



## DFUMC Safe Sanctuary Policy

The Dingmans Ferry United Methodist Church (DFUMC) is committed to providing a safe and secure environment for all children, youth, staff and volunteers who participate in ministries and activities sponsored by the church. We are considered **mandated reporters** of child abuse as we are responsible for the care, supervision, guidance, or control of children through DFUMC sponsored programs, missions and activities. No adult who has been convicted of child abuse and/or has a criminal record which would pose a threat to children/youth (sexual abuse, physical abuse, emotional abuse or other) can work or volunteer with children or youth in any church-sponsored activity.

The Safe Sanctuary Policy applies to: Tree of Life Preschool, Playgroup, Kinder-Camp, VBS, Sunday School, Youth Group, Confirmation Classes, and any ministry/program involving children.

DFUMC adheres to the following practices to provide a Safe Sanctuary:

1. All current employees must provide copies of up-to-date clearances as required by PA, training completions and the forms required from DFUMC. Refer to the [Keep Kids Safe PA](#) website.
2. All prospective employees and volunteers must complete the **Application for Employment, Contracting or Volunteering in Children Ministries** and provide copies of required PA clearances. The Ministry Lead, SPRC and the pastor are responsible for interviewing applicants and volunteers, reviewing the application form and checking references.
3. Church facilities have an open atmosphere. Classrooms are bright and accessible with large windows and doors with windows. There are no shades on the classroom windows.
4. We follow open door counseling in all settings. No adult is allowed to be isolated with a child, and another adult or the parent/guardian must be within eyesight.
5. Two **unrelated** adults must be present in the building while activities are in session. During Sunday School, someone is assigned to check in with the Sunday School Teacher(s).
6. Parents/Guardians are informed of church and preschool activities/events in advance and parental permission slips are used when appropriate.
7. A person trained in First Aid/CPR must be available during preschool and other programs involving children when the parent/guardian is not present.
8. The names of the members of the Staff/Parish Relations Committee (SPRC) are posted and people are urged to approach any member of the committee with issues and concerns. The SPRC meets on a regular basis to deal with any situation that might arise and respects the privacy and confidentiality of people who bring concerns to SPRC.
9. The church maintains and posts the required current certificate of occupancy and insurance for church related employees and facilities.
10. All outside groups who use our facilities will comply with our Safe Sanctuary Policy and will sign a copy of the Participation Covenant Statement for Outside Groups form. Outside groups using DFUMC facilities are required to maintain current copies of their volunteers' clearances and provide copies of their insurance.
11. Standard definitions and forms are included in the appendices.
12. Church, Preschool Employees and Volunteers will receive training **yearly** in the Safe Sanctuary Policy and will be assigned online training through MinistrySafe as required. MinistrySafe is a software program used by GNJUMC to assign training and track documentation.
13. **Yearly**, there will be a review of clearances for all employees, contracted staff and volunteers who work with children to make sure all clearances are up to date.
14. The Safe Sanctuaries policy will be reviewed/updated as needed **every year** by SPRC and submitted for approval by the Administrative Council. The Administrative Council will submit the updated policy to the Safe Sanctuaries Coordinator of GNJ Conference **every other year**.

# Employees and Contracted Staff: Clearances and Training

## A. Screening Process - Required PA Clearances

- ☐ The required clearances for employees and contractors currently include:
  - PA Criminal Background Check
  - Child Abuse History Clearance
  - FBI – Fingerprint-based Federal Criminal History and Criminal Check Form.
  - National Sex Offender Registry (NSOR) verification certificate.
- ☐ If an employee/contractor has **not** been a resident of PA for the last 5 years, he/she also needs to obtain Criminal Check and Child Abuse clearances from their **former** state.
- ☐ In addition to the clearances listed above, all employees and contractors must sign the following 2 forms and submit all documentation with the **Clearances Cover Form for DFUMC Employees and Contracted Staff**
  - Participation Covenant Statement
  - DFUMC Criminal Check Form
- ☐ Documentation will be kept in the employee's confidential Personnel Folders and the dates of each clearance and training recorded on the SPRC database and in MinistrySafe.
- ☐ Clearances are required for an employee/contractor at a minimum of **every** 5 years from the date of the oldest clearance. Prior to the expiration date, the staff member must complete all training and clearances **again** and submit to SPRC to be reviewed and placed in the Personnel Folder.
- ☐ If after submitting clearances, an employee or contracted staff is arrested/convicted of an offence that would constitute grounds for denying participation in a program under the Child Protective Services Law, he/she must submit written notice to DFUMC within 72 hours of being listed as a perpetrator in statewide database and **cannot** work with children until current approved clearances are obtained.
- ☐ Prospective employees or contracted staff must complete the Application Form and include copies of the clearances noted above.
- ☐ The Hiring Manager, SPRC and the Pastor are responsible for interviewing applicants and reviewing the application form.
- ☐ ***Paid*** youth staff ages 14-17 years old who work with children **do need** clearances. ***Volunteer*** staff under 18 years of age **do not** require clearances.

## B. Training

- ☐ The following training courses must be completed, and proof of completion is to be kept in the appropriate files for employees and contracted staff:
  - **Safe Sanctuary Policy Overview– Required Yearly.** This is a short training to review the DFUMC Safe Sanctuary Policy, discuss mandated reporting requirements, ask questions, and sign the Participation Covenant Statement. Your attendance will be documented.
  - **Online Training:** Online training will be assigned and tracked for staff and volunteers through MinistrySafe, a software program used by GNJUMC to track training and documentation. This training will be assigned on a yearly basis or as required.

