A PLAN TO PROTECT POLICIES AND GUIDELINES

Highfield Street United Baptist Church
290 St. George Street
Moncton, New Brunswick E1C 1W5

Revised May 2013
A PLAN TO PROTECT
POLICIES & GUIDELINES

INTRODUCTION
Highfield Street United Baptist Church has a mandate to minister to people. Our mission statement is, “Highfield Street United Baptist Church exists to make disciples by winning people to Christ and nurturing people in Christ.” In our ministries, we stress the sanctity of human life and the worth of each individual in God’s sight.

We desire to provide reasonable protective care to children and youth attending programs and activities sponsored by Highfield Street United Baptist Church and to offer an environment consistent with the life of Christ as proclaimed in the Bible.

WHEREAS the Creator has made mankind in His image and sanctified human life with eternal destiny; and

WHEREAS the Holy Scripture declares children are a heritage from the Lord;

WHEREAS our Lord Jesus Christ received little children and clearly taught us that “of such are the Kingdom of Heaven,” and

WHEREAS both a severe warning against offending little ones and solemn commandments to protect, nurture and teach our children are evident throughout the Word of God;

THEREFORE Highfield Street United Baptist Church resolves to provide a safe and happy environment for children. We will accordingly adhere to the child protection policy that follows.

PURPOSE
The purpose of this policy is to:

1) define policies and procedures that ensure the protection of children and youth who participate in any church-sponsored programs and activities.

2) provide a protocol to deal with reported concerns and subsequent actions

3) reduce the risk against ministry workers from false allegations

4) reduce the risk of potential liability against Highfield Street United Baptist Church

STATEMENT OF SCOPE
This policy will apply to:

- All programs or activities sponsored by Highfield St. United Baptist Church where minors are present, including those which happen at locations other than Highfield St. United Baptist Church.

- All church staff, interns and summer students

- All volunteers working with minors
**Requirements for workers**

**Regular Volunteers Shall:**
- Be a member /adherent of Highfield Baptist Church.
- Complete an application form that includes 2 references.
- Provide a copy of a police security check. Updated police checks must be made at a maximum of 5 year intervals.
- Participate in ongoing child safety education.
- Be approved by the program director.
- Be approved by a Pastor or member of the board of deacons.

Applications and police checks will be reviewed, and reference checks completed, by an appointed member of staff or church leadership.

PLEASE NOTE: A record involving any abuse will, in all cases, disqualify the individual from working with children or youth through this church.

**Occasional Volunteers**
Occasional volunteers provide extra support to leaders on an occasional basis either on request for special activities or as a replacement to a regular volunteer. Occasional volunteers may participate in ministry provided they are approved by the program leader and are a member/adherent of Highfield Baptist or another Christian church. They will always work in the presence of program leaders and regular volunteers. Participation exceeding 3 occasions per year for all programs will require that the individual be reassigned to the status of a regular volunteer.

**Location of Activities**

There will be assigned areas for children’s activities/programs. Parents/caregivers are responsible to accompany children (up to and including grade 5) to the appropriate area and to pick them up at these areas (i.e. classrooms/nursery/etc).

When preteens/teens are involved in children’s or youth ministry, they will be supervised and will always meet with children in a classroom or area equipped with a window or open door.

We will strive to never have one adult working alone with one child behind closed doors.

We will strive to use classrooms that will be designed and or modified so there is a clear view into the room. (i.e. a window in the classroom door.) Windows shall not be covered.

With an ‘open door’ principle we would welcome interested parents/caregivers to attend/witness any programs.
Off-site Events

We will strive to ensure that parents are made aware of the precautions being taken to protect their children. Parental consent forms will be used for all special activities or events, and for any event which requires an overnight stay.

All overnight events must be supervised by leaders of the same gender as the children. In other words, overnight events involving boys must have male supervision and overnight events involving girls must have female supervision.

The minimum age of drivers who are transporting children for church activities shall be 23 years. Drivers must carry personal auto insurance.

Bathroom Procedures

We commit to following careful bathroom and diaper changing procedures. When diapering, two volunteers will be present. Diapering areas will be cleaned/maintained according to the posted procedures.

Children (Grade 5 and younger) should not be sent to the washroom alone, but should be accompanied by an adult. If the child/children are in the washrooms then the adult(s) will wait in the hallway and if adults are in the washrooms, then children will wait in the hallway. For young children requiring bathroom assistance, unless advised otherwise by parents, volunteers will provide appropriate assistance upon the child’s request/need. The washroom/cubicle door should remain ajar.

Group Size / Ratios

There shall be a minimum group of 3 (including leaders) for all children’s activities. If there are less than 3 in the group, the activity shall be cancelled or postponed.

