

# **CHILD PROTECTION POLICY**

The United Methodist Church of Berea  
170 Seminary Street  
Berea, OH 44017

Adopted by Church Council 1998  
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## INTRODUCTION

*People were bringing little children to him in order that he might touch them; and the disciples spoke sternly to them. But when Jesus saw this, he was indignant and said to them, “Let the little children come to me; do not stop them; for it is to such as these that the kingdom of God belongs. Truly I tell you, whoever does not receive the kingdom of God as a little child will never enter it. And he took them up in his arms, laid his hands on them, and blessed them” (Mark 10:13-16).*

This incident from the ministry of Jesus speaks of the value our Lord placed on children and the example of faith that they provide for the rest of us. As followers of Jesus, we understand that children are inherently valuable members of Christ’s community.

Jesus highlighted not only the faith and openness of children, but also their vulnerability. This vulnerability puts children at risk, but it also places them close to God. Their dependence on God may be what Jesus was trying to get his disciples to see as a model for their own faith. This vulnerability and dependence makes the protection and support of the community of faith even more important. Jesus was teaching that within the community of believers there must be protection for each of us in our dependence on God and on each other. As followers of Christ, we resolve to protect children in their vulnerability and learn from them as we all grow in faith.

Our culture appears to be experiencing an increase in the incidence of child abuse and neglect. As much as we do not like to think about abusive and hurtful things happening in the church, it is clear that it is our duty as the Church to guard and protect the children and youth who participate in our ministries and to prevent false claims from being made against us.

The purpose of the *Child Protection Policy* of The United Methodist Church of Berea is to provide procedures specifically designed to protect children and youth associated with the activities of the Church and to establish a means of dealing with alleged, reported, or suspected incidents of abuse. *Our goal is to be intentionally safe.*

We hereby resolve:

1. To safeguard the children and youth of our church from abuse and neglect.
2. To protect church staff and volunteer workers from potential allegations of abuse.
3. To limit the extent of our church’s legal risk and liability due to abuse.

## I. DEFINITION OF ABUSE

According to The General Board of Discipleship of The United Methodist Church as published in *You, the Church, and Child Abuse: Offering Hope to the Children*, child abuse falls into four categories:

Physical Abuse. Deliberately inflicting bodily harm to children constitutes physical abuse. Instances of physical abuse may include violent assault with a knife, strap or other implements; burns, fractures, and bruises resulting from being beaten, pushed down, shaken or thrown.

Sexual Abuse. Any time a child is used for the sexual stimulation of an adult or a significantly older child, abuse has occurred. The child is powerless either to consent to or resist such sexual acts. This includes but is not limited to fondling, sexual intercourse, forced participation in sexual acts, incest, exploitation for the purpose of pornography or prostitution.

Emotional Abuse. Emotional abuse may be very difficult to prove or to trace. Spoken or unspoken violence toward a child is extremely devastating. The child receives the message that he/she is not good and never will be. Emotional abuse includes verbal lashing; cruel restrictions or punishments; withholding of parental love, affection, demeaning language by the parent or other authority figures.

Neglect. Children have basic needs which must be supplied. Chronic withholding of food, clothing, medication, and proper living quarters, as well as abandonment, are all indicators of neglect. Parents' failure to care adequately for a child's physical, emotional, or educational needs represents a far more common form of maltreatment than physical, sexual or emotional abuse.

Although our Christian concern for children leads us to be saddened when any form of child abuse takes place anywhere, our major policy need is to be certain that abuse does not occur within the framework of any United Methodist Church of Berea program or ministry with children or youth. This policy was intended to help our congregation make The United Methodist Church of Berea a truly safe and caring place.

## II. GUIDELINES FOR THE SUPERVISION OF CHILDREN AND YOUTH

### A. Adequate Supervision

A concerted effort will be made to provide team teaching and multiple chaperones for all activities involving children and youth. *It is recommended that two adults be present at all times. However, one adult and one youth (14-17 years) is also acceptable. The youth assistants must be five (5) years older than the children in their care.*

### B. Teacher/Student Ratio

In order to assure safe supervision of our children and youth, we will strive to follow the recommended guidelines found in United Methodist Church Sunday School published child care guidelines. (See Appendix – p 20)

### C. Trip and Retreat Supervision

There shall be adequate adult supervision for all field trips, retreats, and other times children/youth gather at or away from the church building. We recommend that at least two adults be present at each gathering. We also recommend that at least two adults be present as children and youth are transported to and from each gathering. A person currently trained in First Aid and CPR must be present.

