



Beech Haven Baptist Church Child Protection Policies and Procedures

Revised August 2016

**Beech Haven Baptist Church
2390 W Broad Street
Athens, GA 30606**

Beech Haven Baptist Church

Child Protection Policies and Procedures

“Let the little children come to me and do not hinder them, for the kingdom of God belongs to such as these. And he took the children in his arms, put his hands on them and blessed them.” Mark 10:14, 16

“Now it is required that those who have been given trust must prove faithful.” 1 Corinthians 4:2

ARTICLE I

PURPOSE

Beech Haven Baptist Church is committed to providing an environment which is as safe as possible for preschoolers, children, and youth attending the church or any church sponsored program or activity. The church leadership recognizes the need to have written policies and procedures to help prevent the opportunity for child abuse or neglect. The following policies and procedures are in place for the protection of our preschoolers, children, youth, employees, volunteers and the entire church family at Beech Haven Baptist Church.

ARTICLE II

SCOPE

These policies and procedures shall apply to all current and future workers, members or non-members, compensated and/or volunteer, who will have the responsibility of working with or caring for preschoolers, children and/or youth at Beech Haven Baptist Church.

ARTICLE III

DEFINITIONS

For the purpose of this policy the following definitions shall apply:

1. “Preschooler,” “child,” “children,” “youth,” and “minor” shall be defined as any individual under the age of eighteen (18) or whose mental capacity is that of a minor.
2. “Adult” shall be defined as an individual at least eighteen (18) years of age.
3. “Worker” shall be defined as any adult who serves as a volunteer and/or compensated person given the responsibility of working with or caring for minors.
4. “Teen worker” shall be defined as any worker at least fourteen (14) years of age or older, but under the age of eighteen (18) enlisted to assist with the care of minors.
5. “The Church” shall refer to Beech Haven Baptist Church, located at 2390 West Broad Street, Athens, Georgia.

ARTICLE IV
CHILD ABUSE

As defined by Georgia Code

'Child abuse' means:

1. Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than accidental means or creating or allowing to be created a substantial risk by other than accidental means of physical injury such as the fracture of any bone or bones, intracranial bleeding, swelling or contusion of the brain, whether caused by blows, shaking, or causing the child's head to impact with an object or surface, any burn whether inflicted by heated water, fire, or the placement of a hot object upon the skin or body of the child, any injury caused by use of a deadly or dangerous weapon, any damage to internal organs of the body, any injury which creates a permanent disfigurement or protracted loss or impairment of the function of a bodily member, limb, or organ, willful deprivation of food, water, or clothing such as to create a risk of loss of life or prolonged damage to the health of the child, confinement of a child to a location which by virtue of the temperature or the compactness of the location is hostile to the health of a child, or any two or more lesser physical injuries such as bruises, minor scrapes, or minor lacerations occurring at the same time or upon separate occasions; provided, however, physical forms of discipline may be used as long as there is no physical injury to the child;
2. Neglect or exploitation of a child by a parent or caretaker thereof;
3. Sexual abuse of a child;
4. Sexual exploitation of a child;
5. Psychological abuse of a child

ARTICLE V
SCREENING PROCESS

1. Application

All workers, compensated and volunteer, are required to complete an application (Appendix A or B) and provide legal photographic identification to be copied and kept in a secure file at the Church.

2. Interview

All compensated workers will be interviewed.

3. Criminal Background Report Request

All workers, compensated and volunteer, seventeen (17) years old and older, will be required to complete a criminal background report request (Appendix E or F). The Criminal Background Report must be received before employment or volunteer services begin.

4. Reference Checks

Reference checks may be conducted on any worker, compensated or volunteer, who is making an application.

5. Six Month Rule

It is highly preferred that all volunteer workers be a member of the Beech Haven Baptist Church for at least six months before they take leadership responsibilities for church activities where minors are participating.

ARTICLE VI
SUPERVISION

1. Classrooms

a. A lead teacher position will be filled by a person at least twenty-one (21) years of age. Assistant teaching positions may be filled by adult or teen workers.

b. A person must be eighteen (18) years of age to be a paid worker in care of minors.

c. All classrooms must be staffed by two (2) approved workers at all times.

d. No child under eighteen (18) years of age will be permitted in any classroom other than his/her assigned classroom unless he/she is a teen worker assigned to a classroom by the Director.

