

# **Safety and Security Policies**

## **Children and Youth**

### **First Baptist Church, Rome, Georgia**

#### **Main Points**

- First Baptist Church is committed to maintaining a safe and secure environment for children and youth.
- Procedures are established for screening both compensated and volunteer workers and teachers of all child/youth activities.
- Supervision standards are established for those who work and teach children and youth.
- Guidelines for reporting and responding to alleged incidents of inappropriate behavior in the church are provided.
- Prevention and protection training will be required for all compensated and volunteer workers and teachers of children and youth.

# **FIRST BAPTIST CHURCH ROME, GEORGIA**

## **CHILD/YOUTH PROTECTION POLICY STATEMENT**

The members and staff of First Baptist Church are committed to maintaining a safe and secure environment in which children and youth are protected from sexual/physical abuse and neglect. Our goals are to protect children (babies – 12<sup>th</sup> grade) in church programs (in and out of our buildings), to educate teachers, workers and caregivers concerning abuse issues, and to protect staff and volunteers, as well as the church as a whole, from potential allegations of abuse and neglect.

In recognition of these goals, First Baptist Church has adopted the following guidelines and precautions.

### **I. Procedure for the Hiring and Screening of Compensated Workers and Volunteers.**

1. All scheduled workers with children or youth, full or part time, compensated or volunteer, (for example: clergy, custodial, Sunday School teachers, Vacation Bible School teachers, etc.) will complete Volunteer Application Forms (see appendices). All persons employed by the church (whether or not scheduled to work with children or youth) will complete an Employment Application.
2. Occasional unscheduled volunteers for programs sponsored by First Baptist Church where children and youth are entrusted to the care of adults will still fill out a Volunteer Application Form to have on file.
3. Reference checks will be made on all paid and volunteer workers and teachers. Reference checks will be conducted by phone, by mail, and/or through personal contacts. Background checks (see appendices) will be completed on all compensated and volunteer workers and teachers.
4. All information provided in the Volunteer Application Forms and Employment Forms, as well as any information collected through reference checks or other investigation or inquiries, is to be considered confidential church property and is not to be released to any other party except on a need-to-know basis with the approval of the Senior Pastor, and appropriate staff ministers.

### **II. Policy Statement for Workers and Teachers with Children and Youth**

1. Persons who have been convicted of or pled guilty to any crime involving physical and/or sexual abuse of a child will not be allowed to work with children and youth.
2. Persons who have been convicted of or pled guilty to other serious crimes involving personal injury (rape, assault, etc.) will not be allowed to work with children and youth.
3. Church or Sunday School membership at First Baptist Church for a minimum of six months is a prerequisite before working with children and youth.
4. Organizations that use First Baptist Church facilities and need childcare will only use church trained and approved staff. Those who request to use church facilities will be made aware of this stipulation.

### **III. Supervision Policy for Paid and Volunteer Workers with Children and Youth**

1. Whenever possible, two workers should be present during any activity involving children or youth, even if only one child or youth is present. This guideline reduces the risk of abuse and the risk of false accusations.
2. If it is necessary for an adult to be alone with a child or youth and out of sight of others, parental permission or clearance from the appropriate age group minister must be obtained and the door of the room needs to stay open. One-on-one situations should be avoided when possible.
3. Questionable or inappropriate behavior shall be reported immediately to the appropriate age group minister or Senior Pastor
4. If a person acting in an official capacity on behalf of the church desires to plan an activity off campus, he/she must:
  - a. Request permission from the appropriate age group minister;
  - b. Notify parents in advance of specific plans and receive permission in writing; (see appendices)
  - c. Always have at least one other adult present.
5. Doors to classrooms used by children or youth should include windows made of shatterproof glass. Alternatively, such doors should be kept open when feasible.

