

UUCSH
Nov. 2005

Child Abuse Prevention Safety Program

1. THE NEED FOR A PREVENTION PROGRAM

One might ask why our church needs to implement this type of program. Unfortunately, child-abuse allegations are an increasing part of the world today. Both victims and perpetrators of child abuse are present in every area of society including the church. The lack of a prevention program leaves the children, their teachers, the church, and the church leadership vulnerable.

Moreover, NJ State Law (1972, NJSA9.6 (Title 9) requires all persons with “reasonable cause” to believe a child has been subjected to Child Abuse to report their suspicions to DYFS at 800-792-8610 (24 hours) or 800-392-2724 (8:30 am – 4 pm).

The following facts are based on nationwide studies:

- A. Conservative estimates are that one out of every ten children are victims of abuse.
- B. Ninety percent (90%) of the abusers are known to their victims. (An estimated 30% relatives, 60% trusted authority figures, 10% strangers.)
- C. Sexual abuse cuts across economic, social, racial, and religious lines.

2. UNDERSTANDING CHILD ABUSE

Some general definitions:

Child abuse is a non-accidental, physical or mental injury or mistreatment caused by acts or omissions (abuse or neglect) by the child’s parents or caretakers. A child is any person under the age of 18.

Abuse is categorized as sexual, physical, or emotional.

Sexual Abuse - sexual exploitation of a child, consensual or not, for the gratification of the perpetrator or a third party. Examples are: fondling; oral, genital, or anal penetration; intercourse; forcible rape; exhibitionism; allowing children to witness sexual activity; showing children pornography.

Physical abuse – non-accidental injury.

Emotional abuse – chronic attitudes or acts that are likely to produce long term, serious emotional disorders.

Neglect means failure of those responsible for the care of a child to meet the physical and emotional needs to an extent that the child’s health, development, or safety is endangered.

- (a) Physical neglect – failure to meet the basic requirements for supervision, housing, clothing, medical attention, and nutrition.

(b) Emotional neglect – failure to provide the praise, love, nurturing, and security essential to the psychological and social development of a child.

3. COMMON SIGNS OF CHILD ABUSE

A. Sexual Abuse

1. Physical indicators

- Difficulty in walking or sitting
- Torn, stained, or bloody underclothing
- Pain, swelling, or itching in genital area
- Bruises, bleeding, discharge, or lacerations, in external genitalia, vaginal or anal areas

2. Behavioral indicators

- Unwilling to change for gym or participate in physical education class
- Withdrawal, fantasy, or infantile behavior
- Bizarre, sophisticated, or unusual sexual behavior or knowledge
- Poor peer relationships
- Venereal disease
- Poor sphincter tone
- Pregnancy
- Delinquent or runaway
- Reports sexual assault by caretaker
- Change in performance in school

B. Physical Abuse

1. Physical indicators

- Unexplained welts, bruises, or burns
- Unexplained bone or skull fractures at different stages of healing
- Unexplained lacerations or abrasions to the face or external genitalia

2. Behavioral indicators

- Constant hunger
- Poor hygiene
- Inappropriate dress
- Consistent lack of supervision
- Unattended physical or medical needs
- Parents will offer contradictory or evasive explanations concerning injuries that are present

C. Emotional abuse

1. Behavioral indicators

- Passive, withdrawn, or disruptive behaviors
- Age inappropriate behaviors (thumb sucking, rocking, biting, unfamiliarity with play)

Hopefully the above sheds light on the need for a safety policy; gives a clearer picture of what abuse is, and of the general signs and symptoms of which to be aware . Our safety program is intended to protect our children, and also to protect and educate our workers so they do not put themselves in a position to be falsely accused.

4. POLICIES AND PROCEDURES

A. Anyone aged 18 or older serving as a teacher or assistant, or being in a helping position of any children’s ministry must be (a) a member of the UUCSH, (b) have attended for at least 6 months, and (c) have a criminal history record on file from the NJ Police concerning previous convictions. The board members can make exceptions to any of these provisions except point (c) where a person must have at least on file a signed “Request for Criminal History Record Information” form. See attachment.

