

Macedonia Evangelical Lutheran Church

Child Protection Policy

*“Let the little children come to Me and do not hinder them,
for the Kingdom of God belongs to such as these”*

Mark 10:14

The purpose of updating this document is to insure that our children and youth are protected and their parents/guardians and those who work with them understand the proper procedures and the reasons behind them. If we are all committed to these principles and guidelines we can keep Macedonia a safe and loving environment. Communication among all parties is central to making this work.

For Parents

The key to any relationship is communication. We encourage you to get to know your child/youth’s teachers or leaders. Find out who your son or daughter is spending time with at church. While we do everything possible to ensure safety within the various ministries, you are the best advocate for your son or daughter. If you believe your child/youth is experiencing any form of mistreatment, please contact the ministry or your child’s group leader directly. We ask this, as we may not be aware of the situation with your child and want to address it. You always have the option to talk to the pastor or council president if that would be more appropriate.

Any member of the congregation, volunteer or paid employee who has been convicted of a crime against a child or of a violent crime against another adult will not provide service in a church-sponsored activity or program for children/youth.

You may feel confident that the staff and leaders in each ministry hold the safety of your child in the highest regard. We take great care to increase safety while your child/youth is involved in ministry.

These guidelines are by no means exhaustive. Please feel free to contact the ministry or your child/youth’s leader anytime with questions or concerns. Or contact the staff member directly at 336-227-5554. Any questions may be directed to the senior pastor or council president.

For Staff and Volunteers

Realize that the screening process is for the protection of the children, Macedonia and yourself. In these times we must do everything we can to protect our children and, almost as importantly, to be seen taking these measures. That is to demonstrate that we take the safety of children and youth seriously.

Never be alone with a child you are not related to. There are a few exceptions to this rule but it is central to the entire policy. It is not only for the child’s protection but potentially for yours as far as liability is concerned.

Ongoing Review and Administration

To make sure this policy is current and responsive to changes a Child Protection committee will be established to meet annually in March for such reviews. The committee shall be chaired by the vice president of congregational council, the pastor and one each from the following committees who deal with children or youth: Christian Education, Worship and Music, and Youth. If there is a paid youth director on

staff, that person shall serve on this committee. The function of this committee is to review these policies and to deal with any issues that may arise from them. Oversight of training and screening issues are also the responsibilities of this committee.

Policy Statement

In keeping with the covenant of baptism, the congregation of Macedonia Evangelical Lutheran Church (MELC) has committed itself and its resources to the nurture of our children. We promise our children that we will provide the structure, education, and the policies that will keep them safe from harm and abuse. In that context, we will screen and train staff and volunteers, per the following policy. Each volunteer shall abide by the policies of Macedonia Evangelical Lutheran Church.

Policy and Program Definitions

The State of North Carolina defines a child as anyone from birth to age eighteen. MELC designates a difference between children and youth in programming. For the purposes of this policy, all people below the age of 12 years will be referred to as children and those 12-18 years old will be referred to as youth.

Child Abuse refers to an action or inaction by a parent, leader, advisor, teacher, etc. that harms or threatens to harm a child/youth's physical or mental health and well-being. This may include physical abuse, sexual abuse, and/or emotional or verbal abuse.

Components of the program

Everyone desiring to work with children or youth at Macedonia Evangelical Lutheran Church, whether paid staff or volunteer, goes through our approved training and screening program. Our program has four components:

- 1. Screening**
- 2. Training**
- 3. Supervision**
- 4. Reporting**

1. Screening

All those working with children or youth on a regular basis will be screened by a process which will include

- Completion of screening application including references
- Reference checks
- Criminal background and driver's license checks
- Completion of appropriate training course

Macedonia will contract with service providers to handle the screening process. Also, in certain situations, usually for paid staff, a personal interview may be done which would include safety and security issues.

As the criminal screening process can involve sensitive personal information, the vice president of the congregation and the pastor shall be advised of any problems with these reports. Background screening of youth is optional.

