#### 3.600 COMMITTEES OF PRESBYTERY: PROGRAM STRATEGY

## 3.603 Child Care Policy

A. Policy Statement

The Presbytery of Northern Waters 5203 East Second St. Superior, WI 54880

The Presbytery of Northern Waters is called by God to provide and maintain a safe, nurturing environment for children under 18 years of age, while they are involved in Presbytery Events.

All hired staff, full time volunteers, volunteers involved in overnight event(s), and volunteers spending more than sixteen (16) hours in a week with the children of the Presbytery or member churches, working at designated Presbytery Events with children, are required to complete the following forms:

- 1. Child Worker Application Form
- 2. Authorization of Police Background Check
- 3. Reference Letter
- 4. Covenant for Workers with Children
- 5. Agreement to Policy and Discipline Guidelines

All persons working with children at Presbytery Events are subject to this policy.

For Presbytery youth events of 3 days or longer: All forms of this policy will be required. For Presbytery youth events of 2 days and one night or less: the forms from this policy are required with the exception of the Police Background Check. The Session of the applicant's church will either state that it knows of no reason why this applicant is unsuitable or cover the cost of a Police Background Check.

### B. Sample Letter to Applicant

Name Address

Dear

Thank you for your interest in working with children of the Presbytery of Northern Waters. For purposes of child safety we require the following application papers:

Child Worker Application Form Authorization of Police Background Check Reference Letter Covenant for Workers with Children Form Agreement to Policy and Discipline Guidelines

Because this information is sensitive, access will be very limited. The Child Worker Application and Police Background Check forms will be reviewed by two designated people. If approved, only Presbytery members responsible for the event will have access to the application. All completed forms will be kept in a confidential file at the Presbytery Office for one year.

When you have completed the forms please return to:

Executive Presbyter
The Presbytery of Northern Waters
5203 East Second St.
Superior, WI 54880

Thank you for your interest in working with the children of the Presbytery of Northern Waters.

Sincerely,

Signature

# C. Child Worker Application Form

Name (Any other names used)

Address (List all addresses for the past five years)

Presbytery of Northern Waters 5203 East Second St. Superior, WI 54880

# CHILD WORKER APPLICATION

|               | City                                       | State                   | Zip                  |
|---------------|--|-------------------------|----------------------|
|               | Home Phone                                 | Work Phone              |                      |
|               | Birthdate                                  | Social Security Number  |                      |
|               | Church Name                                |                         |                      |
|               | Address                                    |                         |                      |
|               | City                                       | State                   | Zip                  |
|               | Pastor                                     |                         |                      |
|               | Phone                                      | How long a member?      |                      |
| Ple           | ase attach a photocopy of your Driver's Li | icense or Identificatio | n Card to this form. |
| Age range-    | type of work preferred:                    |                         |                      |
| Training, ex  | xperience, talents:                        |                         |                      |
| •             | e, or any crime related to children? Yes   |                         |                      |
|               |  | 1 .0 .77                |                      |
| -             | ver been formally charged with child abuse | or neglect? Yes         | No                   |
| If yes, pleas | se describe:                               |                         |                      |

# Child Worker Application Form, continued

| . Name             |  |                        |
|--------------------|--|------------------------|
| Address            |  |                        |
| City               | State  | Zip                    |
| Phone              | Pastor   |                        |
| . Name             |  |                        |
| Address            |  |                        |
| City               | State  | Zip                    |
| Phone              | Pastor   |                        |
| . Name             |  |                        |
| Address            |  |                        |
| City               | State  | Zip                    |
| Phone              | Pastor   |                        |
| e information in   | his application is correct to the best                                       | of my knowledge. I     |
| thorize the refere | nces listed above to release any infor formation will be held in confidentia | mation related to this |
| gnature            |  | Date                   |
|                    |  |                        |
| turn to:           |  |                        |
|                    | Presbytery of Northern Water<br>5203 East Second St.<br>Superior, WI 54880   | ers                    |

# D. Authorization for Police Background Check

Presbytery of Northern Waters 5203 East Second St. Superior, WI 54880

## AUTHORIZATION FOR POLICE BACKGROUND CHECK

| I,<br>Northern Wa | , authorize the Presbytery of Waters to acquire a police background check on any crimes of violence, or |     |     |
|-------------------|---|-----|-----|
| of a sexual n     | nature, and/or any crime related to children  | en. |     |
| Signature _       |   |     |     |
|                   |   |     |     |
| Date _            |   |     |     |
| Address _         |   |     |     |
| _                 |   |     |     |
| City _            | Sta   | ite | Zip |
| Social Secur      | rity Number   |     |     |

