

SAFE SANCTUARIES (CHILD SAFETY) POLICIES ATTICA FIRST UNITED METHODIST CHURCH REVIEWED AND UPDATED AS OF OCTOBER 2022

Introduction

Attica First United Methodist Church (Attica First) is committed to providing a safe and nurturing environment for our children and youth. We know that intentional processes and guidelines are essential for safe sanctuaries. This policy outlines the steps that Attica First will take to create a safe environment for all minors (defined as anyone under the age of 18), vulnerable adults (defined as anyone who is over 18, but may be more vulnerable to abuse or neglect due to physical or mental disabilities), and adult volunteers.

Training, Screening and Selection of Volunteers

All volunteers will complete a criminal background screening before they can begin to volunteer. The screening process will include a limited criminal history check. Background checks are valid for no more than 3 years from the date on which the check is completed. If someone new to the congregation would like to volunteer, they must be paired with an employee or regular/veteran volunteer until they have been active and present within the congregation for at least six months.

Volunteers leading groups of minors must be at least eighteen years old. Student helpers must be at least twelve years old but should be at least five years older than the oldest member of the group(s) with which they are working. Student helpers are also required to receive Safe Sanctuaries training.

Employees and volunteers who work with children and youth shall observe the “triangle rule” and “open door policy.” Whenever possible, there shall be always at least two adults in the room, or at least two children present with one adult leader. Should there be a teacher in a room with one child, the door should be open, and the adult should be visible to anyone walking by until more children or another adult arrives. If one visualizes a triangle, this helps to understand that at least two children and an adult, or two adults and a child, should be present. In rooms where one adult is present, the door should remain open. A door with a clear panel, even if it is closed, is considered an “open door” because people walking by can look inside.

In situations when groups meet and other people are not nearby, two adults must be present. If the group is meeting in a public setting, one adult is sufficient if two or more youth are present (satisfying the triangle rule).

Volunteers and church staff can provide transportation for children and youth if parents or guardians have signed a permission form and waiver. The triangle rule applies to transportation – at least two minors must be present with one adult. All volunteers providing transportation must have completed a motor vehicle record check in addition to the criminal background check. For any off-site events, the trip’s leader must obtain medical information and liability

release forms for all participants and provide parents/guardians with a schedule and contact information.

All new volunteers serving children and youth will be required to attend face-to-face (or Zoom) safe sanctuaries training covering these policies. Volunteers will sign an agreement statement upon completion of training (see Appendix B). Volunteers who continue to serve minors will receive an annual reminder of the Safe Sanctuaries Policy and will be required on an annual basis to confirm that they have read the policy, they understand the policy, and they will abide by the policy.

Known sex offenders in the church: If we become aware that someone with a sex offense history is attending Attica First, we will respond in a way that respects the individual and creates a safe environment. It is important to note that “sex crimes” is an umbrella classification that includes offenses of differing severity: For example, public indecency is a sex crime in some states. An 18-year-old in a sexual relationship with a minor close in age may face rape charges in some states. At Attica First, we will look at the severity of the crime, how long ago it occurred, and how the person’s life has been lived since. Less-offensive crimes may not keep someone from serving minors in ministry.

People who have a propensity toward intimate relationships with children and youth should be loved and affirmed, but Attica First will not allow such people to have contact with minors. These individuals will not volunteer in ministries that serve minors.

Additionally, we will implement restorative practices if a registered sex offender or a known pedophile begins attending Attica First. Our Governing Board will identify individuals who will serve as mentors for the individual. A mentor will accompany the individual when he/she/they attends church in order to provide support for the individual and ensure the safety of minors in the congregation. The individual will only use gender-neutral, single-user restrooms. Our goal will be to offer grace that enables reconciliation between the individual and our church and community while ensuring a safe church environment.