Staff and volunteers are required to report any changes to their situation involving criminal or driving issues after the initial screening.

2. Training

Training will be provided by the service provider who does our screenings. There are several options available online. The Child Protection committee shall recommend to the Congregational Council the one for Macedonia to use. Training shall be required of all who work with children or youth. Appropriate relationships and physical contact will be emphasized. It shall be renewed periodically. Training will include review of this document.

3. Supervision

This occurs during the time that your ministry is doing what it is called to do. Supervision is done primarily by ministry leaders but we all have a role in keeping one another accountable. The goal is to ensure that the interactions taking place between leaders, advisors, teachers, parents/guardians and the child/youth are appropriate and above reproach. Supervision takes place for the protection of the children/youth, as well as for the leaders.

Supervision Standards

- It is the responsibility of the ministry providing the church activity or program to make certain that proper supervision is in place in accordance with these policies.
- Only persons who have been members of MELC for at least 6 months are eligible to work with the children/youth. Exceptions can be permitted when permission has been obtained from the Church Council or the Senior Pastor.
- At least 2 adults or one adult and one youth, who is at least 3 years older than those participating, will be present to supervise all activities involving children/youth. Any youth assisting in this capacity must also be trained in the *Child Protection Policy*. ***For activities, such as Sunday School, one adult/teacher can be in room with unscheduled visits by Superintendent or another leader.*** Exception can be permitted when permission has been obtained from the Church Council or Senior Pastor.
- Adequate personnel must be provided and maintained before and after an event until all children/youth are in the custody of their parents or guardians. Youth who are driving will be an exception.
- Parental Release Forms will be required for any off premises activity involving children/youth. These forms will be completed annually.
- MELC rooms used for children/youth will have doors equipped with windows or the door must remain open.
 - ***Before and after events or activities, children/youth are the responsibility of their parent(s) or guardians. It is the parent(s) responsibility to drop off and pick up their child(ren) in a timely manner. If someone other than the parent/guardian will pick up a child, it should be submitted in writing. Exceptions to this should be submitted in writing by parent/guardian.***
- **Volunteers** should avoid the circumstances of being alone with a child/youth.
- Child/youth personal information will be kept in confidence. It will only be released to authorized individuals on a need-to-know basis.

Situational Policies

Overnights

- Any activity involving a sleepover requires a signed permission slip.
- As long as any students are awake, one of the leaders must also be awake to ensure monitoring of safe behavior.
- Adults are prohibited from sleeping in the same beds, sleeping bags, tents, hotel rooms unless the adult is an immediate family member of all children or youth in the bed, sleeping bag, tent, hotel room or other room. It is acceptable to have multiple adults sleep with all the children or youth participating in one open space such as a church basement or camp lodge.
- There will be a minimum of two adult leaders of different genders for overnight events.
- Adult leaders are prohibited from dressing, undressing, bathing, or showering in the presence of children or youth.
- Adults who are spending the night with youth should have a background check.

Driving

- All drivers should be at least 21 years of age, have a valid driver's license that has not been suspended or revoked for any reason and carry their own motor vehicle insurance.
- No youth should drive themselves to any event, unless in the case of extreme circumstances. The youth is subject to the following conditions.
 - Parental permission has been granted for the youth to drive and communicated to the adult leader.
 - The youth may not drive any other participants, other than siblings, to, from, or during the event.
 - If permission to drive has been granted to a youth, they must communicate to adult leaders their coming and goings.

4. Reporting

Any instance of child abuse or alleged child abuse occurring in connection with any church-related activity should be reported in accordance with the procedures described in this policy.