## C. Links

- ☐ Refer to the Keep Kids Safe PA website for more info on PA clearances and training programs.
  - <https://www.pa.gov/en/agencies/dhs/resources/keep-kids-safe.html>
- ☐ **How do I obtain clearances from another state for use in Pennsylvania?**
  - [Click here for Information on how to obtain Out of State Child Abuse clearances or Out of State Criminal Record information](#)

# Volunteers: Clearances and Training

## A. Screening Process - Required PA Clearances

- ☐ All adult volunteers who have regular and direct contact with children must complete the Application Form. This includes ministries such as Sunday School and VBS, Youth Group, Preschool and Kindercamp Volunteers, etc.
- ☐ Adult volunteers must provide copies of required clearances before taking on a volunteer role involving children. Volunteers under 18 years are **not** required to have clearances. The Ministry Lead, SPRC and the pastor are responsible for interviewing volunteers and reviewing the Application Form and clearances.
- ☐ All adult volunteers who have regular and direct contact with children must have the following required clearances:
  - PA Criminal Background Check
  - Child Abuse History Clearance
  - National Sex Offender Registry (NSOR) verification certificate.
- ☐ If a volunteer has **not** been a resident of PA for the last 5 years, he/she also needs to obtain the Criminal Check and Child Abuse clearances from their **former** state.
- ☐ If a volunteer **has NOT been a continuous resident of PA for the last 10 years**, then an **additional** FBI clearance is required
  - FBI – Fingerprint-based Federal Criminal History and Criminal Check Form.
- ☐ In addition to the clearances, all volunteers must sign the following 2 forms and submit all documentation with the **Clearances Cover Form for DFUMC Volunteers**.
  - Participation Covenant Statement
  - Volunteer Waiver Form.
- ☐ Clearances are required for a volunteer at a minimum of **every** 5 years from the date of the oldest clearance. Prior to the expiration date, the volunteer must complete all training and clearances **again** and submit to SPRC to be reviewed and placed in the Volunteer Folder.
- ☐ All volunteers for children/youth programs and activities must have attended DFUMC for a period of **at least six months** immediately prior to volunteering.
- ☐ Copies of Clearances, Training Completion, Participation Covenant Statement, and Volunteer Waiver Forms will be kept on file in the Volunteer Folders.

## B. Training

- ☐ The following training courses must be completed, and proof of completion is to be kept in the appropriate files for volunteers
  - **Safe Sanctuary Policy Overview– Required Yearly.** This is a short training to review the DFUMC Safe Sanctuary Policy, discuss mandated reporting requirements, and sign the Participation Covenant Statement. Your attendance will be documented.
  - **Online Training:** Online training will be assigned and tracked for staff and volunteers through MinistrySafe, a software program used by GNJUMC to track training and documentation. This training will be assigned on a yearly basis or as required.

## C. Links

- ☐ Refer to the [Keep Kids Safe PA](https://www.pa.gov/en/agencies/dhs/resources/keep-kids-safe.html) website for more info on PA clearances and training programs.
  - <https://www.pa.gov/en/agencies/dhs/resources/keep-kids-safe.html>
- ☐ **How do I obtain clearances from another state for use in Pennsylvania?** [Click here for Information on how to obtain Out of State Child Abuse clearances or Out of State Criminal Record information](#)

## **Supervision and Safety of Children and Youth at DFUMC**

1. All activities should be led or facilitated by adults (adults are defined as over the age of 18).
2. Two Unrelated Adult Rule: Two ***unrelated*** adults must be present in the building while activities are in session.
3. All adults and youth volunteers must be a minimum of 5 years older than the oldest minor.
4. All work with children and youth will be done in rooms with open doors or doors with windows, and open to a walk through by a supervisor. There are no shades on the classroom windows.
5. When children's programs are in session, adult visitors are requested to use the private bathrooms, rather than the multiple stall restrooms.
6. The main doors to the multi-stall restrooms are to be always kept open and staff/volunteers are in hearing distance if assistance is needed, or a problem occurs.
7. Photo release must be obtained before any photograph of a child is posted on social media or in the newspaper. Names and ages should **not** be included in the photo caption.
8. If an accident occurs, the person in charge must complete the **Incident/Injury Report**. This form is posted in the Safe Sanctuary section of the hallway bulletin board. Also notify the Pastor and SPRC Chairperson of the accident (numbers are posted on the same bulletin board).

### **Tree of Life Preschool, Playgroup and Kinder-Camp Additional Guidelines**

- ☐ All staff and volunteers have been screened, references checked and required clearances provided.
- ☐ Training has been provided in First Aid/CPR and Safe Sanctuary procedures. MinistrySafe Online Training courses have been assigned.
- ☐ Parents have signed the Tree of Life Participant Covenant Form as part of enrollment.
- ☐ A Parent/Guardian will sign the child in when dropping off at the classroom. No child will be released to an unidentified person. We must be informed in writing if alternative pickup arrangements have been made. Identification will be checked.
- ☐ Field trips will be announced in advance and permission slips required. Parents are responsible for transportation and must accompany the child.
- ☐ See Tree of Life Parent Handbook for additional information about the Safe Sanctuary Policy, Health & Safety Regulations and our curriculum.

### **Sunday School and Vacation Bible School Additional Guidelines**

- ☐ All volunteers have been screened, references checked and required clearances provided.
- ☐ Training has been provided in First Aid/CPR and Safe Sanctuary procedures. MinistrySafe Online Training courses have been assigned.
- ☐ Typically for Sunday School, there may be 1-2 classes, depending on attendance. If there is only 1 class, a designated Roamer will check on the class periodically while church is in session.