E. Sample Letter on References Name Address Dear (Insert Name of Applicant) is being considered for a position working with children. He/she gave us your name as a reference and has given us written permission to contact you and for you to release any information you have concerning his/her fitness to work with children. Please answer the following questions: 1. How long have you known this applicant and in what capacity? 2 What work has he/she done with children? 3. What abilities does he/she bring to work with children? 4. Has he/she provided in his/her work with children a safe, healthy, nurturing environment? 5. Are you aware of any problems concerning him/her and his/her contact with children? 6. Do you have any hesitation in recommending him/her to work with children? I, \_\_\_\_\_\_, authorize \_\_\_\_\_\_, authorize to release the Name of reference information requested above to the Presbytery of Northern Waters. Signature \_\_\_\_\_ Date \_\_\_\_ Sincerely, Stated Clerk Please Return To:

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#### F. Covenant for Workers With Children

Presbytery of Northern Waters 5203 East Second St. Superior, WI 54880

#### COVENANT FOR WORKERS WITH CHILDREN

I covenant with our Lord Jesus, the Presbytery of Northern Waters and the children with which I will have contact as follows:

- 1. I will conduct myself as a mature Christian in service to our Lord;
- 2. I will proactively look after the safety and welfare of every child;
- 3. I will actively care for the children's spiritual, emotional, interpersonal, mental and physical needs and positive development;
- 4. I will work to provide a caring, loving, safe environment;
- 5. I will be careful about suggestive situations. Therefore, I will avoid being alone with a child. Personal conversations will be held in the sight of at least one other adult;
- 6. I will not use excessive force;
- 7. I will not spank;
- 8. I will respect every child and will behave as a mature Christian;
- 9. I will not use inappropriate language, e.g. swearing, name calling, belittling remarks, etc.;
- 10. I will have no sexual contact with any child;
- 11. I will provide an example of a mature Christian who respects him/herself, each child, co-workers, the environment/property and our Lord Jesus.

| I covenant the | above: |  |
|----------------|--------|--|
| Signature      |        |  |
| Date           |        |  |

## G. Agreement to Policy and Discipline Guidelines

#### AGREEMENT TO POLICY AND DISCIPLINE GUIDELINES

Discipline is for the purpose of teaching. The worker should ask the question: "Now that the child has done this or not done this, what do I want him/her to learn?" The focus is to assist the child in gaining self-control, self-reliance, social skills and the ability to interact effectively with others and the environment. Children who learn these personal assets feel good about themselves and others. These skills impact all aspects of a child's life from spiritual to physical. Punishment will stop an inappropriate behavior but it will not teach a child what to do. Encouragement, teaching, modeling, reinforcement and patience will assist children in learning to master themselves and to gain effectiveness in their environment.

Forms of punishment appropriate are:

- 1. Loss of privilege (participation in an activity, special privileges, leadership role, etc.);
- 2. Time out in the activity area, or time out removed from the area (although not isolated and not for periods longer than a half-hour);
- 3. To terminate the child's camp experience by sending him/her home.

Remember punishment should only be used to stop a behavior.

Discipline is the applied use of authority to structure effectively and constructively individuals and environments. For Christians, discipline also entails the acquiring of a godly attitude and activity.

Discipline is therefore for the child, the program, the activity, the family and the church.

Discipline for our purposes does not include physical punishment, ignoring the problem, permissiveness, sarcasm, or adults acting immaturely. Discipline does include:

- 1. respect;
- 2. mature authority;
- 3. teaching;
- 4. encouragement;
- 5. boundaries (what is appropriate and what is inappropriate across all areas);
- 6. punishment;
- 7. kindness;
- 8. personal caring, etc.

Remember: the more the children like/care for you the more they will respond to your instruction and person.

Agreement to Policy and Discipline Guidelines, continued

## **Guidelines for Dealing With Misbehavior**

- 1. Make sure the rules are given clearly, in a consistent manner, and understood.
- 2. Define the misbehavior: look at what happened before the behavior, the behavior itself, frequency, duration, intensity, where, who, what, when, and what happened immediately after the behavior.
- 3. Ask the question, "What do you want the child to learn?"
- 4. What will accomplish that learning goal? (E.g. teaching, modeling, encouragement, a conversation of listening and responding, some form of punishment, etc.)
- 5. Make the intervention.
- 6. Evaluate.