Reporting Procedures

The following procedures will be followed in the event of an incident of child abuse or alleged child abuse. Techniques and procedures will be covered in more detail during training:

- Immediately ensure the safety of the child or youth;
- Report the incident immediately to either the pastor and or youth pastor, but do not leave the child alone while doing so;
- Make notes as appropriate as to what was seen or heard;
- Do not discuss the incident with anyone other than the pastor, youth pastor or member of the Church Council to whom the incident or allegation was reported;
- Do not confront the alleged perpetrator
- Any employee or volunteer worker accused of abuse will be removed immediately from contact with children until an investigation by the proper authorities is concluded. The results of the investigation will determine if the person is reinstated or released;
- Either the pastor and/or The Church Council will determine the appropriate action to take, which may include any one or more of the following:

1. Notify the child's parent(s) or guardian(s);
2. Complete the Accident, Allegation, Incident Report Form;
3. Contact the appropriate authorities or North Carolina Department of Social Services;
4. Notify the church's legal counsel and insurance carrier;
5. Communicating with members of the church where appropriate.

Forms

Volunteer Information Form for Persons Working With Children And Youth

Blanket Permission-Release Form

Update To The Volunteer Information Form For Persons Working With Children And Youth

Permission-Release Form

Accident/Incident Report Form

Daily Event Registration Form (for VBS or similar events.)

MACEDONIA EVANGELICAL LUTHERAN CHURCH ACCIDENT, ALLEGATION, AND INCIDENT REPORT FORM

Date: ____/____/____ Name of Preparer: _____

Please check which is being reported:

___ Accident ___ Allegation ___ Known Incident

___ Other: _____

Date of event: ____/____/____

Place of event: _____

Date and time incident was first reported: ____/____/____ Time: ____:____ AM PM

Who made you aware of this event: _____

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

Please describe the event as you saw it or as it was reported to you: (Use reverse, if necessary)

Did anyone else witness the incident/accident/allegation (list names): _____

Describe any visible physical injuries observed: _____

If injuries were treated, describe treatment and by whom: _____

VOLUNTEER INFORMATION FORM FOR PERSONS WORKING WITH CHILDREN AND YOUTH

The congregation of Macedonia Evangelical Lutheran Church is committed to providing a nurturing, safe, and secure environment for all children, youth and volunteers who participate in ministries and activities sponsored by our church. Thank you for helping us fulfill this commitment by providing us with the information requested in this form.

VOLUNTEER POSITION APPLIED FOR		DATE
NAME		DATE OF BIRTH
ADDRESS		
HOME PHONE	CELL PHONE	WORK PHONE
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE ISSUED
HOW LONG HAVE YOU BEEN A MEMBER OF MACEDONIA?		
HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY TO A CRIME INVOLVING SEXUAL MISCONDUCT? IF YES, PLEASE EXPLAIN.	YES ___ NO ___	
HAVE YOU EVER BEEN SUED IN A CIVIL ACTION WHERE THE ALLEGATIONS INCLUDED SEXUAL MISCONDUCT? IF YES, EXPLAIN	YES ___ NO ___	
HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? IF YES, EXPLAIN	YES ___ NO ___	
LIST ALL PREVIOUS WORK OR VOLUNTEER EXPERIENCE YOU HAVE INVOLVING CHILDREN AND/OR YOUTH		
LIST ANY APPLICABLE TRAINING YOU HAVE HAD		

PERSONAL REFERENCES (PEOPLE NOT RELATED TO YOU BY BLOOD OR MARRIAGE)

REFERENCE 1 NAME	PHONE(S)
ADDRESS	
REFERENCE 2 NAME	PHONE(S)
ADDRESS	

The information contained in this form is correct to the best of my knowledge. I authorize verification of the information contained in this form. I understand a criminal background check may be performed. Such information obtained by Macedonia will be treated confidentially. I hereby release any individual, church, or organization from any and all liability for damages which may result to me, my heirs, or family for compliance with this authorization.

I agree to be bound by the policies and procedures of Macedonia Evangelical Lutheran Church especially the Child Protection Policy which I have read.

