## Safe Sanctuary Policy

Version 3.1

Adopted: June 17, 2015

(Numbers on pages 10 and 12 corrected: March 5, 2016)

Brookfield-Immanuel United Methodist Charge 17400 Aquasco Road Brandywine, MD 20613



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### Safe Sanctuary: A Child/Vulnerable Adult Abuse Prevention Policy

#### Purpose

Throughout the gospels, Jesus provides teachings on providing a peaceable kingdom for all of God's people, including our most precious gifts, our children and youth (Matthew 5:9, Luke 18:15-17). The peaceable kingdom begins with sanctuary.

The purpose of this policy is to address the safety of our children, youth and vulnerable adults at events sponsored by this church. This charge recognizes the need to have a policy in place (1) to help prevent the opportunity for the occurrence and/or the appearance of abuse of children, youth, and vulnerable adults and (2) to help protect workers from false accusations and/or suspicions.

The following policy and procedures are not based on a lack of trust in workers, but are intended to protect our preschoolers, children, youth, vulnerable adults, workers, employees, volunteers and the entire church body. Careful and confidential documentation is essential to show compliance with policies, to verify information as needed, and to have an accurate record in the case of an incident.

Thus, in covenant with all United Methodist congregations, we as the Staff Parish Relations Committee (SPRC) of Brookfield-Immanuel United Methodist Charge, adopt this policy to protect children, youth and vulnerable adults in our church from abuse and/or harassment.

#### Statement of Covenant

Therefore, as a Christian community of faith, Brookfield-Immanuel United Methodist Charge pledges to conduct the ministry of the gospel in ways that assure the safety and spiritual growth of all of our children, youth and vulnerable adults, as well as, those who work with them. We will:

- Follow reasonable safety measures in the selection and recruitment of workers;
- Implement prudent operational procedures in our ministries;
- Educate individuals working with children, youth and vulnerable adults regarding this policy and its requirements;
- Have clearly defined procedures for reporting a suspected incident of abuse that conforms to the requirements of state law;
- Be prepared to respond, if an incident occurs.

#### Conclusion

In all ministries with children, youth, and vulnerable adults the congregation of Brookfield-Immanuel United Methodist Charge is committed to demonstrating the love of Jesus Christ so that each person will be "surrounded by steadfast love, established in the faith and confirmed and strengthened in the way that leads to life eternal." (Baptismal Covenant II, United Methodist Hymnal, p. 44).

Staff Parish Relations
Committee Members:

Linda Grabis Sharon Roberts Mellie Landon
Barbara Sanders Phil Hutton
Wanda Wade Sandy Cross Steve Darcey

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### **Application Requirements**

- 1. Volunteers over 18 years of age will complete a Volunteer Application for Adults form. Youth, age 13 through 17, will complete a Volunteer Application for Youth.
- 2. References may be required on the appropriate application and may be checked by BIUMC.
- 3. Employees and Adult Volunteers who work with children, youth, and vulnerable adults will have a background check. The background check will be paid for by BIUMC and conducted through an agency/organization approved by the church. Subsequent checks may be required.
- 4. Employees and volunteers will review the Safe Sanctuary Policy and agree to abide by the procedures and requirements.
- 5. Youth ages 13 through17 years of age who wish to become a church employee or volunteer are to provide references from adults who have seen the applicant interact with other children. This might be a church worker, coach, school teacher, scout leader, etc. (This will take the place of the background check required for adult applicants).
- 6. Volunteers must meet one of the following requirements before beginning a volunteer assignment:
  - a. Member of Brookfield-Immanuel United Methodist Charge for at least three months;
  - b. Regular attendee at Brookfield-Immanuel United Methodist Charge for at least three months.
- 7. Employees and volunteers will participate in training, as required.
- 8. All personally identifiable information obtained by the church for the purpose of screening employees and volunteers will be handled with care and discretion, secured, locked and accessible only by the pastor and person designated by the SPRC.