### **Youth Group and Confirmation Classes Additional Guidelines**

- ☐ All volunteers have been screened, references checked and required clearances provided.
- ☐ Training has been provided in First Aid/CPR and Safe Sanctuary procedures.
- ☐ Field trips will be announced in advance and permission slips required. Parents will be responsible for transportation, unless alternate arrangements are made for screened drivers.
- ☐ Parents will be encouraged to attend the activities.

## Reporting an Allegation

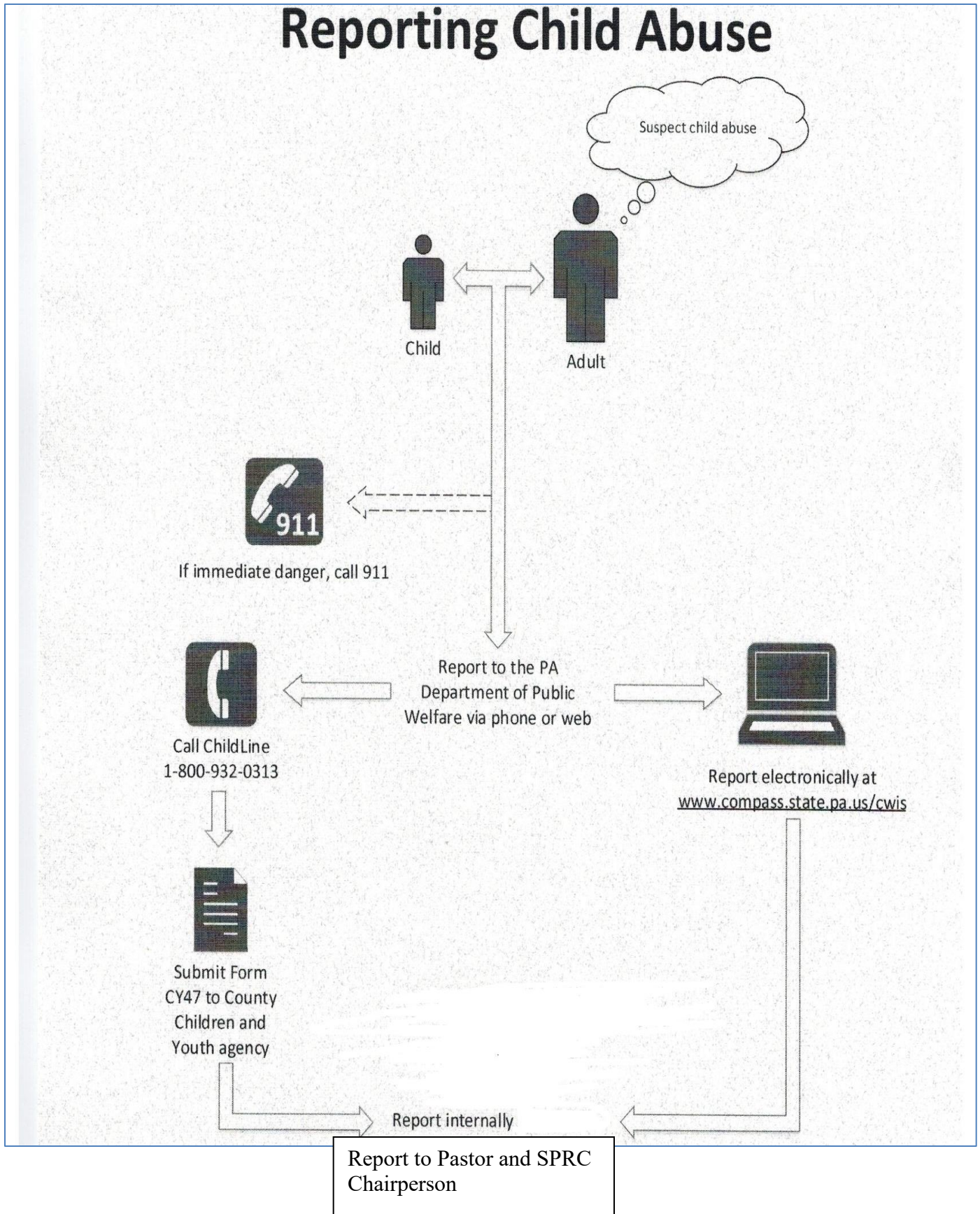
1. Call 911 if you feel the child is in *immediate* danger.
2. Once an incident of child abuse occurs or an allegation of an incident is made, it is crucial that it be dealt with speedily and in a clearly outlined manner. Reports can be made to **ChildLine** (800-932-0313) by any individual who suspects that child abuse has occurred. You do not have to provide proof or know who is responsible for harming the child. If you reasonably suspect child abuse, report *immediately*. Fill out the **CY 47- Record of Suspected Child Abuse Form** to document your call and you **must** also submit this form to child welfare agency within 48 hrs. Mandated Reporters can submit online thru the [Child Welfare Portal](#), instead of calling. The CY 47 form is also posted in the Safe Sanctuary section of the bulletin board.
3. Anyone with direct contact with children through their employment or volunteer work is a Mandated Reporter. By law, mandated reporters who suspect that a child is a victim of abuse must make an immediate and direct report to ChildLine. Once a report is received, specially trained child welfare professionals determine whether the child is a victim of abuse.
4. After reporting to **ChildLine**, you must then notify the person in charge of the activity, the Pastor and the SPRC Chairperson regarding the report that was made to ChildLine and turn in the **Record of Suspected Child Abuse Form** for the SPRC file. No more than one call to **ChildLine** of an incident is required from the institution, school, or facility.
5. Outside organizations that use DFUMC's facilities for youth programs have the **same** reporting requirements in regard to child abuse. If an individual suspects child abuse, he/she must call ChildLine directly, submit an online report and also notify the Pastor and SPRC Chairperson.
6. The Pastor and SPRC Chairperson will facilitate the cooperation of the DFUMC with any investigation of the report. The Pastor will also notify the District Superintendent.
7. If allegations are made against the pastor, SPRC Chairperson shall be contacted immediately and will notify the District Superintendent.
8. The law imposes penalties if any person attempts to intimidate, retaliate, or obstruct an individual from reporting suspected child abuse.
9. Persons who are the subjects of the report will be required to refrain from all children's activities until the incident report is resolved. In any removal of a person from any children's activities, care should be taken to handle this in a discreet manner, recognizing that an investigation is still being conducted.