B. Preferably two adults (age 18 or older) should be present in any classroom with children. If there is only one adult available, he/she should have a teen-aged helper. If an adult chooses to monitor a restroom, he should stand at the door with the door open.

C. A monitor will periodically walk through the building and check classrooms during Sunday School, and all youth activities, to ensure that the rooms are properly staffed and functioning well.

D. If you observe something giving you reasonable suspicion of child abuse by a **parent**, or if you hear reasonable accusations against any person, you must:

- a) Report it immediately to DYFS (800-792-8610)
- b) Report it to your pastor or supervisor at CBC
- c) Keep written records of all observations, communications, and your actions

5. RESPONDING TO ALLEGATIONS/ REPORTING OBLIGATIONS

A. Teacher, Assistant, Board Member, or RE Vision Team Member: RESPONDING TO ALLEGATIONS

If a child or parent comes to you with an allegation against someone:

- Take the allegation seriously. Do not deny or minimize the problem, or draw premature conclusions.
- Take notes, verbatim if possible, of all allegations, communications, and rumors.
- Give emotional support to the victim and the victim’s family

- Contact the minister or DLFD as soon as possible. Except for this, retain absolute confidentiality from this point forward.
- Treat the accused with dignity and support.
- You are personally required by NJ Law to phone DYFS and report unless the parent insists he/she will do it

B. Minister: RESPONDING TO ALLEGATIONS

- He/she or a delegate should contact the insurance carrier and attorney.
- He/she should appoint a spokesperson (preferably a member of the Committee on Ministry staff) to address the congregation and respond to the press. Only the prepared position statement should be used.
- He/she should relieve the accused person temporarily of his duties until the investigation is finished. If the person is an employee, arrangements should be made either to maintain or suspend his/her income until the allegations are cleared or substantiated.
- He/she should not confront the accused until the safety of the victim is secured.
- The case (all oral and written communications, phone calls, actions, and their reasons) should be documented and filed in a confidential file.

6. GENERAL GUIDELINES

(All closed doors to classrooms should have a window.)

A. Nursery/Preschool (Ages 0-3)

1. A Child Registration Log should be signed by a parent when dropping off and picking up his/her child at the nursery. If the parent is needed, the helper will search the sanctuary.

2. Signing out: The adult signing in the child should be the one who picks the child up, but may, in writing, designate a substitute. Only parents and workers should be in the nursery area. Workers should also sign in. Accurate attendance records are essential. In case of emergency, all children need to be accounted for immediately. In case of fire, all should be taken from the building, meet at a designated safe point, and records should be kept as parents sign out children.

3. Diaper Changing – Before a parent leaves his child, he should check his diaper and change it if needed. There will be no diaper changing by the child care staff.

B. Elementary-age Children (5 yrs. – 6th Grade)

Accurate attendance should be kept. In the event of an emergency, all children need to be accurately and properly accounted for.

An adult should be aware of any child leaving the classroom to use a restroom and make sure he/she returns in a timely fashion (age 10 and up).

Restroom guidelines – A parent should take his/her child to the restroom before the class or service begins. However, if needed, the adult leaders may take the group of children to the restroom. If only one child needs to go, one adult should escort him/her, hold the outside door open, wait outside until the child is finished, and go back together to the class. Never be alone

with a child in an unsupervised restroom, and do not enter a cubicle with a child and shut the door. If a child needs help with toileting, a child care worker may enter the restroom if another child care worker is present or aware of the situation. The childcare worker should give verbal help to the child, and should locate a parent if additional help is needed.

C. Junior and Senior High (Grades 7 – 12)

- A Youth leader should not be out of sight of the rest of the group at any time to be alone with a child.
- Whenever practical, a Youth leader should avoid being alone in a car with a teenager.
- Any inappropriate touching (see below) is to be avoided.