#### General Procedures

- 1. No one under the age of 18 will be given primary responsibility for the care or supervision of children, youth or vulnerable adult.
- 2. For any private conversations with children, youth, or vulnerable adults, the door of the room used will remain open for the entire time. Ideally, such conversations should be conducted at a time when others are nearby, even if they are not within listening distance. Any door without a window will remain open at all times.
- 3. Signed parental/guardian consent will be obtained for children/youth who wish to participate in any church sponsored event held off site.
- 4. Employees and volunteers will be provided with training and instruction of church policies and state laws with regard to child abuse and procedures for reporting a suspected incidence of abuse.
- 5. All drivers transporting children, youth, or vulnerable adults for a church sponsored activity or related events must be at least 18 years of age and possess a current, valid driver's license, proof of insurance, and not be otherwise disqualified from driving.
- 6. This policy and other appropriate guidelines will be disseminated to all employees and volunteers and made available to all members. It will be prominently posted on bulletin boards in the church office, website, social hall, halls in the classroom areas, or other meeting places in the church.



- 7. With regard to volunteers or other individuals and employees, the Pastor and the Chair of the Staff Parish Relations Committee (or other designated individuals) are responsible for implementing this policy and ensuring that all allegations are investigated and resolved promptly.
- 8. When a suspected incident of abuse or harassment by a volunteer, employee or guest, is observed or reported to a church member, church members shall report the incident first to the person in charge (unless the incident involves the person in charge), then regardless, the Pastor and/or the Chair of the Staff Parish Relations Committee are to be informed immediately.
- 9. From time to time, BIUMC uses pictures to promote church events and ministries. If parents or guardians inform BIUMC that they do not want pictures of their children used in this way, the church will respect their wishes.
- 10. Employees and volunteers working with children, youth, and vulnerable adults shall immediately report any suspected abuse in accordance with the procedures listed below.

### Procedures Regarding the Reporting of Abuse

Once an incident of abuse occurs or an allegation is made, it is crucial that it be dealt with speedily and in a clearly outlined manner. Keep in mind that while allegations must be taken seriously, they are still allegations until proven otherwise. In that spirit, information related to the incident should be kept strictly confidential until a resolution is achieved. Records will be made available to all agencies and persons/parties with a right to know.

If allegations are made against the Pastor, the Chairperson of the Staff Parish Relations Committee shall be contacted immediately and he/she will execute the responsibilities assigned to that person under this policy.

Persons who are the objects of the report will be required to refrain from all children, youth, or vulnerable adult activities until the incident report is resolved. In any suspension of a person from said activities, care should be taken to handle this in a discreet manner, recognizing that an investigation is still being conducted.

The Pastor, Chairperson of the Staff Parish Relations Committee, or an official designee are the only person(s) authorized to make statements to representatives of the media.

The Church will make every effort to provide ongoing ministry and pastoral support for all persons involved. The bonds of Christian love call us to affect healing for all persons.

#### Steps:

- 1. As appropriate, the child, youth, or vulnerable adult should be comforted and assured that they are not at fault. Warmth and concern shown initially may facilitate the healing process.
- The person who observes the alleged abuse or to whom such alleged abuse is reported shall report the incident immediately to the person in charge of the activity and complete the form "Report of Suspected Incident of Abuse."