## Responding to an Allegation

1. A quick, compassionate and unified response to an alleged incident of child abuse is expected. All allegations will be taken seriously. In all cases of reported or observed abuse in an activity, all volunteers or staff involved shall be at the service of all official investigating agencies.
2. The Pastor, or his/her designee, is the only person authorized to make statements to representatives of the media.
3. A mandated reporter who makes a report of suspected child abuse has the right to receive information about the final status of the report and about services provided or arranged to protect the child.



## DFUMC: Steps to Follow to Report Child Abuse

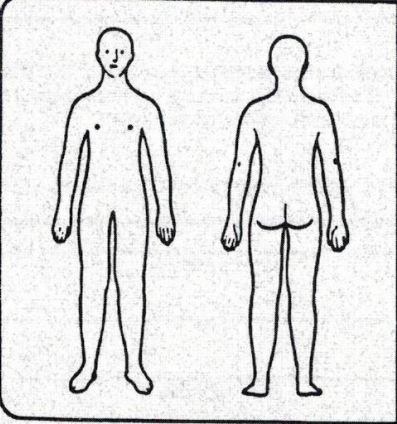


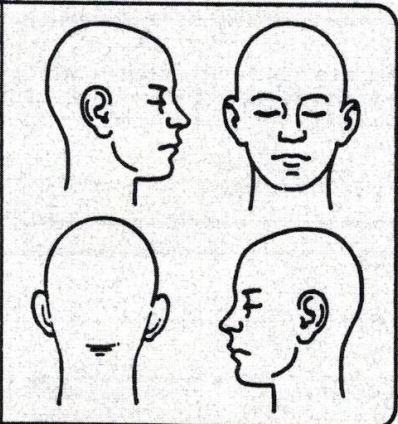


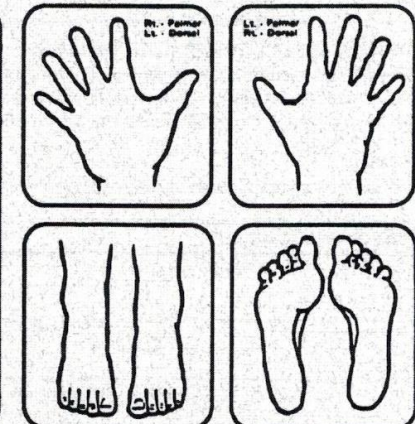
**ChildLine Report of Suspected Child Abuse - Form C47 - Page 1 of 2**  
*(This sample form is provided to illustrate what information is requested by ChildLine. The actual form may be different)*

<b>REPORT OF SUSPECTED CHILD ABUSE</b> <b>(CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA CSA CHAPTER 63)</b>					
<b>PLEASE REFER TO INSTRUCTIONS ON REVERSE SIDE. EXCEPT FOR SIGNATURE, PLEASE PRINT OR TYPE</b>					
1. NAME OF CHILD (Last, First, Initial)		SSN	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS (State, City, State & ZIP Code)			COUNTY		
1A. PRESENT LOCATION IF DIFFERENT THAN ABOVE			COUNTY		
2. BIOLOGICAL/ADOPTIVE MOTHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.	
ADDRESS (City, State & ZIP Code)			COUNTY		
3. BIOLOGICAL/ADOPTIVE FATHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.	
ADDRESS (City, State & ZIP Code)			COUNTY		
4. OTHER PERSON RESPONSIBLE FOR CHILD		SSN	BIRTHDATE	RELATIONSHIP TO CHILD	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (City, State & ZIP Code)			COUNTY	TELEPHONE NO.	
5. ALLEGED PERPETRATOR (Last, First, Initial)		SSN	BIRTHDATE	RELATIONSHIP TO CHILD	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (City, State & ZIP Code)			COUNTY	TELEPHONE NO.	
NAME OF ALLEGED PERPETRATOR'S EMPLOYER AND EMPLOYER'S ADDRESS					
6. FAMILY HOUSEHOLD COMPOSITION (Excluding Above Names)		RELATIONSHIP TO CHILD	NAME (Last, First, Initial)		RELATIONSHIP TO CHILD
NAME (Last, First, Initial)					
A.			D.		
B.			E.		
C.			F.		
ADDRESS WHERE THE SUSPECTED ABUSE OCCURRED			COUNTY		
DESCRIBE THE NATURE AND EXTENT OF THE SUSPECTED CHILD ABUSE, INCLUDING ANY EVIDENCE OF PRIOR ABUSE TO THE CHILD OR ANY SIBLING OF THE CHILD. ALSO INCLUDE ANY EVIDENCE OF PRIOR ABUSE BY THE ALLEGED PERPETRATOR(S) TO OTHER CHILDREN. PLEASE NOTE EXACT LOCATION OF THE INJURY(S) ON MODEL BELOW.				DATE OF INCIDENT	