Response and Reporting

Indiana law requires all citizens to immediately report suspected child abuse to the authorities. A person who fails to do so can be prosecuted for a Class B misdemeanor or, in extreme circumstances, may be subject to civil liability for money damages. Indiana state law requires the Department of Child Services to protect the identity of those reporting neglect or abuse allegations. Information concerning how to identify signs of possible child abuse and neglect are included in Appendix C.

All employees and volunteers at Attica First must adhere to the following procedures:

1. In the event of suspected child abuse, the employee or volunteer will immediately notify one of the pastors. The employee or volunteer will not discuss the matter with the child’s parents/family, the media, or anyone else. Upon notification of one of the pastors, the employee or volunteer will make a report to local child protection services or law enforcement agency.
2. Reports shall be documented in writing and will include the name of the individual reporting the suspected or reported abuse, the date of the report, the agency receiving the report, and a brief

synopsis of the report. If possible, oral reporting will be done in the presence of a report witness, whose name will be recorded on the form. (See Appendix C)

3. The official spokesperson for Attica First will be the lead Pastor, or in the absence of the lead pastor, the associate pastor.
4. Any further inquiries from child protective services should be referred to the lead pastor, or in the lead pastor's absence, the associate pastor. Any other inquiries should be directed to child protective services.
5. The care and safety of the victim is our first priority. We will not approach the accused without the approval of child protective services or law enforcement authorities.
6. We will not prejudice any person accused, but we will take any allegation of child abuse seriously and will reach out in Christian love and support to the accused, the victim and the victim's family, extending whatever pastoral care resources are needed. We will fully cooperate with any authorities investigating an allegation of child abuse.
7. We will treat the accused with dignity and respect. If the accused is a church worker, that person shall be temporarily relieved of his or her duties until the investigation is finished and the person has been cleared by the authorities. If the accused is a paid employee of our church, his or her income will be maintained until the allegations are cleared by the authorities or until criminal charges are filed.
8. All communication by the official spokesperson to the media, congregation, and public will protect the privacy and confidentiality of all involved and be approved by denominational leadership.
9. All efforts in responding to the alleged incident of child abuse shall be documented by the lead pastor or, in the absence of the lead pastor, by the designated spokesperson, and maintained in a secure and confidential file.

Appendix A

Authorization to Access Criminal Records

It is the policy of Attica First United Methodist Church that all adult volunteers who work with minors are required to undergo a criminal background check. This is performed through a third-party company. The results and this form are kept confidential and in a locked drawer in the church office. You will be notified if any results of the check are of concern.

By signing below, you give authorization for a criminal history records check.

PRINT FULL LEGAL NAME (First, Full Middle Name, Last Name)

STREET ADDRESS

CITY

STATE

ZIP

SOCIAL SECURITY NUMBER

____/____/____
DATE OF BIRTH

DRIVER'S LICENSE NUMBER (only if you will be providing transportation) ISSUING STATE

VOLUNTEER'S SIGNATURE

____/____/____
DATE

Appendix B
Staff and Volunteers Working with Minors
Attica First UMC

By signing below, I, _____, acknowledge that I have received, read, and will abide by the Safe Sanctuaries policy adopted by Attica First United Methodist Church.

Signature of Volunteer

Date

Signature of Parent or Guardian (if volunteer is a minor)

Date

Signature of Lead/Assoc. Pastor or Director of Family Ministries

Date

Appendix C

Defining and Recognizing Signs of Possible Neglect and Abuse

(from Safe Sanctuaries ©2008)