- 3. The person in charge of the activity will report the incident confidentially to the Pastor (unless the Pastor is the one being accused) or to the Chair of the Staff Parish Relations Committee.
- 4. The Pastor will immediately comply with the State of Maryland law in regards to reporting the incident to law enforcement authorities and/or Child Protective Services.
- 5. The Pastor will then immediately inform the employee, volunteer or other individual of the accusation against him/her and advise the persons that they are to immediately suspend all contact with children, youth and vulnerable adults, and that he/she is to have no contact with the accuser and his/her family. Furthermore, if the accused is an employee, they will be suspended immediately pending the outcome of the investigation.
- 6. The Pastor will complete the form "Follow up To Report of Suspected Incident of Child Abuse" in order to keep a record of actions taken and to assure that the procedures in this Safe Sanctuary policy and the laws of the State of Maryland have been followed.
- 7. The Pastor will decide who will convey information related to the incident with the parents/ guardian. Parents and guardians should be kept apprised of any investigation or further steps taken with regard to the reported allegation.
- 8. It is the responsibility of BIUMC, its members or employees to report an incident of suspected abuse. The investigation, if warranted, is to be carried out by the Prince George's County Police Department, Prince George's County Department of Social Services, the church's insurance company, and/or the Baltimore Washington Conference officials.
- 9. The Pastor will call an emergency meeting with the Staff Parish Relations Committee chair or designated person to inform the committee of the reported incident.
- 10. The Pastor will inform the District Superintendent and the church's insurance agency of the incident.
- 11. Media inquiries and other requests for information from BIUMC related to the reported incident are to be handled only by the Pastor and Chair of the Staff Parish Relations Committee.

#### **Definitions**

**Adult** — Any person 18 years of age or older.

**Child** — Any individual under the age of 12 year old.

**Emotional Abuse** — Actions that include verbal assaults, ignoring and indifference or constant family conflict.

**Employee** — Any individual who is hired and paid compensation for services rendered on behalf of Brookfield-Immanuel United Methodist Charge.

**Guests** — Individuals who assist or lend their talents to a children/youth/vulnerable adult activity. They are unpaid and do not have primary responsibility for the activity in which they are participating.

**Physical Abuse** — Any action that is non-accidental physical trauma or injury inflicted by a parent or caretaker on a child, youth/vulnerable adult may be termed physical abuse. It also includes a parent's or a caretaker's failure to protect a child, youth/vulnerable adult from another person who may perpetrate physical abuse on a child, youth/vulnerable adult.



Physical Neglect — Action or inaction that fails to provide for a vulnerable adult's, a child's, or a youth's physical survival needs to the extent that there is harm or risk of harm to the child's health or safety. This may include, but is not limited to abandonment, lack of supervision, life endangering physical hygiene, lack of adequate nutrition that places the child/vulnerable adult below the normal growth curve, lack of shelter, lack of medical or dental treatment that results in health threatening conditions and the inability to meet basic clothing needs of a child or vulnerable adult.

**Sexual Abuse** — Any action that includes penetration or external touching of a vulnerable adult's or a child's intimate parts, oral sex with a child/vulnerable adult, indecent exposure or any other sexual act performed in a vulnerable adult's or a child's presence for sexual gratification, sexual use of a child/vulnerable adult for prostitution and the manufacturing of child pornography. Child sexual abuse is also the willful failure of the parent or the child's caretaker to make a reasonable effort to stop child sexual abuse by another person.

**Sexual Misconduct** — An abuse of power through sexual conduct or activity, not limited to sexual intercourse, in which a person violates the free choice, or abuses the vulnerability of another person with whom the person comes into contact because of that person's position or responsibility within the church.

**Sexual Harassment** — A form of sexual misconduct; defined as any unwanted sexual advance or demand, either verbal or physical, which is perceived by the recipient as demeaning, intimidating, or coercive.

**Volunteer** — Any person assigned a position of responsibility for children, youth, or vulnerable adult activities sponsored by the Brookfield-Immanuel United Methodist Charge. These individuals do not receive compensation for their efforts. (This would not include parents or adults who may provide transportation for children or youth to and from the church.)

**Vulnerable Adult** — any adult who may be elderly or infirm, physically or developmentally weak or disabled.

**Youth** — Any individual aged 13-17.

## Code of Maryland Regulations: Reporting Suspected Child Abuse or Neglect

Section 07.02.07 requires reporting child abuse or neglect in the following manner:

An individual shall immediately report suspected child abuse or neglect to the local Department of Social Services, or report the suspected incident to a local law enforcement agency.

