ohio., as well as those persons conducting the activity for which consent is given, and as well as those who are part of the governing body of said Church, shall NOT be held liable for injury suffered by the child(ren) except for injury from willful misconduct of said participating persons.

Name of Child(ren) participating:

Name of Person(s) authorized to consent to Emergency Medical Treatment:

By checking the box to the right I am confirming my objection to permit my child(ren) to be treated by medical personnel while participating in the above-mentioned activity.

Custodial Parent/Legal Custodian

Dated: ____ day of _____, 20__

Appendix H

Activity Permit Application

TRINITY UNITED METHODIST CHURCH
ACTIVITY PERMIT APPLICATION

FOR TRIPS UNDER 500 MILES

This Application must be filed in the Church office two (2) weeks before the scheduled activity.

GROUP (Ex: Kids Club, Sunday School Class): _____

ACTIVITY DATE(s): _____

ACTIVITY WILL INCLUDE: Number of Children/Youth - _____ Number of Adults - _____

Have Permission Slips been obtained & signed by Legal Guardians? Yes No

Have Medical Forms been obtained from each participant? Yes No

DESCRIBE ACTIVITY & GIVE ITINERARY, INCLUDING OVERNIGHT STOPS, IF ANY:
(If more space is needed, continue on back)

The Trinity United Methodist Church Safe Sanctuary Policy requires 2 or more approved staff and/or volunteers and an appropriate ratio of staff/volunteers to children/youth participants

Leader's Name: _____

Address: _____ Phone: _____

Signature: _____

Assistant Leader's Name: _____

Address: _____ Phone: _____

Additional Leader's Name: _____

Address: _____ Phone: _____

VEHICLE USE – If vehicles are to be used as part of the activity, then at least two adult drivers must be in each vehicle. A photocopy of each driver's license and proof of insurance coverage must accompany this form or be on file with the Church.

Vehicle Year, Make and Model: _____

Vehicle Owner's Name: _____

Number of Passengers: _____ Does Each Seat Have A Seatbelt? Yes No _____

APPROVAL:

Approved By SPRC on _____ by _____
Date SPRC Chair

Appendix I

Maintenance & Repair Request Form

**Trinity United Methodist Church
Repair/Maintenance Request**

Date: _____

Location of Needed Repair or Service: _____

Describe the Repair or Service Needed: (ie. Burned out light bulb, Leaking faucet, Torn carpet, etc.)

Person Reporting Problem (optional): _____

Thank you for reporting this problem. We want Trinity to be a safe and comfortable place for everyone and we want to be good stewards of God's house. Please place this request in the 'Repair' box near any entry door or drop it off in the Church Office. Requests will be addressed as quickly as possible.

| |
|---|
| For Office Use – Date Received: _____ |
| Repair Type: Electrical Plumbing Carpentry HVAC Other _____ |
| Date Completed: _____ Completed by: _____ |