*On an overnight event, boys and girls will have designated, separate sleeping areas.*

There shall be at minimum 1 adult male and 1 adult female when there are both boys and girls in attendance.

Persons designated to provide transportation to or from church events must be:

- Known to the designated leader of the event;
  - Be at least 21 years old;
  - Have a valid state driver's license for the vehicle being operated;
  - Have proof of insurance; and
- Have received, read and signed a copy of The United Methodist Church of Berea's Child Protection Policy. The Application with 3 references and permission for a background check must be submitted.

In addition to field trips, mission trips and retreats, this policy applies any time that children under age fourteen (14) remain at the church without a parent being in the building.

*A list of all participants leaving the church property must be given to the church office prior to departure. This list must contain the participant's names, parent/guardian names, address, and two phone numbers (home and cell), an emergency contact person with two phone numbers, and copies of the proper medical release/emergency forms F & G. An itinerary of the trip including address and phone numbers of the destinations should be given to the church office. Vehicles with license plate numbers must be included with the names of all drivers.*

### D. Photographic Release Forms

*Parent(s) or guardian(s) must sign written permission for their child) to be photographed and/or videotaped and the resulting pictures to be displayed for church-related promotions including Church Services displayed on YouTube.*

- E. Parental Release for Child and Youth Participation at UMC Berea Events *when parents are not on site with their child.* (Forms E and G to be completed annually and placed on file with the Children & Youth Program staff member)

**Form E**

I give permission and consent for my child (Name) \_\_\_\_\_  
To participate in the coming year (Signed Date) \_\_\_\_\_  
Of activities at the church.

I understand that The United Methodist Church of Berea, its pastor(s), staff, adult leaders, or counselors will not be held responsible for any injuries incurred during events held at the church or through church sponsored events that may take place off church property.

Photographs/video recordings of my child: may \_\_\_\_\_ may not \_\_\_\_\_ be used on church bulletin boards, web sites, and other publications.

Parent/Guardian Signature \_\_\_\_\_

F. The United Methodist Church of Berea Event Permission Form (Form F to be completed for every overnight or special event when parents are not on site with their child. Completed forms must be kept on file at the church for 5 years.

**Form F**  
The United Methodist Church of Berea  
Event Permission Form

Event Information:

Event Name, Location, and Contact Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Event: \_\_\_\_\_  
Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_  
Cost: \_\_\_\_\_

Adult Leaders and Phone Numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any medical information that has changed since the September medical form (Form G) was completed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event: \_\_\_\_\_

I give permission for my child to participate in the activities of the church. I understand that The United Methodist Church of Berea, its pastor(s), staff, adult leaders, or counselors will not be held responsible for any injuries incurred during events held at the church or through church sponsored events that take place off church property.

Two phones where I may be reached during this event:  
\_\_\_\_\_ (cell) \_\_\_\_\_

I give permission and consent for my child (Name)  
\_\_\_\_\_ to participate in this event (Signed)  
\_\_\_\_\_.

Photographs and/or video recordings may \_\_\_\_\_ may not \_\_\_\_\_ to use on church bulletin boards, websites, and other publications.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

G. The Medical Information Form is completed yearly and kept by the Program Staff member supervising the group.

**Form G**  
**Medical Information and Release Form for The United Methodist Church of Berea**  
(to be kept on file by Children & Youth Program staff)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

In the event that all attempts to contact me at:

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ During the hours of: \_\_\_\_\_

Or emergency contact:

Name: \_\_\_\_\_ HomePhone) \_\_\_\_\_  
Cell phone \_\_\_\_\_

are unsuccessful, I give consent for the responsible adult present to transport my child or youth to the most appropriate health care facility and seek medical attention and treatment deemed necessary by the attending physician. I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Others having important medical information about my child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child had a tetanus shot in the last 8 years? \_\_\_\_\_yes \_\_\_\_\_no

Allergies (food, medicine, bee stings, etc.) \_\_\_\_\_

OTC medicines child/youth can **not** take: \_\_\_\_\_

Medicines currently taking/special health information: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Health Insurer's Phone Number: \_\_\_\_\_

Subscriber's Name for the policy under which your child is covered: \_\_\_\_\_

#### H. Open Door Policy-Unobstructed View

Parents and staff of the church may visit and observe the program at any time.  
Classroom doors with windows shall not be covered to obstruct the visibility into the said classroom.