Health practitioners, educators, human service workers, and police officers are required to report, both orally and in writing, any suspected child abuse or neglect, with an oral report being



made immediately and the written report being made within 48 hours of the contact which disclosed the suspected abuse or neglect.

#### A report shall include:

The name and home address of the child and the parent or other individual responsible for the care of the child

The present location of the child;

The names and ages of other children in the home;

The nature and extent of injuries or sexual abuse or neglect of the child, including any information known to the individual making the report of previous possible physical or sexual abuse or neglect.

The information available to the individual reporting which might aid in establishing the cause of the injury or neglect; about the identity of the individual or individuals responsible for abuse or neglect; and

If reporting abuse or neglect of a child involving mental injury, a description of the substantial impairment of the child's mental or psychological ability to function that was observed and identified, and why it is believed to be attributable to an act of maltreatment or omission of proper care and attention.

Reports of abuse shall be made to the local departments of social services or the appropriate law enforcement agency. Reports of neglect shall be made to local departments of social services.

An employee of a local department of social services, who receives a report of suspected child abuse or neglect, shall report the information to the protective services unit within the local department at once so as to initiate prompt handling of the report of suspected child abuse or neglect.

Prince George's Co. Police Department: 7600 Barlowe Road, Palmer Park, MD 20785

Emergency: 911

Non-emergency: 301-352-1200

Child/ Vulnerable Adult Unit: 301-772-4930

Prince George's County Department of Social Services:

Mon-Fri 8:30am-4:30pm: 301-909-2450

All other times: 301-699-8605



Safe Sanctuary Policy Forms



### Application and Participation Agreement for Adult Volunteers

The congregations of Brookfield-Immanuel United Methodist Charge are committed to providing a safe and secure environment for all children, youth, vulnerable adults and volunteers who participate in ministries and activities sponsored by the church. Volunteers are an essential and valuable component of the ministries of Brookfield-Immanuel United Methodist Charge. The following policy statement reflects our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

- 1. Volunteers over 18 years of age will complete a Volunteer Application for Adults form. Youth, age 13 through 17, will complete a Volunteer Application for Youth.
- 2. References may be required on the appropriate application and may be checked by BIUMC.
- 3. Employees and Adult Volunteers who work with children, youth, and vulnerable adults will have a background check. The background check will be paid for by BIUMC and conducted through an agency/organization approved by the church. Subsequent checks may be required.
- 4. Employees and volunteers will review the Safe Sanctuary Policy and agree to abide by the procedures and requirements.
- 5. Youth ages 13 through17 years of age who wish to become a church employee or volunteer are to provide references from adults who have seen the applicant interact with other children. This might be a church worker, coach, school teacher, scout leader, etc. (This will take the place of the background check required for adult applicants).
- 6. Volunteers must meet one of the following requirements before beginning a volunteer assignment:
  - a. Member of Brookfield-Immanuel United Methodist Charge for at least three months;
  - b. Regular attendee at Brookfield-Immanuel United Methodist Charge for at least three months.
- 7. Employees and volunteers will participate in training, as required.
- 8. All personally identifiable information obtained by the church for the purpose of screening employees and volunteers will be handled with care and discretion.

#### Please check the Yes or No box in response to each of the following:

					Yes	No
1.	As a volunteer in this congregation, I have read and agree to observe and abide by the BIC Safe Sanctuary Policy.					
2.	As a volunteer in this congregation, I agree to promptly report child abuse to the proper authorities, including the appropriate staff person if the incident occurred during church-related activities.					
3.	3. I have signed the Consent for Background Check.					
_	nature of unteer	Da	ate:			
Pri	nt Full Name					