CY 47 12/14



## ChildLine Report of Suspected Child Abuse - Form C47 - Page 2 of 2

<b>7. ACTIONS TAKEN OR ABOUT TO BE TAKEN BY THE PERSON MAKING THE REPORT:</b>			
<input type="checkbox"/> NOTIFICATION OF CORONER OR MEDICAL EXAMINER	<input type="checkbox"/> X-RAYS	<input type="checkbox"/> PHOTOGRAPHS	<input type="checkbox"/> HOSPITALIZATION
<input type="checkbox"/> POLICE NOTIFIED	<input type="checkbox"/> MEDICAL TEST(S)	<input type="checkbox"/> TAKEN INTO PROTECTIVE CUSTODY	<input type="checkbox"/> OTHER (Specify)
<b>8. SAFETY CONCERNS AND RISK FACTORS:</b>			
<b>A. DESCRIBE THE CHILD(REN)'S PHYSICAL AND BEHAVIORAL HEALTH, GOOD MOOD AND TEMPERAMENT. DESCRIBE CHILD(REN)'S INTELLECTUAL FUNCTIONING, COMMUNICATION AND SOCIAL SKILLS, SCHOOL PERFORMANCE AND PEER RELATIONS. INCLUDE WHETHER THE CHILD(REN) HAS EXPRESSED ANY SUICIDAL/HOMICIDAL IDEATION OR PLANS.</b>			<input type="checkbox"/> INFORMATION UNKNOWN
<b>B. DESCRIBE HOW THE ADULT CAREGIVERS FUNCTION COGNITIVELY, EMOTIONALLY, BEHAVIORALLY, PHYSICALLY AND SOCIALLY. INCLUDE WHETHER THE ADULTS HAVE ANY MENTAL HEALTH, SUBSTANCE USE ISSUES AND/OR CRIMINAL HISTORY. DOCUMENT ANY PAST OR PRESENT DOMESTIC VIOLENCE. RECORD THE EMPLOYMENT STATUS/SOURCE OF INCOME AND WHETHER THERE ARE ANY FINANCIAL STRESSORS IN THE HOME. INCLUDE ANY SAFETY OR SANITARY CONCERNS REGARDING THE CONDITIONS OF THE HOME AND WHETHER THERE ARE WORKING UTILITIES. WHAT IS THE PRIMARY LANGUAGE OF THE HOUSEHOLD?</b>			<input type="checkbox"/> INFORMATION UNKNOWN
<b>C. DESCRIBE WHETHER THE CAREGIVERS HAVE THE APPROPRIATE KNOWLEDGE, EXPECTATIONS AND SKILLS TO PARENT THE CHILD(REN) ADEQUATELY. DOES THE CAREGIVER ADEQUATELY SUPERVISE THE CHILD(REN)? ARE THEY WILLING AND ABLE TO PROTECT THE CHILD(REN)? DESCRIBE THE ABILITY OF THE CAREGIVER TO EMPATHIZE, NURTURE AND ADVOCATE FOR THE CHILD(REN).</b>			<input type="checkbox"/> INFORMATION UNKNOWN
<b>D. DESCRIBE THE CAREGIVERS' APPROACH/METHODS OF DISCIPLINING THE CHILD(REN). DESCRIBE WHEN DISCIPLINE OCCURS AND WHETHER DISCIPLINARY METHODS ARE AGE-APPROPRIATE? ARE THERE ANY CULTURAL PRACTICES IN THE HOME THAT WOULD INFLUENCE THE DISCIPLINARY METHODS USED?</b>			<input type="checkbox"/> INFORMATION UNKNOWN
<b>E. PLEASE PROVIDE ANY ADDITIONAL INFORMATION RELEVANT TO THE INVESTIGATION PROCESS THAT HAS NOT ALREADY BEEN ENTERED IN THIS REFERRAL. THIS MAY INCLUDE ADDITIONAL ADDRESSES TO LOCATE THE CHILD OR PERPETRATOR, ADDITIONAL RESOURCES FOR THE CHILD, EMAIL ADDRESSES, INFORMATION ABOUT ANY WEAPONS IN THE HOME OR CONCERNS YOU MAY HAVE FOR THE CASEWORKER'S SAFETY.</b>			<input type="checkbox"/> INFORMATION UNKNOWN
<b>INSTRUCTIONS TO MANDATED PERSONS:</b> A mandated reporter making an oral report of suspected child abuse to the department via the Statewide toll-free telephone number (800-932-0313) must also make a written report, which may be submitted electronically, within 48 hours to the department or county agency assigned to the case by using this form. If needed, attach additional sheet(s) of paper to provide all of the requested information on this form.			
<b>NOTE:</b> If the child has been taken into custody, you must immediately contact the county children and youth agency where the abuse occurred.			
<b>REPORTING SOURCE:</b>			
PRINTED NAME AND SIGNATURE:			DATE OF REPORT:
ADDRESS:			
TITLE OR RELATIONSHIP TO CHILD:	FACILITY OR ORGANIZATION:	TELEPHONE NUMBER:	EMAIL ADDRESS:

CY 47 12/14



# Incident/Injury Sample Report Form from DFUMC Insurance Company

## Page 1 of 2



Date Report Completed: \_\_\_\_\_

Church Name: \_\_\_\_\_ Conference#: \_\_\_\_\_

**Incident Information:**

Address Where Incident Occurred: \_\_\_\_\_

Building: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Name of Person(s) Involved or Injured (include parent/guardian if they are a minor): \_\_\_\_\_

