

SAFE SANCTUARY POLICY SALEM UNITED METHODIST CHURCH

Salem United Methodist Church pledges to conduct the ministry of Jesus Christ in ways that assure the physical and emotional safety and spiritual growth of all our children, youth, and vulnerable adults as well as all of our workers with children, youth, and vulnerable adults. We will follow reasonable safety measures when selecting and recruiting workers; we will train our workers with children, youth, and vulnerable adults on our procedures and policies; and we will have a clearly defined procedure for reporting a suspected incident of abuse that conforms to the requirements of Arkansas law.

I. Staff Selection Policies

When recruiting and selecting staff be they volunteers or paid employees the following, but not limited to the following guidelines will be followed. The final authority rests with the Governing Board.

A. Age

Workers will be 4-5 years older than the child/youth they are supervising.

B. Training

Attend a Safe Sanctuary training event to familiarize them with church policies.

C. Background Checks

Complete a criminal background check and an Arkansas Child Maltreatment check with the department of Health and Human Services. If a check returns with records the volunteer will not serve in a capacity of leadership with children, youth, or vulnerable adults. (The pastor and Governing Board may grant special exemptions for minor offenses that are not associated with physical or sexual abuse or neglect.) Under no circumstances will anyone be allowed to work with youth, children, or vulnerable adult who has been convicted of physical or sexual abuse, or neglect. Background checks will be renewed every five years.

D. Confidentiality of Information

The church will keep confidential all information received in the volunteer selection process. Selection information will be marked as such and stored in a locked location with limited access afforded only to the Pastor and his/her designee.

E. Required Forms and Signatures

All volunteers and paid staff will be required to read and sign a "Participation Covenant", a "Consent to perform a Background Check", a Child Maltreatment Check Authorization,

as well as any other forms desired by the Governing Board, Pastor, staff, or ministry leaders as part of the participation process.

II. Supervision of Children, Youth, and Vulnerable Adults

All meetings of children, youth, and vulnerable adults affiliated with Salem UMC will be governed by the following guidelines:

A. Two-Adult-Rule

Two approved adults should be present at all times for activities on the church campus and away from the church facility, and when transporting children, youth, and vulnerable adults. A concerted effort will be made to recruit sufficient numbers of volunteers, teachers, and leaders to permit the two-adult-rule. Other church sponsored or community groups of children, youth, or vulnerable adults who meet at the church should have two or more leaders present. If the group stays overnight at the church, or if a church sponsored group leaves the premises, two or more leaders must be present. See additional specifications for overnight outings in section II letter E of this document.

B. Doors and Visibility

All classroom and office doors will have a window or visibility from hallway or remain open while occupied.

C. Outside Access

There must be access to a phone or cell phone when groups are at or away from the church facility. The pastor or authorized church representative will be given this number prior to the groups' departure from church property.

D. Touch

Physical affection should be appropriate to the age of the child or youth. (for example, it is generally appropriate for a three-year-old to sit in a nursery worker's lap and give a kiss on the cheek, but it is not appropriate for a teenager and youth leader to behave this way.)

Touching should be initiated by the child or youth. It should be a response to the child's need for comforting, encouragement, or affection. It should not be based upon the adult's emotional need.

Ideally, touching and affection should only be given when in the presence of other children's ministry or youth workers. It is much less likely that touches will be inappropriate or misconstrued as such when two adult workers are present and the touching is open to observation. This is especially important when diapering a baby or helping a young child change clothes or use the restroom.

Touching behavior should not give even the appearance of wrongdoing. As ministry workers our behavior must foster trust at all times; it should be above reproach.

A child's preference not to be touched should be respected. Do not force affection upon a reluctant child. Church workers are responsible to protect children under their supervision from inappropriate touching by others.

Church workers must promptly discuss inappropriate touching or other questionable behavior by other workers with their ministry leader or pastor.