### **IV. Procedures for Reporting Incidents of Abuse of a Child or Youth**

1. Incidents of abuse or reasonably suspected incidents of abuse of a child or youth will be reported immediately to the First Baptist Church minister directly responsible for the area of ministry where the incident occurred and to DFACS (Department of Family and Children's Services) of Floyd County ASAP and in no event later than 24 hours.
2. The minister will report the incident to the Senior Pastor. Reports will initially be made orally and then in writing.
3. The person reporting the incident will document in writing all known facts and circumstances. A staff minister and/or Senior Pastor will also make a report that documents all steps taken during the course of inquiry into the incident. (see appendices)
4. Reports from persons requesting to remain anonymous may be made by telephone, and complete notes will be made of the call.
5. All adult members of First Baptist Church, staff and other adults participating in programs on the property of First Baptist Church are encouraged to be sensitive to the potential for abuse of children or youth. They will be encouraged not to hesitate to caution others that activities they observe are, or may appear to be, inappropriate. The church will be supportive of individuals who in good faith make reports of actual or reasonable suspected cases of abuse. All reports will be taken seriously but not judged prematurely.
6. Organizations that use First Baptist Church facilities and have their own reporting procedures will follow those practices. Any organization that does not have their own procedures will follow this policy by reporting to the Senior Pastor or appropriate minister immediately.
7. The confidentiality of all persons involved will be respected.
8. Special Rules Regarding Children in the Weekday Early Education (WEE) School.
  - a. In accordance with Georgia law, any WEE School teacher or worker who has cause to believe that a child in the program has been the victim of sexual or physical abuse or neglect at home or

elsewhere shall report such suspicion to the WEE School Director and the appropriate minister immediately.

- b. In cooperation the minister, director and teacher will report the suspected abuse to the Floyd County Department of Family and Children's Services or other appropriate law enforcement authorities, ASAP.
- c. Documentation will be written and copies kept by the Director of the WEE School and the appropriate minister.

## **V. Responding to Allegations of Abuse of a Child or Youth**

1. Every allegation will be taken seriously. Adequate care and respect must be offered to alleged victims and alleged perpetrators until the allegations can be substantiated or cleared.
2. All procedures listed in the reporting section will be followed.
3. All records relating to the matter will be maintained in confidential files.
4. All efforts in handling the situation will be carefully documented. (see appendices)
5. The parents/guardians of the alleged victim will be notified immediately.
6. The liability insurer and attorney for the church will be notified about the incident by the Senior Pastor or his/her designee.
7. The safety and security of the child must be safeguarded before the person accused of abuse is confronted.
8. If civil authorities are involved, they will be responsible for conducting the investigation of the incident rather than church personnel.
9. The Senior Pastor or his/her designee will be the sole spokesperson for the church insofar as media inquiries are concerned.
10. Any person accused must be treated with dignity and support. That person will be immediately relieved of further responsibilities until the investigation is completed and allegations are cleared.

## **VI. Training and Education**

1. All compensated workers and volunteers will be trained during an orientation period regarding protection of children and youth from sexual abuse and protection of adults from false accusations of abuse. This initial training will include the following:
  - a. The need for the Child/Youth Safety and Security Policies
  - b. Church policies governing working with children and youth.
  - c. Procedures for reporting observed or suspected misconduct.
2. A session on the Child/Youth Safety and Security Policies will be a part of new member orientation.

# Safety & Security Policies for Preschool, Children & Youth

First Baptist Church  
Rome, Georgia

Effective Date: January 31, 2009

## I. Purpose

First Baptist Church is committed to providing participants in its Preschool, Children's and Youth Ministries with a safe, nurturing Christian environment staffed by caring and conscientious ministers, staff and volunteers. To pursue this goal, the church has adopted these Safety and Security Policies.

## II. Volunteers

- A. As used throughout these policies, the term "volunteers" refers to a person who is a volunteer worker in First Baptist Church preschool, children's and youth ministries and who meets the following criteria:
1. He or she has been a member of First Baptist Church or a First Baptist Church Sunday School class for at least 6 months.
  2. He or she has completed confidential Volunteer Application Forms (see Appendices) and the application has been approved in accordance with the Safety & Security Policies.

## Preschool Ministry Programs

- B. In order to assure the safety and health of both preschoolers and volunteers, the following requirements will be enforced:
1. Two volunteers will be assigned to each room.
  2. Appropriate volunteer/child ratios will be maintained at all times:  
Babies – 1:3, Ones – 1:3, Twos – 1:4, Threes – 1:4,  
Fours – 1:6, Fives – 1:6
  3. Persons younger than 21 years of age may assist volunteers in any preschool rooms.
  4. No volunteer may administer medications to a child.
  5. Classroom doors may be closed but never locked.
  6. Preschoolers with fever, vomiting, diarrhea, symptoms of childhood diseases, or any communicable disease that can be transmitted from one person to another by contact or indirectly via substances or inanimate objects should NOT be brought to the Preschool area.
- C. In order to avoid upsetting the preschoolers, parents who wish to check on a preschooler should do so through a preschool teacher rather than going directly into the preschooler's room. The security procedure for preschoolers involved in Sunday programs is as follows:
1. Each preschooler (birth through 3 years) must be signed in by a parent, guardian or designated adult surrogate. Additionally, the adult signing in the preschooler must remain on church grounds until the program is concluded and the preschooler is picked up.