\_\_\_\_\_

Injured Person's Age: \_\_\_\_\_ Injured Person's Sex: ☐ Male ☐ Female

Injured Person's Address: \_\_\_\_\_

Injured Person's Phone Number: \_\_\_\_\_

What were the conditions like at the time of the injury (i.e. wet floor, raining, snow/ice buildup)\*: \_\_\_\_\_

*\*If you have any pictures showing the conditions that existed at the time of the incident occurred please include them with this report*

If hazardous conditions did exist were there any signs or warnings alerting people to the adverse conditions, such as a wet floor sign? ☐ Yes ☐ No

If yes describe what was posted/displayed: \_\_\_\_\_

What was injured person doing, how did the accident occur, & what injuries were sustained? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses Name & Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return completed report to Sovereign Insurance to the attention of **Tiffany Lupo**, Senior Account Manager  
fax 610.535.6810 email [TiffanyL@sovinsurance.com](mailto:TiffanyL@sovinsurance.com) phone 800.222.4478 ext. 3389

Page 1 of 2

**Incident/Injury Sample Report Form from DFUMC Insurance Company**  
**Page 2 of 2**



Report Completed By: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Do you want to submit a claim to your insurance carrier for this incident, or do you want this report to be kept on file for record purposes only (no claim to the carrier will be reported)? ☐ File a Claim ☐ Record Purposes Only

**Church Contact (if the same as reporter please leave blank):**

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

Phone Number(s): \_\_\_\_\_

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

**THIS REPORT IS NOT AN ADMISSION OF LIABILITY OR GUILT AND IS NOT A GUARANTEE OF COVERAGE**

Please return completed report to Sovereign Insurance to the attention of **Tiffany Lupo**, Senior Account Manager  
fax 610.535.6810 email [TiffanyL@sovinsurance.com](mailto:TiffanyL@sovinsurance.com) phone 800.222.4478 ext. 3389

Page 2 of 2



## Appendix A: Definition of Terms

- a. **Child:** In the United States, this term is commonly used to identify anyone age eleven or younger.
- b. **Youth:** Anyone not a “child” and under eighteen (age of legal majority).
- c. **Adult:** Anyone who has reached the age of legal majority and has finished high school.
- d. **Vulnerable person:** A person whose ability to protect themselves from violence, abuse, or neglect is significantly impaired through social, physical, or mental disability or illness.
- e. **Employee/Contractor/Paid staff person:** Someone paid by the church, overseen by the staff/pastor parish relations committee, and screened according to the church’s Safe Sanctuary policy and any additional required personnel screening.
- f. **Unscreened adult:** Someone who has not been screened. The individual may work in a room with two screened adults or screened-paid staff persons. They should never be alone with children, youth, or other vulnerable people. Unscreened adults may or may not be church members. The use of unscreened adults should be an *exception* rather than normal practice. Rare exceptions may be made in consultation with the pastor in charge in special situations.
- g. **Screened adult:** A volunteer who has gone through the screening process involving a criminal background check, reference check, interview, and risk reduction training. These people may or may not be members, but they must be regular attendees and active in the church for at least six months.
- h. **Youth helpers:** People under the age of eighteen who are assisting with child or youth activities. They can assist with activities but should not be considered adult volunteers and should always be supervised. Youth helpers should be at least three years older than the children or youth they are helping. A youth helper will normally be considered “unscreened.” It is recommended that before Youth Helpers participate in an activity as a helper, they are given some training regarding bathroom usage, not being alone, etc.
- i. **Roamer:** A Safe Sanctuaries trained/screened adult leader who meets the minimum age requirements as defined in this policy and moves throughout the facility to provide additional oversight and supervision during activities.
- j. **Ministry supervisor:** A screened individual, staff, or volunteer, responsible for a particular ministry with oversight of the leaders in that ministry.
- k. **Physical abuse:** Violent, non-accidental contact that results in injury. This includes, but is not limited to, striking, biting, or shaking. Injuries include bruises, fractures, cuts, and burns.
- l. **Sexual abuse:** Any form of sexual activity with a child/youth/any other vulnerable person, whether at the church, at home, or in any other setting. The abuser may be an adult or another minor.
- m. **Emotional abuse:** A pattern of intentional conduct that crushes a child’s/youth’s/other vulnerable person’s spirit and attacks his/her self-worth through rejection, threats, terrorizing, isolating, or belittling.

- n. **Neglect:** When a person with responsibility for a child, youth, or other vulnerable person fails to care for that individual's physical and/or emotional needs.
- o. **Church Programs/Non-Church Programs as Related to Insurance:** Programs relating to children, youth and vulnerable adults are covered under the GNJ Property and Casualty Insurance Program so long as they are church-operated. That is, the church must have control over starting and stopping the operation, hiring or firing the employees and the management of the day-to-day operations. The decision to operate a program, as described above, should be a matter of record in the meeting minutes of the Administrative Board or Board of Trustees of the local church. This will lay to rest the question of whether it is a church-operated or a non-church program that uses the church premises. The non-church program is not covered by the GNJ insurance, and the church should be sure that these non-church programs carry a minimum of \$1,000,000 General Liability Insurance and are covered by Workers' Compensation insurance. Certificates of these insurance coverages should be requested and received by the church annually. GNJ and the local church should be named as additional insureds on these policies. The employees of the church-operated childcare centers are covered under the Workers' Compensation Program and as such should be reported on the annual Workers' Compensation salary audit of the local church.
- p. **Screening forms:** Screening forms for use with volunteers are designed to assist the local church in gaining information on persons who are applicants for working in church programs with children, youth and vulnerable adults. Their use is designed to enhance the protection of those who participate in the programs. The use of the screening process should be required in both "church" and "non-church" programs.
- q. **Background Checks:** As with the screening forms, background checks are designed to protect those individuals involved in the programs offered by the church to children, youth and vulnerable adults.