E. Outings away from Church Property

All children and youth participating in out-of-town and over-night outings must have written consent and a notarized medical release form (See Appendix C). (Medical release and consent forms must be reviewed annually by the parent and guardian for correct information.)

There must be access to a phone when groups are away from the church property. If the outing involves water activities such as swimming, Salem United Methodist Church will seek to ensure that water activities are properly supervised.

In no circumstance is one adult (other than the parent) to take a child or children on an overnight outing alone. On overnight outings, there will be a 1:7 staff: child/youth supervision ratio observed. Female staff will supervise female youth and/or children in their sleeping quarters and male staff will supervise male youth and/or children in their sleeping quarters. There should always be 2 adults in any sleeping quarters shared with children or youth. Whenever possible, adults shall not share the same hotel or cabin with children/youth and at least three persons shall be assigned to each room or cabin. With the exception of a parent/child combination, a staff and youth or child will not occupy the same bed or sleeping bag. Adults will make frequent checks on children, youth and vulnerable adults or as deemed prudent under the circumstances. All persons will conduct themselves with appropriate modesty including dressing in appropriate locations and wearing suitable sleep attire and swimwear.

III. Reporting Suspected Abuse

If abuse is suspected by, observed by or disclosed to a volunteer and/or paid staff member of the church, that person shall report the incident immediately to the pastor or designee. (If the accused is the pastor, see information below.) Be prepared to do the following:

A. Ensure the protection of and tend to the immediate needs of the child, as the situation requires.

B. **IMMEDIATELY** contact the pastor.

C. **IMMEDIATELY** notify the proper authorities (immediate supervisor or the adult in charge of the event.) This person will:

1. Provide written documentation concerning the incident on the designated form (see appendix B)

2. Notify the Arkansas Child Abuse Hotline 1-800-482-5964. This is a requirement of the law. (Note: Do not attempt an investigation. This should be left to professionals who are familiar with these cases.)

3. Notify the pastor in charge. If the pastor is the accused party, the designee will notify the chair of the Pastor Parish Relations Committee and the District Superintendent.

4. Give written documentation to the pastor and/or Chair of the Pastor Parish Relations Committee.

D. The pastor or designee will notify the parents of the victim and take whatever steps are necessary to assure the safety of the child/youth until the parents(s) arrive. It is important to emphasize that the proper authorities must be notified even if the parent(s) does not wish the incident to be reported. (Note: If one or both of the parents is the alleged abuser, contact the proper authorities listed above. Follow their advice about notification of the parents.)

E. After having reported the suspected abuse to the proper authorities, the incident is to be reported immediately to the church's attorney, the church's insurance company, and the district superintendent. The district superintendent will report the allegations to the bishop's office. Do not try to handle this without professional assistance. If the accused is a clergy (deacon or elder) member of an annual conference, local pastor, or diaconal minister, provisions of Paragraph 362 and Paragraph 2702 of The 2012 Book of Discipline of The United Methodist Church must be followed.

F. If the accused is working in a volunteer or paid position with children or youth in the church, immediately, yet with dignity and respect for the sacred worth of the person, remove the accused from further involvement with children and/or youth.

G. Once the proper authorities have been contacted and the safety of the child or youth is secured, the pastor or other designated person may tell the accused that a report has been made. If the accused is a volunteer or paid staff of the church, that person shall be relieved temporarily of his or her duties until the investigation is finished. If the accused is a paid staff person of the church, arrangements should be made to either maintain or suspend his or her income until the allegations are cleared or substantiated.

H. Any contact with the media should be handled by a pre-determined spokesperson. Care will be taken to safeguard the privacy and confidentiality of all involved. The spokesperson should generally convey that the matter is under investigation and any comment made prior to the conclusion of the investigation would be premature.

I. A written report of the basic information shall be kept to ensure on-going ministry to and advocacy for, victims and others involved. A form for this purpose shall be available in the church office. 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 ensure confidentiality. It shall be written in ink or typed to prevent it from being changed. The church must also file a copy of the report with the bishop's office of the Arkansas Annual Conference where it shall remain confidential.