D. Displays of Affection

1. Appropriate Touch – This is an important communication tool and includes holding the child’s hand, putting an arm around a child’s shoulder, patting a child’s hand, head, shoulder or back, and holding a preschool child who is crying.

2. Inappropriate Touch – This would include: kissing or coaxing a child to kiss you, extended hugging or tickling; touching in any are that would be covered by a bathing suit; carrying an older child or sitting him/her on your lap; full contact, body-to-body hugs.

E. Special Events/Overnight Policies

Church leaders must be verbally notified of off-site activities, and such activities must be supervised by a minimum of two adults. Parents should be notified of the outing in advance. There must be a release and medical form, signed by the parent, on file for each child participating. Drivers must have a valid license, and current automobile liability insurance for vehicles not owned by UUCSH. These releases, forms, and copies are to be filed in the church office. The number of people in each vehicle should not exceed the number of seat belts, which must be worn. Any child under the age of 12 is not permitted to sit in a front, passenger seat.

F. Health and Safety

1. Sick children – Children with symptoms of illness should not be accepted into the nursery or classrooms. Some signs of illness include: coughing, sneezing, runny eyes and nose, fever, fatigue, irritability, vomiting and diarrhea. If a child has had a fever within the last 24 hours (over 100 degrees) or any symptoms itemized above (unless due to allergy), he/she should be kept home.

2. Medication – Except during emergencies, only parents are to give or apply medications. If a child has an allergy, e.g. bee sting, Epi-pens must be left and instructions given on what to in the event the child is stung. For off site trips, parent’s written instructions should be complied with.

3. Protective gloves are available in the class bin. Wear them when handling any bodily fluids (urine, feces, and vomit) as protection against blood-borne pathogens, which are micro-organisms that can cause disease.

4. If an injury or illness does occur, move other children away from the ill/injured child and isolate the area where any bodily fluid has dropped. Use protective gloves as needed. Place

soiled item in a plastic-lined trash container. Call for help. Lastly, wash hands thoroughly with soap.

5. Food Allergies (Nursery – PreK/K): No nut or peanut products should be eaten or present in a classroom at any time. This includes food products that say that the product is “made on shared equipment” or “may contain peanuts or nuts” in the nutrition information section. It is, however, our policy to have parent double-check the labels and perhaps provide a safe snack for his/her child if the child has an allergy.

G. Discipline

During any children’s activity, the following guidelines apply:

1. When discipline problems occur, a verbal warning will be given to the child, reminding him or her of the classroom rules and what is expected. If a verbal warning proves ineffective with the child, any of the following steps may be implemented:

- The teacher may contact the parent concerning the discipline problem.
- The parent may be requested to sit with the child in their class.
- The DLFD, Minister, teacher, parent(s), and child may have a joint consultation.

2. At any time the teacher has the authority to remove the child from the classroom if deemed necessary, providing an adult accompanies the child.

3. The DLFD and Minister should be kept informed of any disciplinary problems and steps taken.

7. INFECTIOUS DISEASE POLICY AND GUIDELINES

We believe this policy will provide an infected person from additional harm as well as provide the uninfected protection from the transmission of an infectious agent. Initial and ongoing education and training will be necessary for caregivers, and continued assessment and evaluation is necessary to ensure its effectiveness.

A. Means of Transmission for all Infectious Diseases

- Diarrhea, Hepatitis A – transmitted by fecal-oral route.
- Meningitis, influenza, chicken pox - respiratory infections transmitted by respiratory secretions
- Pink Eye, impetigo, scabies, lice, ringworm – transmitted by person-to-person contact.
- Fever blisters (Herpes) – transmitted by saliva.
- Cytomegalovirus (CMV), STI – transmitted by contact with blood/body secretions

B. Universal Precautions with Every Child and Caregiver

-To be used when handling blood, urine, and feces:

1. Disposable gloves should be worn

- a) When there is contact with blood or open skin lesion such as cleansing a cut or in the event of a bloody nose.
- b) In incidents of diarrhea in the classroom.