1. **Physical Abuse:** Abuse in which a person deliberately and intentionally causes bodily harm to a child.
 - a. **Possible Signs:**
 - i. Hostile and aggressive behavior towards others
 - ii. Fearfulness of parents and/or adults
 - iii. Destructive behavior toward self, others and/or property
 - iv. Inexplicable fractures or bruises inappropriate for child's dev. stage
 - v. Burns, facial injuries, pattern of repetitious bruises
2. **Emotional Abuse:** Abuse in which a person exposes a child to spoken and/or unspoken violence or emotional cruelty.
 - a. Emotional abuse sends a message to the child of worthlessness, badness, and being not only unloved but undeserving of love and care.
 - b. Children exposed to emotional abuse may have experienced being locked in a closet, being deprived of any sign of parental affection, being constantly told they are bad or stupid, or being allowed or forced to abuse alcohol or drugs.
 - c. Emotional abuse is often very difficult to prove and is devastating to the victim.
 - d. **Possible Signs:**
 - i. Exhibits severe depression and/or withdrawal
 - ii. Exhibits severe lack of self-esteem
 - iii. Failure to thrive
 - iv. Threatens or attempts suicide
 - v. Speech and/or eating disorders
 - vi. Goes to extremes to seek adult approval
 - vii. Extreme passive/aggressive behavior patterns
3. **Neglect:** Abuse in which a person endangers a child's health, safety, or welfare through negligence.
 - a. Neglect may include withholding food, clothing, medical care, education, and even affection and affirmation of the child's self-worth.
 - b. This is perhaps the most common form of abuse.
 - c. **Possible Signs:**
 - i. Failure to thrive
 - ii. Pattern of inappropriate dress for climate
 - iii. Begs or steals food; chronic hunger

 - iv. Depression
 - v. Untreated medical conditions
 - vi. Poor hygiene
4. **Sexual Abuse:** Abuse in which sexual contact between a child and an adult (or another older and more powerful youth) occurs.

- a. The child is never truly capable of consenting or resisting such contact and/or such sexual acts.
 - b. Often, the child is physically or psychologically dependent upon the perpetrator of the abuse.
 - c. Examples of sexual abuse may include fondling, intercourse, incest, and the exploitation of and exposure to child pornography or prostitution.
 - d. **Possible Signs:**
 - i. Unusually advanced sexual knowledge and/or behavior for child's age and developmental stage
 - ii. Depression – cries often for no apparent reason
 - iii. Promiscuous behavior
 - iv. Runs away from home and refuses to return
 - v. Difficulty walking or sitting
 - vi. Exhibits frequent headaches, stomach aches, extreme fatigue
 - vii. Sexually transmitted diseases
5. **Ritual Abuse:** abuse in which physical, sexual, or psychological violations of a child are inflicted regularly, intentionally, and in a stylized way by a person or persons responsible for the child's welfare.
- a. The abuser may appeal to some higher authority or power to justify the abuse.
 - b. The abuse may include cruel treatment of animals or repeated threats of harm to the child, other persons, and animals.
 - c. Reports of ritual abuse are often extremely horrifying and may seem too grim to be true. Children making such reports must not be ignored.
 - d. **Possible Signs:**
 - i. Disruptions of memory or consciousness
 - ii. Unexplained mistrust and mood swings
 - iii. Flashbacks
 - iv. Eating disorders
 - v. Fear of the dark, especially at sundown or a full moon
 - vi. Agitation or despair that seems to occur in cycles
 - vii. Fear of ministers, priests, or others wearing robes or uniforms
 - viii. Nightmares or sleep disorders
 - ix. Any of the symptoms of sexual abuse

Appendix D

Form for Reporting Suspected Child Neglect or Abuse

Attica First United Methodist Church

In response to my legal, moral and ethical responsibility to the children of Attica First UMC, it is my duty to report my suspicions of child neglect or abuse. To the best of my ability, the circumstances are recorded here.