2. Church Activities

Two adults shall be present during any church activity where minors are participating. In addition, at each church activity, at least one of the adults shall be at least twenty-one (21) years of age. The only exception to this rule is as follows:

a. Upward Basketball – a teen worker is allowed to coach. An adult supervisor at least twenty-one (21) years of age must be present.

ARTICLE VII
PRESCHOOL/CHILDREN’S DEPARTMENT SECURITY PROCEDURE

Check In/Check Out Procedure for minors 5th grade and under

Upon arrival, each child must check in through the computerized check in system. At check in each family/guardian will receive a nametag for each child and a family security card. This card must be presented to the child’s teacher/worker for child to be released.

ARTICLE VIII
MISCELLANEOUS POLICIES

1. Notification

It is the parent’s/guardian’s responsibility to notify the appropriate person in child’s department if there is a child custody situation or other legal issue.

2. “Parent or Guardian of Minor Consent Form” (Appendix C) must be completed and signed for each minor participating without a parent/guardian present in all church activities (both on and off-campus).

3. Transportation

a. No minor shall be transported to or from any church activity by any worker under the age of eighteen (18).

b. Each minor must have a completed and signed “Parent or Guardian of Minor Consent Form” (Appendix C) to be transported to/from Beech Haven Baptist Church or to/from any church activity. The original signed form will be located in the Children’s Department office and a copy must be kept in the vehicle in which the child will be riding.

4. Parents/Guardians must be on the premises when their preschooler is at church.

5. Bathroom Use

Those struggling with questions of gender identity are welcome to our campus without restriction. While on our property, those who present differently from their biological sex are asked to use the single occupancy bathrooms located throughout the campus.

ARTICLE IX
REPORTING PROCEDURE

Any person having cause to believe that a minor has been abused or neglected by a member of the church shall immediately report the person's belief in accordance with this procedure to their supervisor or to a member of the Ministerial Staff. If reported to supervisor, the supervisor must report it to a member of the Ministerial Staff as soon as possible.

Upon the first suspicion of an instance of child abuse, the following steps should be taken immediately:

1. Do not treat the suspicion as frivolous.
2. Remove the child from the situation.
3. If a worker suspects a case of child abuse, he/she must report it to his/her supervisor or a member of the Ministerial Staff immediately.
4. A Minister will investigate and will be responsible for confirming the facts reported and the condition of the child on the same day he is made aware of the alleged abuse.
5. Commence the investigation immediately, and conclude it as soon as possible.
 - a. Suspend any accused from the performance of duties involving children until the investigation has been completed.
 - b. The church should immediately contact its attorney to report the occurrence.
 - c. Complete an "Incident Report Form" (Appendix D).
 - d. The Senior Pastor or his designate will inform the victim's family and will continue to keep them advised of the status of the investigation.
 - e. Maintain confidentiality of the investigation as much as possible.
 - f. In instances where child abuse by a church worker is confirmed, the church should immediately dismiss the worker from his/her position. Consideration of member termination should be considered as appropriate in the circumstance.
 - g. If child abuse is confirmed, investigating Minister or Senior Pastor should ask the victim's family and the victim (whenever age appropriate) what action they would like to take in the matter and fully cooperate to address their request within the bounds of legal and prudent response (Church legal counsel should assist in this determination).
 - h. In instances where child abuse is confirmed, report occurrence to insurance company.
 - i. In instances where the evidence is inconclusive, the church must take action depending on the strength of the evidence available and after consideration of the victim's family's request.
 - j. Keep the congregation informed of the investigation, with respect to matters which are not confidential, so that the congregation will hear about the investigation from within the church rather than from an outside source.
6. In instances where child abuse is suspected and a member of the Ministerial Staff may be involved, the Chairman of Deacons should be contacted and advised.
7. The Senior Pastor should promptly take steps to plan for a response to the media and attempt to speak to the media only through one contact person so that the church can emphasize through the media to the public the church's position on child abuse, its concern for the victim, and the extensive steps the church is taking to address the present occurrence and to reduce the risk and provide a safe environment for other children.

Processed by: _____

APPENDIX A

CONFIDENTIAL VOLUNTEER APPLICATION FORM

This application is to be completed by all volunteer applicants for any position involving the supervision or custody of minors. It will help our church family provide a safe and secure environment for boys and girls.

Personal

Name _____ Date _____

Present Address _____

City _____ State _____ Zip _____

Day Phone (_____) _____ Evening Phone (_____) _____

Occupation _____ Marital Status _____

Do you have a current driver's license? ___ Yes ___ No

Church Activity

When did you make your profession of Faith in Christ? _____

When were you baptized? _____ Have you joined our church? _____

If no, of which church are you a member? _____

List (name, address, phone, person to contact) other churches you have attended regularly during the past five years:

General Information

List any previous experience involving minors.