### Volunteer Background Check Consent

I (Print Name)	I (Print Name)hereby authorize the Brookfield-Immanuel					
Charge to make an independent investigation of my background, references, past employment, criminal						
or police records, including those by both public and private organizations and all public records for the						
purpose of confirming the information contained on my Volunteer forms, and/or obtaining other information which may be applicable, during the tenure of my service to Brookfield-Immanuel United						
	•	_	tenure of	my service to	o Brookfi	eld-Immanuel United
Methodist Church in Brandywine, Maryland.						
I release Brookfield-Immanu						
to this authorization, from a obtained from any and all of	-				gards to	the information
,						
The following is my true and	complete le	gal nam	e and all i	nformation is	s true an	d correct to the best
of my knowledge:						
	T					
Print Full Name:						
Home Phone #:		Work	Phone #:		Email:	
Maiden Name?			Other Na	ame Used?		
Present Street Address:						
City/State/Zip Code:						
Years at present Address:						
Former Address:						
/If loss than E years at						
(If less than 5 years at current address)						
current address)						
Occupation:				Employ	yer:	
Date of Birth:						
Signature:				Da	ate:	

The above information is required for identification and insurance purposes only. This information will be held in confidence.



### Application and Participation Agreement for Youth Volunteers

The congregations of Brookfield-Immanuel United Methodist Charge are committed to providing a safe and secure environment for all children, youth, vulnerable adults and volunteers who participate in ministries and activities sponsored by the church. Volunteers are an essential and valuable component of the ministries of Brookfield-Immanuel United Methodist Charge. The following policy statement reflects our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

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- 4. Youth ages 13 through17 years of age who wish to become a church employee or volunteer are to provide references from adults who have seen the applicant interact with other children. This might be a church worker, coach, school teacher, scout leader, etc. (This will take the place of the background check required for adult applicants).
- 5. Volunteers must meet one of the following requirements before beginning a volunteer assignment:
  - a. Member of Brookfield-Immanuel United Methodist Charge for at least three months;
  - b. Regular attendee at Brookfield-Immanuel United Methodist Charge for at least three months.
- 6. Employees and volunteers will participate in training, as required.
- 7. All personally identifiable information obtained by the church for the purpose of screening employees and volunteers will be handled with care and discretion.

Please check the Yes or No box in response to the following:	Yes	No
As a volunteer in this congregation, I have read and agree to observe and abide by		
the BIC Safe Sanctuary Policy.		

My three references are:							
Full Name	Mailing Address	Telephone		Email			
Signature of Volunteer			Date:				
Print Full Name							



### Report of Suspected Incident of Abuse

Once an incident of abuse occurs or an allegation is made, it is crucial that it be dealt with speedily and in a clearly outlined manner. Keep in mind that while allegations must be taken seriously, they are still allegations until proven otherwise. In that spirit, information related to the incident should be kept strictly confidential until a resolution is achieved. Records will be made available to all agencies and persons/parties with a right to know.

The person who observes the alleged abuse or to whom such alleged abuse is reported shall report the incident immediately to the person in charge of the activity and complete this "Report of Suspected Incident of Abuse" form. Then the person in charge of the activity will report the incident confidentially to the Pastor (unless the Pastor is the one being accused, in which case report to the Chair of the Staff Parish Relations Committee).

Persons who are the objects of the report will be required to refrain from all children, youth, or vulnerable adult activities until the incident report is resolved. In any suspension of a person from said activities, care should be taken to handle this in a discreet manner, recognizing that an investigation is still being conducted.

The Pastor, Chairperson of the Staff Parish Relations Committee, or an official designee are the only persons authorized to make statements to representatives of the media.