2. Pagers are available and we encourage them to be checked out by parents while their preschoolers are in church programs. If the demand for pagers exceeds the supply, preference will be given to parents of younger preschoolers and preschoolers new to First Baptist Church.
3. Only one person should call for a preschooler and that person should stay in the classroom door rather than entering the child's room.
4. A preschooler will only be released to a parent/guardian or an individual over the age of 18 who has the parent/guardian's written authorization to take custody.
5. The parent/guardian or authorized individual calling for a preschooler must present the pager and security sticker/badge which corresponds to the one worn by the preschooler.

### **Policies for Children and Preteen Programs (grades 1-6)**

- A. These policies apply to all children and preteen programs, including Sunday School, Construction Crew, Wednesday night programs, Choirs, Special Programs, Vacation Bible School, Camp and FBC sponsored trips/activities.
- B. For the protection of all children and volunteers, parents should NOT use church programs for a child who has any of the following: fever, vomiting, diarrhea, symptoms of childhood diseases or any communicable disease that can be transmitted from one person to another by contact or indirectly via substances or inanimate objects.
- C. For all programs and related activities conducted at the FBC facilities, the following guidelines will be followed:
  1. At a minimum 2 volunteers will be assigned to any room in which children are meeting.
  2. A door may be closed only if there is a window on the door that provides a view into the room. All children's activities will have an appropriate volunteer/child ratio which will vary with different activities.

### **Policies for Youth Ministry Programs**

- D. For any FBC related activity, the following conduct will be strictly prohibited:
  1. Use or possession of alcohol, tobacco, or illegal drugs, including the use or possession of a prescription drug by a person to whom the drug was not prescribed.
  2. Conduct that endangers the person engaging in the conduct or another person.
  3. Disobedience or willful disregard of the rules established for the activity.
  4. Disrespect to others, participants or adults.
  5. Offensive language, including expletives, racial and other slurs.
  6. Conduct that violates any law.

- E. Any participant who engages in illegal activity will be automatically dismissed from the activity and returned home at his or her own expense. Additionally, that participant and his/her parents or guardians will be required to have a conference with the Minister of Students before he/she may be allowed to participate in any further youth activities. The Minister of Students will have discretion to determine the appropriate discipline for behavior that is prohibited but not illegal.
- F. The Minister of Students in charge of any event or activity may require students to execute a covenant agreeing to abide by stated standards of conduct before they may participate.

### **III. Transportation Policies**

Any time a preschool, children, preteen or youth ministry activity involves transporting participants in vehicles, the following will apply:

- A. Any volunteer who drives their own vehicle to transport participants during an FBC sponsored activity must have appropriate insurance and a valid driver's license. Children 5 years and younger must travel in a car seat or booster seat.
- B. All persons participating in an FBC sponsored activity will wear seatbelts whenever they are in a vehicle.
- C. A Parental Consent Form (see appendices) is needed before the child can participate.
- D. There must be at least two volunteers in each vehicle.
- E. A list of names of those traveling will be left at the church.
- F. Each vehicle will have a cell phone and calling numbers of cell phones in other vehicles.

### **IV. Evacuation Policies**

Evacuation procedures are in place for each room and each floor of the Education Building. They are posted in rooms and teachers have been asked to read and become familiar with them.

- A. Procedures are known for placing children in cribs and rolling them outside.
- B. There will be at least two adults to each crib.
- C. Children ages birth through two year olds will be placed in cribs.
- D. Older children will be taken out in small groups with two adults.
- E. Parents/Guardians/Families are asked to meet us outside in a safe location to be designated by a minister.

# **Appendix of Forms**

## **Safety and Security Policies**

### **First Baptist Church**

#### **Rome, Georgia**

1. **Volunteer Application Form:**  
Complete front and back and return to church office
  
2. **Employment Notification and Acknowledgment:**  
This is a request for background investigation purposes.  
Complete and return to church or follow instructions on the form.
  