2. In the event that an emergency arises when disposable gloves are not worn, your skin shall be immediately cleansed with soap and water to prevent blood borne infection. Strict hand washing procedure must be used by all nursery personnel. (Hand washing is the single most important measure for infection prevention.)

Wash:

- a) After the caregiver uses the toilet or has contact with his/her own nasal secretions.
- b) Before handling food and drinks, bottles or sippy cups
- c) Before any snack is served [use wipes and antibacterial gel found in bins (PreK/K)]

3. **A First Aid Kit** (in each class box) is available for prompt, proper care of emergency situations. The file drawer also has a **plastic airway for mouth-to-mouth resuscitation.**

4. **Personnel** must enforce isolation policy for excluding a child from class in case of:

- a) Signs/symptoms of illness including a child that appears to be feverish, or coughing, or has a rash, or diarrhea.
- b) Biting. The DLFD will ask the parent to remove the child from the group until such behavior ceases.
- c) Personnel must be in good health themselves and not provide care if they are showing signs or symptoms of any infectious or contagious illness.

5. **Special Considerations Dealing with HIV(+) Status**

- a) A child who is HIV(+) and is *demonstrating symptoms* of AIDS such as high fever, rash, diarrhea, related illness, will be treated as other children with infectious disease and excluded from the nursery or Sunday School.
- b) Although the likelihood of transmission of HIV in the nursery is negligible, a child with known HIV(+) status must have a designated caregiver. This caregiver will oversee the child's activities; toilet the child; and place toys played with in the proper receptacle. This supervision of the child will be necessary during the period of infancy and toddlerhood while the baby is in diapers, drinks from a bottle, teethes on objects or may tend toward biting.
- c) **CONFIDENTIALITY AND SAFETY PROCEDURED** – Many consider it their right to be told if someone in the church, especially a child in the nursery, is infected with HIV. Presently, written permission from the infected person is needed for someone to disclose to others the diagnosis of HIV. In the case of a minor, written permission must be obtained from a parent, guardian, or the court. We encourage persons with HIV to disclose their diagnosis to those in spiritual leadership as well as others who would be in a position to help and encourage them. We hope infected person know that we will love, accept, and help them even when they tell of their illness.
- d) All medical information (concerning HIV or any other communicable illness) coming into the possession of the church will be held in strict confidence and will not be disclosed to any person unless the church is required by law to disclose to a governmental agency or unless specific consent is obtained from all persons involved.

8. **FIRE OR EMERGENCY EVACUATION**

In case of smoke or fire, the order to evacuate shall be given by the person making the observation. He/she shall yell "Fire Drill!" He shall go from room to room with the yell. He

shall go to the floor below, and the one below that, and repeat. He shall then go to a phone and call 911.

- It is imperative that accurate attendance be kept. In the event there is an emergency, we must have an accurate way to account for all children. The teacher must submit her list to the DLFD, including a record of each child as he leaves with his/her parent.
- Please locate the exit door and where possible, have an alternate route in mind.
- All persons will meet in the parking adjacent (to the west) to 123 East Cliff Street.
- As quickly and safely as possible, exit the children who are on the lower level out of the building through the designated exit and go directly to park.
- Remain in one place until authorization to move is given by emergency personnel. We do not want anyone leaving the premises until everyone has been accounted for so as not to have someone reenter the facility unnecessarily.

9. SAMPLE STATEMENT TO PRESS

UUCSH is committed to safeguarding all children attending its programs, activities and events. We have instituted a vigorous prevention program and screen all paid and volunteer staff.

“On (date) _____ it was reported that an incident occurred at _____ during (program, event) _____. We are currently conducting an investigation. We have no further statement at this time. Thank you.”