Person Reporting Incident:							
Relation to Victim:	Family Member	Teacher	Aide		Visitor	Other	
Date of Incident:			Time	of II	ncident:		
Location of Incident:							
Victim Name:					Age:		
Victim Address:							
Present Location of Victim:							
Parent/Guardian Name:							
Parent/Guardian Address:							
Relation to Victim:	Family Member	Teacher	Aide		Visitor	Other	



Nature of Incident (extent of the abuse/neglect, any evidence or information concerning possible previous instances)			
Date and time you became aware of incident?			
Were you present?	Yes:	No	p:
If no, how you became aware of incident:			
Any additional details?			
Report delivered to pastor:			Date:
Signature:			Date:
Printed name:		I	



### Follow Up to Report of Suspected Incident of Abuse

Reported to Pastor, Teacher or Other Volunteer							
Date:			Time:				
Additional Persons Present:							
Summary:							
		Contact Family	Service A	gency			
	Prince George's C Police Departm	-		Prince George's  Department of Soc			
7600 Barlowe Road Landover, MD 20785			805 Brightseat Road Landover, MD 20785				
	Emergency:	911	Child Abuse Screening Unit Mon-Fri 8:30am-4:30pm:				
	Non-emergency:	301-352-1200	All other times: 301-699-8605				
Child/Vulne	rable Adult Unit:	301-772-4930					
		Contact	Report				
Date:		Contact	Time:				
To whom you spoke:							
Additional Persons Present:							
Summary:			40h				
Date written	report filed ( prof	essionals file within	48hrs):				



Contact District Superintendent					
Date:		Time:			
Additional Persons Present:					
Other Contac Recommend by DS (e.g. Legal advice)	ed				
Summary:					
	Contact Church's Ir	nsurance Carrier			
Date:		Time:			
Additional Persons Present:					
Summary:					

(Continue as need on additional blank sheets of paper)



### Sexual Misconduct Questionnaire

### (Please check the appropriate box. If more space is needed, please use an additional sheet of paper.)

	Questions	Yes	No
1.	1. Have you ever filled out this questionnaire for this church?		
	If yes, please provide the date here:		
	Have any answers changed since you filled out that copy?		
	If no, please sign and return this form.		
	If yes or you are unsure, then please answer questions 2 - 8.		
2.	Have you ever been accused, in a written and signed statement, of sexual misconduct with a child or a youth?		
3.	Have you ever been accused, in a written and signed statement, of sexual misconduct with an adult?		
4.	Have you ever been dismissed from any position, volunteer or salaried, because of accusations of sexual misconduct on your part?		
5.	Have you ever resigned from any position, volunteer or salaried,		
	because of an accusation of sexual misconduct on your part, or to avoid		
	being dismissed because of an accusation of sexual misconduct on your part?		
6.	Have accusations of sexual misconduct on your part ever resulted in		
	civil or criminal court proceedings at any level (e.g., indictment, arrest,		
_	trial, etc.)?		
7.	Have accusations of sexual misconduct against you resulted in civil or		
8.	criminal court proceedings on more than one occasion?  Other than the above, is there any fact or circumstance involving you or		
0.	your background that would call into question your being entrusted		
	with the supervision, guidance, and care of young people?		
	If your response to any of the foregoing questions $(2-8)$ is "yes", then p	lease pr	ovide
	on a separate sheet of paper, complete details regarding any accusation,	-	
	resignation, proceeding, fact, or incident involving sexual misconduct.		



Please provide three adult references (names, addresses, phone numbers) of persons who are not related to you by blood, marriage or other family relationship and are not employed or supervised by you, who can, to the best of their ability, provide statements in support of your good character and clean record in regard to sexual misconduct with children, youth, and adults.

Name

Address

Phone

Name	Address	Phone

#### Sexual Misconduct Questionnaire Response Form

(To be signed by all laypersons and un-appointed clergy who work with children or youth within the local church or a Conference agency. If under 18, a parent or guardian must also sign.)

I verify that the answers I have provided on this questionnaire are true and accurate to the best of my ability. I understand that false answers, as well as the failure to sign this Response Form, will result in my being denied the position for which I am being considered. I understand that BIC will search sex offender directories and my signature below authorizes such a search.

Signature:		Date:	
Please print your name:		_	
Parent/Guardian:		Date:	
Please print your name:		=	
Address:		_	
Phone Number:	E-mail:		
For Official Use Only:	Applicant's name has been checked against his o	or her drive	r's license or other
Initials:	Date:		