## Appendix B: Clearances Cover Form: DFUMC Employees/Contracted Staff

- Complete the form below and staple copies of your certificates for required PA clearances and the required Mandated Reporter Online Training, Safe Sanctuary Training and DFUMC Criminal Check Form.
- Items 1 through 7 **must** be submitted for **all** current/prospective employees or contracted staff ages 18 years or older. FBI Clearance is **not** required for applicants **under** 18 years old.
- Submit forms and copies in a file folder or large envelope marked **SPRC Chairperson** and drop off at the church office. Incomplete forms will be returned.
- Employment/Contracted Services are not confirmed until all approved paperwork has been submitted.

<b>Date Submitted</b>			
<b>Status</b>	<input type="checkbox"/> Current Employee/ Contracted Staff <input type="checkbox"/> Prospective		
<b>Position Title</b>			
<b>Residency</b>	I have resided in PA since _____. If less than 5 years, list prior state of residency. _____. <b>Be sure to include clearances from other state(s).</b>		
<b>Printed Name</b>			
<b>Signature</b>			
	<b>Item</b>	<b>Enter Completion Date</b>	<b>Certificate/ Form MUST Be Attached</b>
1. Required	<b>MinistrySafe Online Training Certificate</b>		
2. Required	<b>PA State Police: Report of Criminal History</b>		
3. Required	<b>Child Abuse History Clearance</b>		
4. Required	<b>Safe Sanctuary Training completed</b> (Enter training date)		N/A
5. Required for All Adults over 18	<b>FBI Fingerprint and Federal Criminal</b> . Use Service Code <b>1KG738</b> for Preschool Only, <b>1KG756</b> for Other DFUMC Staff		
6. Required	<b>National Sex Offender Registry Verification</b>		
7. Required	<b>DFUMC Criminal Check Form</b>		
<b>If you have resided in PA for less than 5 years, you must also attach Criminal History and Child Abuse clearances from your former state(s).</b>			

## Appendix C: Criminal Check Form DFUMC Employees and Contracted Staff

The DFUMC Criminal Check Form must be reviewed and completed in its entirety with the appropriate boxes checked off. It should be attached as part of the Clearances Cover Form for DFUMC Employees and Contracted Staff.

Name \_\_\_\_\_

Date: \_\_\_\_\_

### 1. Residency

- ☐ I have been a PA Resident for the past 5 years. **OR**
- ☐ I have **not** been a PA Resident for the past 5 years and have also included clearances from my prior state.

### 2. Status:

- ☐ The clearances I obtained are new for DFUMC. **OR**
- ☐ The clearances I obtained are from **prior** PA employment, are still within 5 years of the original date issued and can be transferred to DFUMC.

### 3. Criminal Check:

- ☐ I hereby swear that I am not disqualified from serving pursuant to the conditions listed below and have **not** been convicted of any of the enumerated offenses, or equivalents from another jurisdiction.

Any applicant will be denied:

- Who is named in the Statewide database as a perpetrator of a founded report committed with the last five years;
- Whose PA State Police Criminal Background check or FBI check reveals a conviction for any of the following at any time in the past:

Criminal homicide; aggravated assault; stalking; kidnapping; unlawful restraint; rape; statutory sexual assault; involuntary deviated sexual intercourse; sexual assault; aggravated indecent assault; indecent assault; indecent exposure; incest; concealing death of child; endangering welfare of children; dealing in infant children; prostitution and related offenses; obscene and other sexual materials and performances; corruption of minors; sexual abuse of children; OR the attempt solicitation or conspiracy to commit any of the above offenses.

- Or whose PA State Police Criminal Background or FBI check reveals a conviction for a drug or drug-related felony in the past five years.
- ☐ If after submitting clearances, I am arrested/ convicted of an offence that would constitute grounds for denying participation in a program under the Child Protective Services Law, I must submit written notice to DFUMC **within 72 hours** of being listed as a perpetrator in statewide database and cannot work with children until current approved clearances are obtained.

Signature: \_\_\_\_\_



## Appendix D: Clearances Cover Form: DFUMC Volunteers

- Complete the form below and staple copies of your certificates for required PA clearances and the required Mandated Reporter Online Training, Safe Sanctuary Training and DFUMC Volunteer Waiver Form.
- Items 1 through 6 **must** be submitted for **all** volunteers. Item 7 only if applicable.
- Submit forms and copies in a file folder or large envelope marked ***SPRC Chairperson*** and drop off at the church office. Incomplete forms will be returned.