Date: _____

Name of person making report: _____

Name and telephone number of agency to which report was made:

Name of person at agency receiving the report: _____

Name of Attica First staff person witnessing report, if applicable: _____

Name of child or youth: _____

Place of suspected abuse, if applicable: _____

Suspected abuse, if applicable: _____

Details of abuse incident or signs of inappropriate activity observed by person making allegation (include location, date, persons involved, witnesses and descriptions of incident):

(signature of person making report)

(date)

Appendix E

Activity Release Form (For On and Off Property Activities)

Attica First United Methodist Church (Page 1 of 2)

Name: _____

Allergies and other medical conditions: _____

Birthday: _____ Last School grade completed: _____

Name: _____

Allergies and other medical conditions: _____

Birthday: _____ Last School grade completed: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ E-MAIL: _____

Parent/Guardian 1: _____ cell: _____

Parent/Guardian 2: _____ cell: _____

In case of emergency: _____ relationship _____

phone _____

Is there a court order preventing anyone from having your child? ___ yes ___ no

If yes, please provide name(s) and physical description(s):

Activity release form con't (page 2 of 2)

Emergency Medical Release: If emergency medical care is necessary, and I cannot be contacted, I authorize the Attica First staff to act on my behalf in granting permission for my child to receive emergency medical assistance.

Parent/Guardian's signature

Date

Photographic Release: I give permission for my child (myself) to appear in any media coverage and on the Attica First website.

Parent/Guardian's signature

Date

Student's signature (if applicable)

Date

Youth Release and Medical Information (Page 1 of 2)

We, the parents or legal guardians of _____, hereby give permission for him/her/them to participate in activities and/or travel with the Youth Group (hereinafter "Youth Group") of Attica First United Methodist Church, Attica, Indiana, during the period of _____.

RELEASE: In consideration of the acceptance of our child's or ward's participation in activities sponsored by the Youth Group, we, the undersigned, hereby release, waive, and agree not to bring, or cause to be brought by any person or entity acting on behalf of our child or ward, any and all claims, demands, actions, or causes of action on behalf of our child or ward, against the Youth Group or Attica First United Methodist Church, their trustees, elders, officers, agents, employees, volunteers, or any supervising body of the Church (hereinafter the "Church"), by reason of, arising out of, or relating to our child's or ward's participation in any Youth Group activity. We further agree to indemnify, defend, and hold harmless the Youth Group and the Church from all liability and damages, including, but not limited to, special, incidental, and consequential damages, losses or expenses suffered or paid, directly or indirectly, as a result of any and all claims, causes of action, suits, proceedings, demands, judgments, assessments and liabilities, including attorneys' fees, incurred by reason of, or arising out of our child's or ward's participation in Youth Group activities.

We acknowledge and assert that it is our intention with this instrument to make a complete and unconditional release of any and all claims whatsoever of our child or ward, and anyone on his/her behalf, against the Youth Group and the Church, as set forth above.

MEDICAL AUTHORIZATION: Further, we, the undersigned, do hereby authorize employees, agents, or volunteers of the Youth Group to receive medical information about our child or ward, and make any and all decisions, and undertake any action with regard to medical treatment and services they might deem necessary for the safety, care, and welfare of our child or ward as a result of participation in any Youth Group activity, provided they have attempted to contact us and are unable to do so, and the safety, care, and welfare of our child or ward requires immediate action. We agree to remain responsible for any costs of treatment incurred as a result of this authorization, and this authorization shall remain in effect during the period specified above, unless revoked in writing.

Name of Parent or Guardian

Name of Parent or Guardian

Signature of Parent or Guardian

Signature of Parent or Guardian

Release and medical authorization form con't (page 2 of 2)

This form is being submitted on behalf of: _____
(youth/child's name)

Address: _____

Home Telephone Number

Cell Phone Number

Cell Phone Number

Additional Emergency Contact

Telephone Number

Cell Phone Number

Health Insurance Company

Policy Information

Please identify all Medical Conditions, Allergies, and Medications: _____

Date of Last Tetanus Booster: _____

School: _____

Grade: _____

****Media/ Website picture usage:

I give permission for the use of my child's image on the church/ youth website and in materials printed for distribution. (If unsigned, pictures with your child's image will not be published to website or materials for distribution; however, individual Facebook pages are beyond our control)

Signature

Date