The desired ratio of children to adults shall be:
Infant - Kindergarten  5 children : 1 leader
Grade 1 - 5 6-8 children : 1 leader

Safety and Accident Policies and Procedures

Safety Procedure

- First aid boxes are to kept on hand and fully stocked.
- Volunteers will follow all safety rules.
- Where required, volunteers must wear personal protective equipment, like seatbelts or protective glasses. There will be no exceptions to this requirement.
- Hazardous conditions and other safety concerns must be reported immediately to your supervisor.
- All injuries and accidents are reported immediately to your supervisor and you are to obtain medical aid without delay.
- Evacuation/emergency plans will be posted in all classrooms.
**Accident Policy**

- When there is a fellow volunteer or a student injured your first priority is for them to receive medical help. Apply immediate first aid and if it is serious, call 911 for help or bring the person to the hospital.
- Immediately call the parent(s) or guardian of the student and let them know about the injury.
- Let the supervisor know about the accident and explain the details.
- Fill out a form located by Youth Office in a file folder labeled “Accident Report Form” and turn the form into our church office within 24 hours of the incident.

**Training**

All individuals who work with children will be given a copy of this policy and will be reminded of the importance of avoiding potentially compromising situations in which an allegation of abuse could be made. Child safety training will take place periodically and will include the following topics:

- child abuse indicators and legal obligation*
- appropriate contact/touch with children
- the use of appropriate discipline

*Reporting child abuse or even suspected child abuse is the law [NB Family Services Act; 30(1), 30(3)]. You can be held responsible in the future if a victim informs anyone in authority that you were aware of the abuse and did not report it. If you need to report proven or suspected abuse, notify your supervisor immediately! The report MUST be made within 24 hours after you receive knowledge of the abuse. **Note:** Never promise a student you will keep a secret if they confide in you.

**Harassment**

We are committed to providing a ministry environment free of unlawful harassment. Government laws prohibit harassment because of race, religious creed, color, national origin or ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation or any other protected basis.

**Reporting**

All leaders/participants are required to report any and all incidents and/or allegations of abuse to the program director and the pastor/board of deacons. Any incident in which there is concern for the safety or well-being of a child under the care or supervision of our church will be taken seriously and will be investigated. In the event that any allegation of abuse of a child or youth is made, it is to be reported immediately (by the person to whom it is reported) to the appropriate authorities (Family and Community Social Services) and to the pastor. The process will be carefully documented including dates, time, and content of all conversations pertaining to the alleged abuse. If the accused is a church member, they will be temporarily relieved of their duties until the investigation is completed. If any pastoral staff are accused of abuse, the Executive Minister will be contacted and the guidelines contained in the CABC Moral Failure document will be followed.
Reporting Abuse Form

Date: ____________________

Name of Child: ___________________________________________________________

Address: ________________________________________________________________

Phone Number: ___________________________________________________________

Name of Person Filing Report: _____________________________________________

Name of Person Receiving Report: __________________________________________

Nature of suspected abuse (physical, sexual, emotional, neglect):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Indications of suspected abuse (facts, physical signs and course of events where necessary):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Action taken (including date and time of actions):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The above information will serve as a guide and will be necessary if a formal report is filed with the
police or appropriate government agency. All information will be kept STRICTLY CONFIDENTIAL.

Signed: ____________________________  Signed: ____________________________
(Person Reporting)  (Ministry Coordinator)

Signed: ____________________________  Signed: ____________________________
(Pastor)  (Children’s Ministry Director)

If there were any witnesses to the above incident they should attach signed, dated statements.

Quick Reference #’s:
Police 911; Victim Services 857-2400; Family and Community Services 856-2400;
After Hour Abuse Emergencies 1-800-442-9799
Accident Report Form

Injured’s name: ___________________________________________ Age: __________

Sex/Gender: ______________

Date and time of accident: __________________________ Location: ____________________________

Date and time accident reported: ___________________________________________________________

Who was notified? ______________________________________________

Name(s) of witness(es):

_____________________________________________________________________________________

Describe how the accident occurred:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Which part of the body was injured?

_____________________________________________________________________________________

Describe the injuries in detail:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

First Aid given at site: ________________________________

_____________________________________________________________________________________

Date and time you sought medical attention:

_____________________________________________________________________________________

Name of doctor and/or hospital: ________________________________

_____________________________________________________________________________________

Could anything be done to prevent accidents of this type? If so, what?

_____________________________________________________________________________________

☐ Parent(s)/Guardian(s) have been notified.

Signature of Volunteer __________________________ Date:________________

Volunteer’s Name (Print): ________________________________________________