3. **Social References:**  
Complete and return to church office
  
4. **Participant Form / Parental Consent Form:**  
This form will be used by First Baptist Church giving permission for a child/youth to participate in activities sponsored by the church and authorization for treatment and release of claims.  
  
This form will be completed once a year and notarized.
  
5. **Applicant's Reference Form:** (for office use)
  
6. **Social Reference Form:** (for office use)
  
7. **Child/Youth Incident Report:** (for office use)

**VOLUNTEER APPLICATION  
FIRST BAPTIST CHURCH  
ROME, GEORGIA**

**Primary Screening Form**

This screening form is to be completed by those desiring a ministry position involving the supervision or custody of preschoolers, children or youth. It is being used to help the church provide a safe and secure environment for those who participate in our programs and use our facilities.

**Part I: Personal Information**

Name \_\_\_\_\_ Date \_\_\_\_\_  
                    Last                      First                      Middle

Address \_\_\_\_\_  
                    Street                                      City                                      ZIP

How long at this residence? \_\_\_\_\_ If less than five years, give previous address and number of years.

Address: \_\_\_\_\_

No. of years: \_\_\_\_\_

Do you have a personal relationship with Jesus Christ? \_\_\_\_\_

How long have you attended First Baptist Church? \_\_\_\_\_

List names and cities of other churches you have attended regularly during the past five years.

\_\_\_\_\_  
\_\_\_\_\_

What leadership/volunteer experience have you had with preschoolers, children or youth? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any other FBC ministries you are involved in: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Complete other side and return to the church office. All information (except phone numbers and e-mail address) will be kept confidential

## Part II: Providing a Safe Environment

You will be working with preschoolers, children, youth, developmentally disabled, or may be called upon to serve in a counseling position:

- Are you 21 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you read the FBC Safety & Securities Policies? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been convicted of, or pled guilty or no contest to a crime other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

- Have you ever been cited for DUI? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you now under charges for any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

- Are there any physical, mental or emotional reasons that would keep you from effectively working with or cause any potential harm to children or youth? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe: \_\_\_\_\_

## Part III: Training, Experience, Professional Certifications or Licenses

List any additional training or experience you have had that relates to the ministry of First Baptist Church.

Please include any professional license or certification.

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Do you have any medical training? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe:

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Are you CPR certified? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a trained lifeguard? Yes \_\_\_\_\_ No \_\_\_\_\_

# EMPLOYMENT NOTIFICATION AND ACKNOWLEDGMENT

The purpose of this release is to allow the **First Baptist Church-Rome, Georgia** (referred to as "Company"), Professional Screening & Information, Inc. (PSI), or their assigns, to obtain pre-employment information as part of my application for employment and/or volunteer service, which may include any lawful investigation not limited to my educational, criminal, driving, credit, and employment histories, while maintaining compliance with all governmental laws. I also consent to the company obtaining such information if I am employed by the company for any employment purpose.

I am aware I have the right to make a written request to Professional Screening & Information, Inc., Post Office Box 644, Rome, Georgia 30162, or call them collect at 1-877-235-7574, to obtain a free copy of my background investigation, within a reasonable period of time, if an employment decision has been influenced by information contained in a background investigation report. In addition, a summary of your rights will be made available to you under the Fair Credit Reporting Act. California, Oklahoma, and Minnesota residents are entitled to a free copy of their consumer report upon request and will be provided with a separate Notification and Acknowledgement form to complete. Therefore, if the Company considers the background investigation unfavorable, I agree that the Company may deny me the assignment or discharge me from employment. I release the Company, PSI, its officers, agents, employees, and assigns from all liability resulting from the collection, use, storage, or discharge of information obtained for pre and post-employment, promotion, reassignment, and/or retention as an employee.