#### I. Sign In/Sign Out Procedure

Parents of children ages Infant through Pre-Kindergarten will follow the sign in/sign out procedure for Sunday School. A copy of this form is available in the Children's Ministries Office.

### III. SCREENING OF VOLUNTEERS

In an effort to create the safest possible environment within our church, each volunteer eighteen years of age and older who works with the Church's children or youth programs either regularly or occasionally, on or beyond the church grounds, will be screened and will be trained on child protection issues. Effective September 1, 2009, all volunteers and staff will have a background check done by the United Methodist Church of Berea's designated insurance company.

Leaders of all community groups who use the Church facilities will read the policy and sign an acknowledgement form indicating that the policy has been read. The Boy Scouts and Girl Scouts sponsored by our church and other organizations that use the Church will be guided by the rules and regulations of their respective organizations.

A person who works with children and youth must be a member of the church and/or regularly be involved in the church for six months prior to volunteering to work with children or youth.

A. After reviewing the written application, the Director of Children's Ministries or the UMCB Staff member responsible for the ministry may choose to interview the candidate before placing him/her in a position of responsibility. Indications that such an interview must take place include:

1. The person is a newcomer to The United Methodist Church of Berea and/or the community.
2. The person wants to work with only one age group.
3. The person does not want or like close supervision.
4. The person has been charged or convicted of a crime against children or youth.
5. The person has had driver's privileges suspended.

B. Before beginning work with either children or youth, each volunteer age 18 or older will read, understand, agree to abide by, and sign the church's Child Protection Policy and submit the necessary application with 3 references and permission for a background check.

C. All volunteers and staff will have a background check completed every 3 years.

D. All teachers and volunteers will attend yearly child protection training/update session provided by the church.

#### IV. RESPONSE BY CHURCH WORKERS TO ALLEGATIONS OF ABUSE

As caring Christians, we are committed to protect and advocate for children and youth participating in the life of the church. The Church is entrusted to provide an emotionally safe, spiritually grounded, healthy environment for children, youth and adults in which they are protected from abuse. It is our policy to report abuse whenever it comes to our attention regardless of where that abuse takes place. We shall report abuse to stop existing abuse and to prevent further abuse. To report abuse is to be a witness to the world of the love and justice of God. Reporting abuse is a form of ministering to the needs of those crying out for help. If abuse occurs, it is our intention to act as an advocate – providing support, information, assistance and intervention. We seek to provide a supportive atmosphere, offering both objectivity and empathy as we seek to create a climate in which healing can take place.

If the abuse is observed by or disclosed to a volunteer and/or paid staff member of the church, that person shall report the incident to the Pastor. Together they shall determine the appropriate response which may include one or all of the following:

- A. The suspected abuse shall be reported to Children’s Services immediately. This is a requirement of the law.
- B. If the alleged abuser is a volunteer or paid staff of the church, once the safety of the victim is assured and confidentiality is protected, the alleged abuser shall be confronted and, at the very least, removed from the setting in which the abuse has allegedly occurred.
  1. The Pastor shall consult with the District Superintendent.
  2. Any contact with the secular press shall be handled by the Pastor.
- C. A written report of the basic information shall be kept to ensure ongoing ministry to, and advocacy for, victims and others involved. A form for this purpose shall be available in the church office. (See APPENDIX p 18 for Alleged Abuse Form)

The report shall be brief and contain only factual information relevant to the situation. It shall be filed in a secure place in order to insure confidentiality. It shall be written in ink or typed (to prevent it from being changed.)

## V. EDUCATION OF PERSONS WHO WORK WITH CHILDREN AND YOUTH

A. Each year regularly scheduled training focused on issues of abuse will be provided for those working with children and youth. Attendance at this training shall be required of all persons who will have direct contact with children or youth in the church's ministry.