<b>Date Submitted</b>			
<b>Area of Volunteering that involves Children</b>	<input type="checkbox"/> Tree of Life Preschool <input type="checkbox"/> Kinder-Camp <input type="checkbox"/> Playgroup <input type="checkbox"/> Sunday School <input type="checkbox"/> VBS <input type="checkbox"/> Youth Group <input type="checkbox"/> Other (Specify) _____		
<b>Residency</b>	I have resided in PA since _____. If less than 5 years, list prior state of residency. _____. <b>Be sure to include clearances from other state(s).</b>		
<b>Printed Name</b>			
<b>Signature</b>			
	<b>Item</b>	<b>Enter Completion Date</b>	<b>Certificate/ Form MUST Be Attached</b>
1. Required	<b>MinistrySafe Online Training Certificate</b>		
2. Required	<b>PA State Police:</b> Report of Criminal History (Be sure to include clearances from other state if required)		
3. Required	<b>Child Abuse History Clearance</b> (Be sure to include clearances from other state if required)		
4. Required	<b>Volunteer Waiver Form completed</b>		
5. Required	<b>Safe Sanctuary Training completed</b> (Enter training date)		N/A
6. Required	<b>National Sex Offender Registry Verification</b>		
7. Complete If Applicable	<b>FBI Fingerprint and Federal Criminal History-</b> Service code is <b><u>1KG6ZJ for volunteers</u></b> (Only Required if the volunteer has <b><i>not</i></b> been a PA Resident for past 10 years). Otherwise write NA for date and certificate.		

## Appendix E: DFUMC Volunteer Waiver Form

The DFUMC Volunteer Waiver Form must be completed, and check-off boxes checked as part of the Safe Sanctuary Policy and should be attached as part of the Clearances Cover Form for DFUMC Volunteers.

Volunteer's Name \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Volunteer Status:

- ☐ The position that I volunteer for is unpaid.

### 5. PA Residency Status: Check one only

- ☐ I hereby affirm that I have been a PA resident for the entirety of the previous ten-year period. **OR**
- ☐ I have **not** been a PA Resident for the **past five-year period** and have also included clearances from my prior state. **AND/OR**
- ☐ I have **NOT** been a PA resident for the entirety of the previous **ten-year period** and have obtained the FBI Fingerprint Criminal History Clearance as part of my Volunteer Clearances package.

### 3. Criminal Check:

- ☐ I hereby swear that I am not disqualified from serving pursuant to the conditions listed below and have **not** been convicted of any of the enumerated offenses, or equivalents from another jurisdiction.

Any applicant will be denied:

- Who is named in the Statewide database as a perpetrator of a founded report committed with the last five years;
- Whose PA State Police Criminal Background check or FBI check reveals a conviction for any of the following at any time in the past:

Criminal homicide; aggravated assault; stalking; kidnapping; unlawful restraint; rape; statutory sexual assault; involuntary deviated sexual intercourse; sexual assault; aggravated indecent assault; indecent assault; indecent exposure; incest; concealing death of child; endangering welfare of children; dealing in infant children; prostitution and related offenses; obscene and other sexual materials and performances; corruption of minors; sexual abuse of children; OR the attempt solicitation or conspiracy to commit any of the above offenses:

- Or whose PA State Police Criminal Background or FBI check reveals a conviction for a drug or drug-related felony in the past five years.
- ☐ If after submitting clearances, I am arrested/ convicted of an offence that would constitute grounds for denying participation in a program under the Child Protective Services Law, I must submit written notice to DFUMC **within 72 hours** of being listed as a perpetrator in statewide database and cannot work with children until current approved clearances are obtained.

Volunteer's Signature: \_\_\_\_\_

## Participation Covenant Statement for DFUMC Staff & Volunteers

The congregation of **Dingmans Ferry United Methodist Church** is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in ministries and activities sponsored by the church. The following policy statements reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all and as a place in which all people can experience the love of God through relationships with others.

- No adult who has been convicted of child abuse and/or has a criminal record which would pose a threat to children and their safety (sexual abuse, physical abuse, emotional abuse or other) can work or volunteer with children or youth in any church-sponsored activity.
- Staff and adult volunteers shall immediately report any suspected child abuse to the posted ChildLine number or report online and notify the activity coordinator, the Pastor and SPRC.
- Staff and adult volunteers working with children and youth must observe the "Two Unrelated Adult Rule" at all times.
- Staff and adult volunteers working with children and youth shall complete assigned training and educational events provided by the church and MinistrySafe to keep informed of church policies and state laws regarding child abuse.
- All adult volunteers (18 yrs. or older) involved with children and youth must have been attendees of the church for at least six months immediately prior to being a volunteer.
- When children's programs are in session, adults are requested to use the private bathrooms, rather than the multiple stall restrooms.
- Adult survivors of child abuse need the love and support of our congregation. Any adult survivor who desires to volunteer in some capacity to work with children or youth is encouraged to discuss his/her willingness with the Pastor before volunteering.

### **Please answer each of the following questions: As a Staff Member or Volunteer:**

1. I agree to observe and abide by all church policies regarding working in ministries with children and youth? ☐ Yes ☐ No
2. I agree to observe the "Two Unrelated Adult Rule" at all times when in activities/programs with children and youth? ☐ Yes ☐ No
3. I agree to abide by the 6-month rule before beginning a volunteer assignment involving children and youth? ☐ Yes ☐ No
4. I agree to participate in training and education events provided by the church related to my staff or volunteer assignment? ☐ Yes ☐ No
5. I agree to promptly report any suspected child abuse to ChildLine, complete the CY 47 form (or submit online instead of calling) and also notify the person in charge of the event, the Pastor and SPRC? ☐ Yes ☐ No
6. I agree to submit the required PA clearances/ DFUMC Forms if required ☐ Yes ☐ No

***Note: Failure to comply with the above requirements can result in staff probation/dismissal or removal of volunteer status with children.***

I have read this Safe Sanctuary Policy and the Participation Covenant, and I agree to observe and abide by the policies set forth above.

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**Printed Name**

**Signature**

**Date**