I certify that the information contained below is complete and true. I have read this Notification and Acknowledgment, understand its terms, realize its significance, consent to a background investigation as part of the application process and if employed, during my employment as well, and sign this form voluntarily.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THE INFORMATION BELOW BEING REQUESTED IS FOR BACKGROUND INVESTIGATION PURPOSES ONLY AND WILL NOT BE USED FOR ANY OTHER PURPOSE.**

### PLEASE PRINT

Name (First, Middle, Last): \_\_\_\_\_  
Maiden Name (First, Middle, Last): \_\_\_\_\_ Dates Used (from-to): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License #/State: \_\_\_\_\_  
Position Applied For: \_\_\_\_\_ Home #:( ) \_\_\_\_\_ Work #:( ) \_\_\_\_\_  
\*(Optional): Race: \_\_\_\_\_ Sex:  Male  Female Date of Birth (Month-Day-Year): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Current address

### Month/Year

• Street: \_\_\_\_\_ From: \_\_\_\_\_  
City, State (County), Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

### Chronologically list all places of residence for the past seven years

### Month/Year

• Street: \_\_\_\_\_ From: \_\_\_\_\_  
City, State (County), Zip Code: \_\_\_\_\_ To: \_\_\_\_\_  
• Street: \_\_\_\_\_ From: \_\_\_\_\_  
City, State (County), Zip Code: \_\_\_\_\_ To: \_\_\_\_\_  
• Street: \_\_\_\_\_ From: \_\_\_\_\_  
City, State (County), Zip Code: \_\_\_\_\_ To: \_\_\_\_\_

### COMPANY USE ONLY

Client: First Baptist Church-Rome, Georgia Level: \_\_\_\_ Custom \_\_\_\_ Minister

**Note:** For all Motor Vehicle Reports, please fax a copy of the applicant's driver's license.

**\*\*\*Please fax or email completed form to 706.235.6452 or staff@psibackgroundcheck.com\*\*\***

## SOCIAL REFERENCES

**(Fill out and return to office)**

**Applicants Name:** \_\_\_\_\_

**\*List two people whom you know well and lives in the United States. DO NOT list your spouse, former spouse, or other relatives, and DO NOT list anyone who is listed elsewhere in this application.**

1. Complete Name (Last, Middle, First):	Home Address: _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Business Phone (Including Area Code): _____

2. Complete Name (Last, Middle, First):	Home Address: _____
Years Acquainted and Relationship:	(City, State, Zip Code): _____
Approximate Age:	Home Phone (Including Area Code): _____
Occupation:	Business Address: _____
	Business Phone (Including Area Code): _____

# PARTICIPANT FORM

## 2008-2009 Parental Consent Form

I, the undersigned parent or legal guardian, do give consent for the above named minor to participate in the activities of First Baptist Church of Rome, GA, Incorporated {the Church} for the period beginning midnight on August 1, 2008 and terminating at 12:00 noon on September 1, 2009. I understand that said activities will occur both on and off the property of the Church and will include traveling within Rome, within Floyd County, within the State of Georgia, and between states by various modes of transportation including but not limited to: rented van or bus, chartered bus, and personal vehicles.

Participant Name (First/Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade in School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of Emergency, Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Additional Emergency Contacts: Name & Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name & Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### MEDICAL INFORMATION

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy or Group Numbers \_\_\_\_\_

Participant Social Security # \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

(Over)



# SOCIAL REFERENCE

(Staff Use Only)

		<b>Name:</b>	
		<b>Age:</b>	
		<b>Occupation:</b>	
		<b>Address:</b>	
		<b>Telephone:</b>	
		<b>Date Contacted:</b>	
<b>II.</b>		<b><i>According to Applicant:</i></b>	
	<b>Relationship /Length</b>	<b><i>According to Employer:</i></b>	
<b><u>Comments:</u></b>			
1. Is this person dependable?			
2. Is this person mature?			
3. How would you describe this person's overall attitude?			

4. Do you consider this individual suitable for work with children and youth?

Yes    No

Additional Comments:

5. Do you know of any incidents of inappropriate contact with a child or youth involving this individual?

Yes    No

Additional Comments:

6. Recommendation:

Yes    No

Additional Comments:

7. Any Final Comments:

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**Person Conducting Reference Check:**

# Child/Youth Incident Report

(Staff use only)

Name of Child/Youth \_\_\_\_\_

Age \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

\_\_\_\_\_  
Address of Child/Youth

\_\_\_\_\_  
Address of Parent/Guardian

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

\_\_\_\_\_  
Phone numbers (s)

**NAMES OF OBSERVERS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF INCIDENT**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE OBSERVED**  
\_\_\_\_\_

**ACTION TAKEN**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Department of Social Services Contacted:** \_\_\_\_\_

**Name of Person at Social Services:** \_\_\_\_\_

**Name of Person who completed this form:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_