Conclusion

In all of our ministries with children, youth, and vulnerable adults this congregation is committed to demonstrating the love of Jesus Christ so that each child and youth will be “surrounded by steadfast love...established in the faith and confirmed and strengthened in the way that leads to life eternal.” (Baptismal Covenant II, United Methodist Book of Worship. Pg. 96.)

Initially adopted on November 3, 2013.

Revisions adopted by Board of Trustees on October 6, 2014 and Administrative Board on October 8, 2014, and the Governing Board on July 22, 2018.

Pastor

Date

Governing Board Chair

Date

Trustees Chair

Date

APPENDIX A

**PARTICIPATION COVENANT FOR ALL WORKERS/VOLUNTEERS
WITH CHILDREN YOUTH AND VULNERABLE ADULTS
SALEM UNITED METHODIST CHURCH**

The congregation of Salem United Methodist Church, Conway, AR, is committed to conducting the ministry of Jesus Christ in ways that assure the physical and emotional safety and the spiritual growth of all persons. This includes children, youth, and vulnerable adults as well as all of our workers and volunteers with children and youth. As part of that commitment, the Governing Board adopted the Safe Sanctuary Policy and enacted such measures and policies as a means to provide a safe and loving environment for all persons involved in our Children and Youth Ministries as well as ministries to vulnerable adults.

As a volunteer or paid employee of Salem United Methodist Church who works with children, youth, or vulnerable adults, I share these same commitments. My signature below acknowledges that I have received, read, and agree to abide by all policies and guidelines as set forth in the Salem UMC Safe Sanctuary Policy.

Signature Date

Print Full Name

APPENDIX B

**INCIDENT FORM FOR SUSPECTED ABUSE
SALEM UNITED METHODIST CHURCH**

Date ____/____/____

Name of person reporting _____

Title/work responsibilities _____

Address _____

City _____ State _____ Zip _____

Telephone (work) _____ (home) _____

1. Name of child/youth _____

Age _____ Birth Date ____/____/____ Sex M F

Home Address _____
(or give directions to the home)

City _____ State _____ Zip _____

Home phone _____ Emergency phone _____

Mother's name _____ Work phone _____

Mother's place of employment _____

Father's name _____ Work phone _____

Father's place of employment _____

Other siblings in the home

Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____

Name _____ Age _____ Sex _____

APPENDIX B

2. To what agency was the report made? _____

When was the report made? Date ____/____/____ Time _____ A.M. P.M.

Name of person receiving report _____ Title _____

Reported to ____ PPR Chair ____ Pastor ____ District Superintendent

____ Other _____

3. Name of alleged perpetrator _____

Address (if known) _____

City _____ State _____ Zip _____

Phone (work) _____ (home) _____

Relation to minor (family member, baby sitter, neighbor, etc.) _____

4. The report was made as a result of:

a. ____ Observing physical and/or behavioral indications which led to the suspicion of abuse

b. ____ A statement made by the minor

If based on observation, describe behaviors that led to your suspicion. Use additional pages if necessary. Also, attach **Visual Supplement Report Form** if appropriate.

If based on the minor's statement, accurately and objectively write below what was said. If possible include information on who, when, and what happened. Use additional pages if necessary.

APPENDIX B

What were the circumstances surrounding the disclosure? When, where, and how did the individual tell you? Use additional pages if necessary.