Remember: If the nature of the behavior is severe or does not respond to moderate intervention, consult with another event adult. Of course, consultation is always appropriate. Where the behavior requires a discipline/punishment of time out outside the area, or sending the child home, or the child's problem behavior will not respond to you and/or your interventions, consult with the event director.

If the child's behavior is severe, requires frequent interventions, is non-responsive to intervention or requires an intervention more severe than time out in the area, I will fill out an incident report.

I have read the above policy, understand it and agree to follow it.

| Signature |  |  |  |
|-----------|--|--|--|
|           |  |  |  |
| Date      |  |  |  |

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## H. Permission Form

Dear Parents/Guardians,

Child's Name

We are committed to providing your child with a good Christian experience. Although we attempt to prevent injuries, accidents may occur. We therefore request the following information and permission to act on your child's behalf until you can be contacted and respond yourself.

**Personal Information** 

Birthday

| Parent(s) Name                    | Parent(s) Name                         |                  | Grade               |  |  |
|-----------------------------------|--|------------------|---------------------|--|--|
| Medical Insurance Company         | Medical Insurance Company              |                  |                     |  |  |
| Policy Number                     |  | Guarantor        |                     |  |  |
| Dental Insurance Company          |  | ,                |                     |  |  |
| Policy Number                     |  |                  | Guarantor           |  |  |
| Physician's Name                  |  |                  | Phone               |  |  |
| Dentist's Name                    | Dentist's Name                         |                  | Phone               |  |  |
|                                   | Medical History                        |                  |                     |  |  |
| Chronic Illnesses                 |  |                  |                     |  |  |
|                                   |  |                  |                     |  |  |
| Allergies                         |  |                  |                     |  |  |
| 76.15                             |  |                  |                     |  |  |
| Medications                       |  |                  |                     |  |  |
| Other important information       | concerning the child.                  |                  |                     |  |  |
|                                   |  |                  |                     |  |  |
| Does the child have any spec      | Does the child have any special needs? |                  |                     |  |  |
|                                   |  |                  |                     |  |  |
|                                   |  |                  |                     |  |  |
|                                   | PERMISSION TO                          |                  |                     |  |  |
| I give permission for my child to | participate in the P                   | resbytery of Nor | thern Waters Event. |  |  |
| SignatureDate                     |  | nte              |                     |  |  |
| PERMISSION                        | FOR EMERGENO                           | CY MEDICAL       | TREATMENT           |  |  |
| I give permission for my child to | have emergency                         | medical/den      | tal treatment.      |  |  |
| Signature                         |  | Date             |                     |  |  |
|                                   |  |                  |                     |  |  |

# I. Incident Report Form

# INCIDENT REPORT FORM

| Date of Incident   | Time |      |
|--|------|------|
| Event/Activity   |      |      |
| Name of Reporter   |      |      |
| Name(s) of Child(ren)  |      |      |
|  |      |      |
|  |      |      |
| Name(s) of Witness(es) or Participants   |      |      |
| Describe what happened.  |      |      |
|  |      |      |
|  |      |      |
| W/L-14 did -l.:11/()9  |      |      |
| What did child(ren) say?   |      |      |
|  |      |      |
|  |      |      |
| What was child's attitude/appearance?  |      |      |
| The state of the s |      |      |
|  |      |      |
|  |      |      |
| What action was taken?   |      |      |
|  |      |      |
|  |      |      |
|  |      |      |
| Was the incident resolved?   | Yes  | No   |
| Explain  |      |      |
|  |      |      |
|  |      |      |
|  |      |      |
| Signature of Reporter  |      | Date |
| Signature of Witness   |      | Date |
| Consultation   |      | Date |
| Date Report Submitted  |      |      |

# J. Waiver of Liability

Presbytery of Northern Waters 5203 East Second St. Superior, WI 54880

# WAIVER OF LIABILITY

| I/We, the parents or legal guardian of  |
|---|
| do hereby acknowledge and agree to the following:   |
| The individual named above is participating in all activities encompassed by the  |
| Name of the Event   |
| on a voluntary basis, and any payment made as a condition for participation is made solely to partially defray the expenses of the trip.  |
| The risk of injury and or illness is inherent in any undertaking such as that contemplated by the activities encompassed by the Presbytery of Northern Waters   |
| Name of the Event   |
| By My/Our signature below I/We agree to relinquish and release  |
| , any leaders or representative<br>Church Name  |
| of, and the Presbytery of Northern,   |
| Waters from any and all liability resulting from any injury or illness whether occurring immediately, or in the future, that may result from or be caused by any of the activities encompassed by the |
| Group Event Name  |
| Parent or Legal Guardian Date   |