The training will include:

1. The church's policies on screening
2. The church's policies on reporting abuse
3. The church's policies on age of adults in supervision
4. The church's policies on the ratio of adults to children/youth
5. The meaning of confidentiality
6. The role of one who hears a disclosure
7. Report forms
8. Appropriate ways to discipline.
9. Appropriate ways to show encouragement and demonstrations of affection.

B. The Children's Council and Youth Council shall develop ways of educating the congregation on abuse, its effects, and The United Methodist Church of Berea's policies on screening and reporting abuse. Such education might include displays, bulletin boards, programs/presentations by knowledgeable persons and films.

C. The Church and Society Committee shall have the responsibility of developing ministries of support for persons in the congregation or community who are survivors of abuse, or the families of survivors of abuse.

## VI CYBER SAFETY

### A ONLINE SAFETY TIPS FOR MINISTERS AND ADULT VOLUNTEERS

1. When posting photos of youth group members, have written parental permission in advance.
2. Secure written parental permission in advance to communicate with the youth group members by email, cell phone, instant messaging, or text messaging.
3. When communicating by email, do not use "broadcast" emails. Use the "bcc" option (blind carbon copy) so that each recipient sees only his or her address when a message is received.
4. All computers in the church shall have parental controls in operation and be password protected.

### B ONLINE SAFETY TRAINING

1. Provide training classes for the youth to teach them how to use privacy settings for their social networking profiles and what things can be safely posted.
2. Teach youth not to post, or say, anything online that they would not want you, a coach, an employer, a parent, or a grandparent to see.
3. Encourage the children and youth to let you know if anyone they meet on line tries to meet with them in person.
4. Technology types included in training: church websites, Face Book (twitter.com, You Tube), cell phones (cameras, texting), Email, Trip blogs (photos, video)

### C CYBER USAGE POLICY

The Youth Council shall develop and enforce policies regarding the use of cell phones, computers, and other technologies in ministry settings such as camping, retreats, and trips.

## VII. GENERAL SAFETY ISSUES

### 1. FIRE SAFETY:

- fire exits are posted in each classroom
- smoke detectors are installed throughout the Education Building
- fire drills will be conducted by the Director of Children's Ministries/custodian
- marked fire doors must be kept closed

### 2. TORNADO SAFETY:

- safe shelter areas are indicated in each classroom

### 3. FIRST AID KITS:

- LOCATED IN Rooms 11, 21, 27, 32, 37, Kitchen, and Director of Children's Ministries office

### 4. AED (Automatic Electronic Defibrillator) Kit is located on the wall by the Library.

### 5. NO SMOKING IS ALLOWED. The United Methodist Church of Berea is a SMOKE FREE building.

### 6. NO FIREARMS OR CONCEALED WEAPONS ARE ALLOWED IN THE CHURCH BUILDING .

### 7. RESTROOM USAGE: An adult should check the restroom for safety and health issues before allowing a student to enter.

VIII APPENDIX - FORMS

A. THE UNITED METHODIST CHURCH OF BEREA  
APPLICATION TO WORK/VOLUNTEER  
WITH CHILDREN OR YOUTH

Name \_\_\_\_\_

Former Names \_\_\_\_\_

Current Address \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_

Phone Number, Day \_\_\_\_\_ *Cell Phone* \_\_\_\_\_

Phone Number, Evening \_\_\_\_\_ E-mail \_\_\_\_\_

Do we have permission to contact you at work? \_\_\_\_\_

Contact in case of emergency. Include name, relationship and phone \_\_\_\_\_

Current Job \_\_\_\_\_

How long have you worked in this position? \_\_\_\_\_

Previous work experience. Include where, what and when (dates): \_\_\_\_\_

Previous volunteer experience. Include where, when and what: \_\_\_\_\_

Gifts/Skills/Relevant Training \_\_\_\_\_

Education \_\_\_\_\_

What position(s) are you applying for? \_\_\_\_\_

What do age(s) you prefer to work with? \_\_\_\_\_

Why do you want to serve in this/these position(s)? \_\_\_\_\_

What other involvement with children or youth have you had at other churches? \_\_\_\_\_

Are you a member of The United Methodist Church of Berea? \_\_\_\_\_

If you are not a member of The United Methodist Church of Berea, do you regularly attend this church? \_\_\_\_\_ If not, do you attend another church? \_\_\_\_\_  
Where? \_\_\_\_\_ How long? \_\_\_\_\_  
Are you, or were you, a member of another church? \_\_\_\_\_  
Where? \_\_\_\_\_ How long? \_\_\_\_\_  
What are/were your activities at this other church? \_\_\_\_\_  
What other involvement with children or youth (Scouts, 4-H, etc.) have you had?