5. Additional Comments, concerns, or observations. Use additional pages if necessary.

Signature _____ Date ____/____/____

APPENDIX B

**VISUAL SUPPLEMENT REPORT FORM
FOR INSTANCES OF SUSPECTED ABUSE
SALEM UNITED METHODIST CHURCH**

Date ____/____/____

Name of person reporting _____

Name of child/youth _____ Sex M F

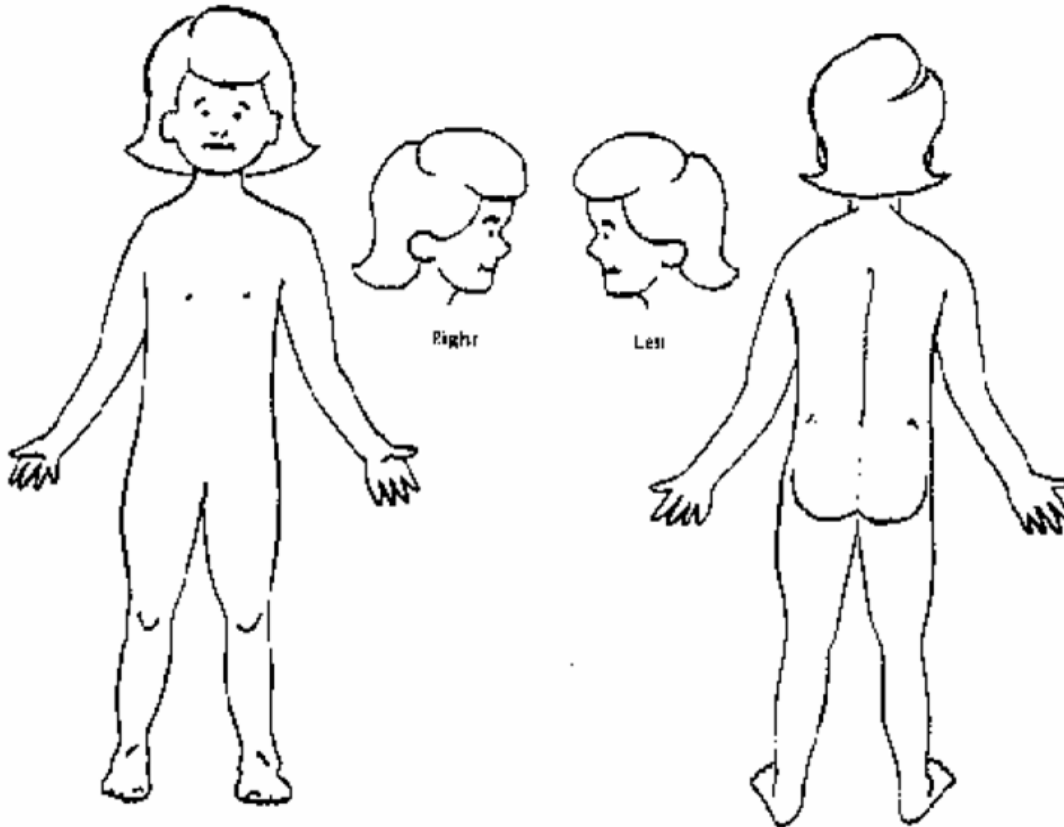
Indicate on the following diagram the areas in which physical injury is evident. Beside each injury or apparent burn, please note the color, size, pattern, texture and degree of pain.

Use an "X" to indicate the location of a superficial injury

Use an "O" to indicate the location of a deep injury

Use shaded areas to indicate areas of apparent burn

Female Figure
(Male figure on reverse)



APPENDIX B

**VISUAL SUPPLEMENT REPORT FORM
FOR INSTANCES OF SUSPECTED ABUSE
SALEM UNITED METHODIST CHURCH**

Date ____/____/____

Name of person reporting _____

Name of child/youth _____ Sex M F

Indicate on the following diagram the areas in which physical injury is evident. Beside each injury or apparent burn, please note the color, size, pattern, texture and degree of pain.