Personal References

Name	Phone number	E-mail

The information contained in this application is correct to the best of my knowledge. I authorize Beech Haven Baptist Church to obtain information from references, employers, churches and organizations listed herein. I understand that any misrepresentation made by me completing this application shall be considered as sufficient cause for my dismissal without advance notice.

Applicants's Signature _____
Date

APPENDIX B
EMPLOYMENT APPLICATION FORM

This application is to be completed by all compensated applicants for any position involving the supervision or custody of minors. It will help our church family provide a safe and secure environment for boys and girls.

Personal

Name _____ Date _____

Present Address _____

City _____ State _____ Zip _____

Day Phone (_____) _____ Evening Phone (_____) _____

Do you have a current driver's license? ___ Yes ___ No

Education History

	Name of School	Years Attended	Did You Graduate	Degree
High School				
College/Trade School				

General Information

Subjects of Special Study/Research Work or Special Training/Skills

Employment History

Name	Position	Employer Phone number	Employer E-mail

Personal References

Name	Phone number	E-mail

The information contained in this application is correct to the best of my knowledge. I authorize Beech Haven Baptist Church to obtain information from references, employers, churches and organizations listed herein. I understand that any misrepresentation made by me completing this application shall be considered as sufficient cause for my dismissal without advance notice.

Applicant's Signature

Date

APPENDIX C
Permission Slip/Medical Release

Date: _____

Child's Name: _____ Date of Birth ___/___/___

Address: _____ City: _____ Zip _____

How can we contact parents/guardians?

Father/Guardian _____ Phone _____ Cell # _____

Mother/Guardian _____ Phone _____ Cell # _____

To whom it may concern:

The undersigned do/does hereby grant permission for our/my child, _____
to attend and participate in activities sponsored by Beech Haven Baptist Church for _____ year.
We/I authorize an adult in whose care the minor has been entrusted to consent to seek and receive medical,
surgical or dental diagnosis or treatment and hospital care.

The undersigned shall be liable for and agree(s) to pay all costs and expense incurred in connection with such
medical and dental service rendered to the aforementioned child pursuant to this authorization.

I understand that all reasonable safety precautions will be taken by the leaders and that the possibility of an
unforeseen hazard does exist. I further agree not to hold Beech Haven Baptist, its leaders, employees and
volunteer staff liable for damages, losses, diseases or injuries incurred by the minor listed on this form.

The undersigned does also hereby grant permission for our/my child to ride in any vehicle designated by the
adult in whose care the minor has been entrusted while attending and participating in activities sponsored by
Beech Haven Baptist Church.

Medical Insurance

Health Insurance _____

Group/Policy # _____ Phone _____

Tetanus shot current? Yes No Date: _____

Student's Family Doctor _____ Phone _____

Please list any allergies or special medical problems your child may have and any medications they may be taking.

Signatures:

Father _____ Date _____

Mother _____ Date _____

Legal Guardian _____ Date _____

APPENDIX D
INCIDENT REPORT FORM

Report submitted by: _____

Reason for report: _____

Date of incident _____ Date of report _____

Location of incident _____

Name(s) and age(s) of Minor(s) involved _____

Name(s) of worker(s) involved _____

Quote child's first words verbatim: _____

Briefly describe what happened: _____

What action was taken? _____

List any witnesses: _____

APPENDIX E

Request for Criminal History Consumer Report

Beech Haven Baptist Church (Rep) _____

APPLICANT AUTHORIZATION TO OBTAIN INVESTIGATIVE BACKGROUND REPORT

In connection with my application for employment or promotion or other job change, I hereby instruct and authorize Beech Haven Baptist Church (the "Company") to obtain an INVESTIGATIVE CONSUMER REPORT on me that will include information as to my character, general reputation, personal characteristics and mode of living. This report may reveal information about my work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Such a report may be requested by the Company or on behalf of the Company. Further, I understand and agree that the Company and/or the below-named Consumer Reporting Agency may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background and professional licensing, if any. This report will be ordered from the below-named Consumer Reporting Agency:

Background Investigations, Inc.
PO Box 3366
Lynnwood, WA 98046-3366
(888) 338-1550
<http://www.wedobackgroundchecks.com>

APPLICANT'S PERSONAL INFORMATION:

Name: _____
(Please Print) (First) (Middle) (Last)

Other names used and dates of use: 1. _____ Dates: _____

2. (Name) _____ Dates: _____

3. (Name) _____ Dates: _____

Social Security Number: _____ DL#: _____ State: _____

Date of birth*: _____ Place of birth: _____ (County and State, or Country)

Height*: _____ Weight*: _____ Hair color*: _____ Eye color*: _____ Gender*: _____ Race*: _____

*Used for identification only, not required.