Available schedule:

Have you ever been charged/convicted of any crime against children or other persons? \_\_\_\_\_  
If yes, explain. \_\_\_\_\_

Has your driver's license been suspended or revoked with the past seven (7) years? If yes, explain. \_\_\_\_\_

First Aid Training? Yes \_\_\_ No \_\_\_ Date completed \_\_\_\_\_

CPR Training? Yes \_\_\_ No \_\_\_ Date completed \_\_\_\_\_

As a United Methodist Church of Berea volunteer/worker with children and youth, I agree that I will:

- Attend training on Child Protection
- Under no circumstances use any form of physical punishment
- Live by the understanding that, as a person of authority, it is my responsibility to avoid sexual contact with any children or youth in my care
- Abide by the Child Protection Policy as signed and on file in the Children's Ministries office.
- Give permission for a background check.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer/Worker

## REFERENCES

Please list three persons who are familiar with your character, particularly as it relates to supervision of children or youth. At least one reference must be your most recent employer. Include the pastor of the church most recently attended. None of the references may be a relative or close friend.

1.	_____	_____
	Name	Relationship
	_____	_____
	Address	Phone Number
2.	_____	_____
	Name	Relationship
	_____	_____
	Address	Phone Number
3.	_____	_____
	Name	Relationship
	_____	_____
	Address	Phone Number

All information contained herein shall be confidential to the Director of Children's Ministries or UMCB Staff member supervising the program. I authorize the contact of listed references. If appointed as a volunteer, I agree to abide by the policies of The United Methodist Church of Berea and to fulfill the volunteer responsibilities to the best of my ability.

As an applicant, I understand the following:

1. The information I have provided may be verified by contacting the persons or churches listed on this application. I hereby release and hold harmless from any liability any persons or churches who provided such information. I understand that this information will be kept strictly confidential.
2. I reserve the right to inspect any reference given on my behalf.

By signing this application, I affirm that the information I have given is true and correct. I hereby agree that the United Methodist Church of Berea may conduct a background check.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit your application to the Director of Children's Ministries or UMCB staff member supervising the program.

RECEIPT OF  
THE UNITED METHODIST CHURCH OF BEREA  
CHILD PROTECTION POLICY

My signature below signifies that I have received, read and agree to follow this policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print the following:

Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

NOTE: SIGNATURE CARDS, BACKGROUND PERMISSION FORMS, AND  
APPLICATIONS ARE KEPT IN A CONFIDENTIAL FILE WITH DIRECTOR OF  
CHILDREN'S MINISTRIES.

\*\*\*\*\*

AUTHORIZATION AND REQUEST FOR A BACKGROUND CHECK

I, \_\_\_\_\_ hereby authorize The United Methodist Church of Berea to  
conduct a background check through a selected agency.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print applicant's full name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Print all other names that have been used by the applicant (if any)  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State issuing license \_\_\_\_\_

License expiration date \_\_\_\_\_

B REFERENCE QUESTIONNAIRE FOR APPLICANT TO WORK/VOLUNTEER WITH CHILDREN AND YOUTH AT THE UNITED METHODIST CHURCH OF BERIA

Your name was given as a reference by \_\_\_\_\_ who has applied for the position of \_\_\_\_\_. As a condition of being a volunteer worker with children and youth at The United Methodist Church of Berea, any applicant must have on file a record of three reference contacts. Please complete this questionnaire and return it by \_\_\_\_\_ in the enclosed envelope. Thank you for your prompt attention to this matter.