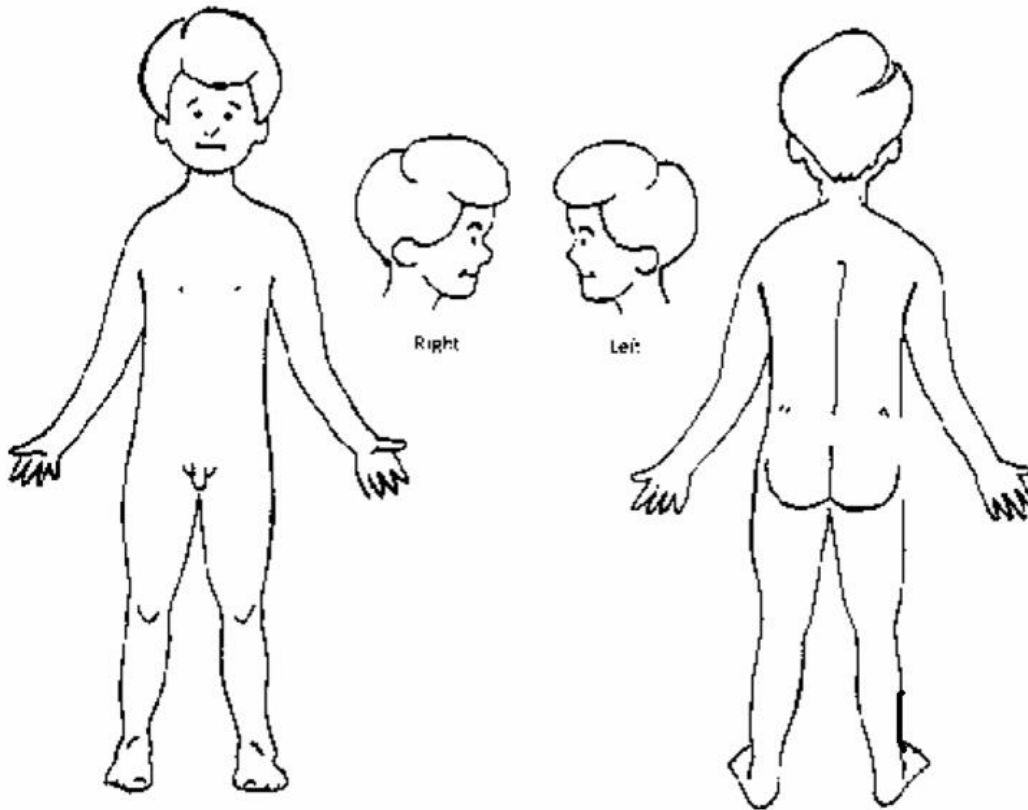
Use an "X" to indicate the location of a superficial injury

Use an "O" to indicate the location of a deep injury

Use shaded areas to indicate areas of apparent burn

Male Figure

(Female figure on reverse)



APPENDIX C

MEDICAL RELEASE FORM SALEM UNITED METHODIST CHURCH

Please attach a copy of the front and back of the participant's insurance card.

Please print in ink

Participant Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Year in school _____ Male ___ Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Pager / cell _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you are subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Please list all medications that you take on a regular basis:

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your safety and our knowledge, are you a
 good swimmer fair swimmer non-swimmer
2. Do you have allergies to
 pollens medications food insect bites
3. Do you suffer from, or ever experienced, or being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap
4. Date of last tetanus shot: _____
5. Do you wear glasses contact lenses
6. On an additional sheet of paper please list and explain any major illnesses you have experienced during the last year:

APPENDIX C

Additional comments:

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Should this participant's activities be restricted for any reason? Please explain:

I, the student, have read the above evaluation of my health, and I agree to abide by the stated personal limitations.

Student signature: _____ Date: _____

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church, which include weekly activities, special trips and events, etc. In the event that he/she is injured in a ministry setting and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care that is not reimbursed by our health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a ministry staff member.

Parent/guardian signature: _____ Date: _____

Signature of medical release for persons over the age of 18.

In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care that is not reimbursed by my health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for me. I also agree to go home at my own expense should I become ill or if deemed necessary by a ministry staff member.

Signature _____ Date _____

Notarization

Notarization County of: _____ State of: _____

Before me the undersigned authority, on this day personally appeared _____,
Known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed. Sworn and subscribed before me the _____ day of _____, 20____.

Notary Public