In the event allegations of criminal or sexual misconduct arise regarding my conduct while I serve in the above described capacity(ies), the church will fully cooperate with any investigation

SIGNATURE	DATE

BLANKET PERMISSION-RELEASE FORM

MACEDONIA EVANGELICAL LUTHERAN CHURCH, BURLINGTON, NC

I give my permission for my child(ren) named below to participate in activities with Macedonia Evangelical Lutheran Church away from the church grounds (hayrides, bowling, putt-putt, etc.) during the year _____. I understand that the group may be traveling by van or private vehicles on occasion. Advance notice will be given when an activity will be away from the church grounds. A contact number will be given to parents/guardians. Every effort for safety will be taken.

I hereby release Macedonia Evangelical Lutheran Church, its staff, and event leaders from responsibility and liability for any injury or illness that my child may sustain during any activity. In the event of an extreme emergency, I hereby authorize an adult leader, when the parent is unavailable, as agent for me, to consent to any X-ray, examination, medical, dental or surgical diagnosis; treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered. I expect to be contacted as soon as possible.

Signature of Parent/Guardian

Date Signed

INFORMATION WE NEED ABOUT YOUR CHILD(REN)

Child/Youth Name(s)	Date of Birth	Grade
1.		
2.		
3.		
4.		
Parents or Guardians	Cell Phone	
1.		
2.		
Address	Home Phone	
Other Non-Medical Information You Think We Should Know		

MEDICAL INFORMATION

Health Insurance Company	Policy Number	Group Number (if needed)
Doctor's Name		Phone
Child 1 Name	Special Needs, Allergies, Medication, etc	
Child 2 Name	Special Needs, Allergies, Medication, etc	
Child 3 Name	Special Needs, Allergies, Medication, etc	
Child 4 Name	Special Needs, Allergies, Medication, etc	

Form Completed By _____ Date _____

UPDATE TO THE VOLUNTEER INFORMATION FORM FOR PERSONS WORKING WITH CHILDREN AND YOUTH

I originally completed the "Volunteer Information Form For Persons Working With Children And Youth" on _____ . I understand this information is to be updated (annually/biannually). I have reviewed the original form.

___ There are **no** changes to update.

___ There are changes which I document below

The above information is true and correct to the best of my knowledge.

_____ Date _____

PERMISSION-RELEASE FORM

MACEDONIA EVANGELICAL LUTHERAN CHURCH

BURLINGTON, NC

YOUTH ACTIVITIES

Name _____ Phone Number _____

ADDRESS _____ CITY/ZIP _____

I give permission for my above-named child to join the ____ (1) ____ of Macedonia Evangelical Lutheran Church, Burlington, NC on the ____ (2) ____ at/to ____ (3) ____ on ____ (4) _____. I understand that the group will be traveling in ____ (5) _____. I also understand that the cost of ____ (6) ____ includes ____ (7) ____ but does not include ____ (8) _____.

Every effort for safety will be taken; nonetheless, I hereby release Macedonia Evangelical Lutheran Church, Burlington, NC, its staff and advisors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of any emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered. I expect to be contacted as soon as possible.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

EMERGENCY PHONE NUMBER(S) _____

MEDICAL INFORMATION (Required for overnight trips)

ALLERGIES _____

MEDICATIONS BEING TAKEN _____

PHYSICAL HANDICAPS OR LIMITATIONS _____

MEDICAL INSURANCE COMPANY _____

POLICY NUMBER _____ GROUP NUMBER _____

FAMILY PHYSICIAN _____ PHONE NUMBER _____

(Return top portion to the church)

(Keep bottom portion for your reference)

TO BE COMPLETED BY MACEDONIA EVANGELICAL LUTHERAN CHURCH, BURLINGTON, NC

- (1) NAME OF GROUP _____
- (2) NAME OF ACTIVITY _____
- (3) LOCATION _____ PHONE NUMBER _____
- (4) DATES AND TIMES _____
- (5) TRANSPORTATION _____
- (6) COST _____ (Financial aid available)
- (7) INCLUDED IN COST _____
- (8) WHAT TO BRING _____