Vivien Swaddling
Director of Children's Ministries

- 1. How long have you known the applicant? \_\_\_\_\_ What is your relationship to the applicant? \_\_\_\_\_
2. Have you observed him/her with children? \_\_\_\_\_ If so, in what situations? \_\_\_\_\_
3. Do you know of any conditions making this applicant unsuitable for teaching or working with children? If so, please describe. \_\_\_\_\_
4. To the best of your knowledge, has this person ever been convicted of or pleaded guilty to child abuse or any violent crimes or had a child removed from their home pursuant to Section 2151.353 of the Ohio Revised Code? \_\_\_\_\_
5. Please make any additional comments you would like to make about this applicant. \_\_\_\_\_

Signature

Phone Day & Evening

Date

Please return this completed questionnaire in the enclosed envelope. If the envelope is missing, return in an envelope marked **CONFIDENTIAL** to:

**Rev. Carrie Antczak**  
**The United Methodist Church of Berea**  
**170 Seminary St.**  
**Berea, OH 44017**

If you have any questions, call Rev. Antczak at (440) 234-3525 ext. 105.

C.

REPORT OF ALLEGED ABUSE FORM

Name of Accused \_\_\_\_\_

Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of Victim \_\_\_\_\_

Age \_\_\_\_\_

Parents/Legal Guardian \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Nature of Abuse:

Date(s) if possible \_\_\_\_\_ Time(s) \_\_\_\_\_

Date on which this information was given \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Who contacted Children's Services? \_\_\_\_\_

Name of advocate who received the information \_\_\_\_\_

Advocate's signature \_\_\_\_\_

Date \_\_\_\_\_

Other factual information which would be helpful:

Please complete in ink or type. Place in a secure file.

D. INJURY REPORT

Name of injured victim \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Describe injury/incident and location \_\_\_\_\_

\_\_\_\_\_

Witnesses \_\_\_\_\_

First Aid administered by \_\_\_\_\_

How were parents notified? \_\_\_\_\_

Follow-up to injury/incident \_\_\_\_\_

REPORT SUBMITTED to Designated Safety Officer (Children's Ministry Director)

## IX CHILD CARE POLICY STATEMENT – The United Methodist Church of Berea

We believe that the church family should take responsibility for the health, safety, and well-being of each child or youth who comes under its care. We will not accept a “less than best” kind of ministry.

We believe children and youth need:

- loving, caring, qualified, dependable persons to supervise and guide them;
- planned, supervised exploration in a safe, stimulating environment;
- opportunities to grow and learn at their own rate.

We believe that the well-being of the child or youth should not be sacrificed for adult programming. It is suggested that child care be limited to 3 hours maximum.

We believe that child care workers should be trained and/or experienced. When monetary remuneration is given, it will be at least minimum wage.

### PROCEDURES AND POLICIES ADOPTED BY THE CHILDREN’S COUNCIL

#### I. ROOM USAGE REQUESTS

- A. Contact Church office or Director of Children’s Ministries directly. Indicate date, hours, names, and ages of the children.
- B. Staff-Child Ratios: (minimum standards)
  - 1. Infants (0-6 months).....Two babies to one adult
  - 2. Crawlers (6-12 months).....Three crawlers to one adult
  - 3. Toddlers (12-18 months).....Four toddlers to one adult
  - 4. Walkers (18-36 months).....Five to six walkers to one adult
  - 5. Preschool (3-5 years old).....Six to nine students to one adult
  - 6. Kindergarten (5-6 years old)....Ten to twelve student to one adult
  - 7. Grades 1-6.....Ideally fifteen students to one adult
- C. Child Care Conditions
  - 1. Children aged birth to 2 years should not be with 3-5 year olds.
  - 2. Children over 5 should not be in rooms equipped for preschoolers for safety reasons.
  - 3. Children and youth will not be permitted in rooms without a responsible adult on the premises.
  - 4. Parents, teachers, and leaders are requested to limit children and youth from unsupervised wandering and loitering in the halls and restrooms.
  - 5. Youth child care workers must be 14 years of age and 5 years older than the children under supervision.

#### II. ROOM USE

- A. Rooms may be used only when designated adult(s) is present.
- B. Room must be left in order. Sunday School or materials of other groups should not be disturbed.
- C. Toys must be reshelved, left as clean as when found, and repaired or replaced if broken.

The Policies and Procedures outlined above may be waived if an individual situation warrants adjustment and a written request has been made in advance to the Director of Children’s Ministries. All childcare is under the supervision of the Director of Children’s Ministries. Day Camp and Babysitting may have waivers.