Have you been convicted of a crime? _____ Yes _____ No If yes, give details (date, crime, location). _____

Note: Disclosure of convictions does not automatically disqualify you for employment.

List addresses, cities, states and counties of residence you have lived for the past seven years.

<u>Address</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DISCLOSURES TO UNDERSIGNED APPLICANT

This is written notice from the Company that an investigative consumer report is being obtained from a consumer reporting agency (CRA) for employment purposes. The undersigned applicant hereby instructs, authorizes and requests any present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about the undersigned applicant

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August 2009; Revised July 2013; Revised August 2016 by OPF Com.

to furnish the above-named Consumer Reporting Agency with any and all information in their possession regarding the undersigned applicant, in connection with an application for employment. The undersigned applicant hereby instructs, authorizes and requests that a photocopy of this authorization be accepted with the same authority as the original.

Under the federal Fair Credit Reporting Act (FCRA) and other applicable state law, you have certain rights with regard to consumer reports obtained for employment purposes including, upon request, disclosure of information on you in the reporting agency's file at the time of the request, including the identification of persons who have procured a consumer report concerning you, and reasonable opportunity to respond to any information in the report that is disputed by you. The FCRA, 15 U.S.C. 1681, is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). You can obtain a copy of any investigative consumer report obtained by Background Investigation, Inc. Request for disclosure of the reporting agency's file should be made in writing within a 60 day time period to Background Investigations, Inc., PO Box 3366, Lynnwood, WA 98046-3366.

If a consumer investigative report is obtained and an adverse decision is made affecting your employment, the Company will provide to you, before making the adverse decision, a copy of the investigative consumer report and a copy of the Federal Trade Commission Publication, A Summary of Your Rights Under the Fair Credit Reporting Act.

The undersigned applicant hereby acknowledges that he/she (i) has read or has had read to him/her the above authorization and disclosures, (ii) has understood it, (iii) had the opportunity to consult with and discuss this form with his/her attorney prior to signing this document, and (iv) agrees to be fully bound by it.

Applicant Signature

Date

EMPLOYER CERTIFICATION TO CONSUMER REPORTING AGENCY; By submitting this order to the above-referenced Consumer Reporting Agency, the undersigned Company and individual agent signing on behalf of the Company expressly certifies to the above-referenced Consumer Reporting Agency (i) that any reports procured related hereto will be used for employment screening purposes only pursuant to FCRA Section 604(a)(3)(B); (ii) that prior to taking any adverse action, based in whole or in part upon said report(s), the Company will provide the applicant a copy of the report(s) and a copy of the publication, A Summary of Your Rights Under the Fair Credit Reporting Act; and (iii) that said report(s) will not be used in violation of any applicable Federal or State law or regulation including those specifically governing equal employment opportunity.

Employer: Beech Haven Baptist Church

By: _____
Its: Authorized Agent

APPENDIX E

Beech Haven Baptist Church (Rep) _____

Request Criminal History Record (Volunteers)

Name: _____
(Please Print) (First) (Middle) (Last)

Other names used and dates of use: 1. _____ Dates: _____

2. (Name) _____ Dates: _____

3. (Name) _____ Dates: _____

Social Security Number: _____

Date of birth*: _____ Place of birth: _____ (County and State, or Country)

DL# _____ State: _____

Height*: _____ Weight*: _____ Hair color*: _____ Eye color*: _____ Gender*: _____ Race*: _____

*Used for identification only, not required.

Have you been convicted of a crime? _____ Yes _____ No

If yes, give details (date, crime, location). _____

Current Address: _____ Since _____
Number, Street, Apartment # (if any), City, State, Zip Code

List addresses, cities, states and counties of residence you have lived for the past seven years.

<u>Address</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Signature below authorizes and requests any present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about me to furnish bearer with any and all information in their possession regarding me. I give permission that a photocopy of this authorization be accepted with the same authority as the original. The above information is true to the best of my knowledge.

Signature

Date