

Polk Presbyterian Church

Child and Youth Protection Policy

Revision 2.0

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Context:

Child-Youth Protection Policy

We live in a society that suffers from social confusion, dysfunctional behavior and addictions of many natures. The church is not immune from the potential of abuse or neglect of children, either by its members or those in leadership positions. The victimization of children crosses every racial, social, economic and religious boundary. This policy reflects a commitment of Polk Presbyterian Church (PPC) to protect children in our care from harm and abuse.

We will diligently strive to be a safe place for all children and adults who attend any fellowship or ministry activity and we will not tolerate any type of abuse, especially targeted toward our children.

Rationale:

For the safety and protection of our children and workers, guidelines are necessary to allow us to maintain the ministry of our congregation as a safe place where we can trust one another. All compensated and volunteer child/youth workers are required to read, understand and comply with this policy. The format of these guidelines is also required by our insurance liability company.

Purpose:

This policy not only protects the children and youth we are ministering to, but is also designed to prevent unfounded allegations of child/youth abuse. Since many volunteers are involved with our child and youth programs, these guidelines are intended to build a sense of mutual trust and accountability. Expressing Christ's love and compassion for children and youth is a beautiful reflection of Jesus in us. There must be unquestionable trust in these ministries among workers, parents and children.

Definitions – in this policy, the following definitions will apply:

1. Child/youth - Any person under the age of 18.

2. Special Needs Person - Any adult or child requiring direct adult supervision as a result of physical or mental limitations.

3. Adult - Any person age 18 or over.

4. Child abuse and neglect - Physical abuse, sexual abuse, emotional abuse or neglect of a child by an adult or adolescent caregiver responsible for the child's welfare.
 - Physical abuse - Maltreatment which results in physical injury, including but not limited to bruises, cuts, welts, fractures and internal injuries.

 - Emotional abuse – Maltreatment which results in impaired psychological growth and development, including, but not limited to, belittling, rejection, constant unequal treatment, verbal assaults, excessive demands on the child's performance and isolation from normal social activities.

 - Sexual abuse – Maltreatment which consists of sexual contact or interactions with a child, including but not limited to physical contact (fondling, genital/oral stimulation, sexual intercourse) and non-physical contact (exhibitionism, child prostitution, pornography, and voyeurism).

 - Neglect – Failure or inattention on the part of the caregiver to provide for a child's basic needs such as food, clothing, shelter, medical care and supervision.

5. Compensated workers – Hourly, salaried, part-time or full-time employees who work with children at any church sponsored activity.

6. Volunteer workers – Any non-compensated individual who works with children at any church sponsored activity.
7. Caregiver – any compensated or volunteer worker, seventh grade or older.
8. Leadership Team – the ministry team including all pastors, elders, deacons and session members.
9. Mandated Reporters - Members of the leadership Team and any volunteers working with children are Mandated reporters under this policy and Pennsylvania law. This means that any allegation of child abuse or neglect *must* be reported to the leadership team and local child protective services if applicable (refer to 23 Pa. C.S. §§ 6301–6386).

Overview of Child/Youth Protection Policy

This policy will have four components:

- Selecting and screening compensated and volunteer child/youth workers.
- Supervision of compensated and volunteer child/youth workers.
- Reporting procedures for suspected abuse.
- Response plan to suspected abuse or allegations of abuse. We will provide training on this child protection policy to all new childcare workers and will strive to provide opportunities for additional training classes or events on an annual basis. All workers are required to attend these training events.

Section I – Selecting and Screening Compensated and Volunteer Child/Youth Workers

1. Volunteer workers must be regular attendees “in good standing” at Polk Presbyterian Church for at least six months.
2. All compensated workers shall be members “in good standing” of Polk Presbyterian Church for at least six months before assuming responsibilities. Exceptions to six month rule may be granted by the Leadership Team for justifiable reasons.
3. All adults who will serve as child/youth workers must complete an application indicating their experience, training and goals for being involved in the youth ministry. The application may also request basic information such as previous church affiliation, references and employment history. (See Appendix A)
Any criminal offenses will be indicated and the applicant will also explain if they have ever been accused, arrested or convicted of any sexually related crimes. These personnel files will be kept confidential in a locked file in the church office.
4. All adult compensated and volunteer child/youth workers shall be screened by a background check at the expense of Church for the purpose of obtaining information regarding criminal and abuse history. This will include a requirement to fill out a Child Abuse History Clearance Form (PA CY113) and a Criminal Record Check Form (PA SP4-164A) and submit the completed papers to the church office. The Child Abuse History Clearance Form will be sent to the address of the person who submitted the form. This person is responsible to submit the certificate to the office before they can begin working in any child/youth position. The results of these screenings will be kept confidential by authorized church staff and locked in a secure location. Background checks will be performed every five years. Web forms are also available.
5. Disqualifying offenses that will keep an individual from serving as a child/youth worker will be determined by the Leadership Team on a case by case basis in light of surrounding circumstances. However,

convictions for an offense involving children will preclude someone from being permitted to serve in these roles. Failure to disclose a criminal conviction on the application form will also disqualify the individual.

6. All Leadership Team Members, compensated and volunteer workers must read this policy and sign appendix D. Polk Presbyterian Church will provide orientation and training appropriate to the level of responsibility.

Section II – Supervision of Compensated and Volunteer Child/Youth Workers

1. Physical Contact Guidelines

- Touch is an essential part of nurturing. Volunteers should be aware of and sensitive to cultural differences, family backgrounds, individual personalities, special needs and sexual development. Physical contact with children/youth should be age appropriate.
- There shall not be any kissing, extended hugging or inappropriate touching of any child or youth.
- Physical punishment shall never be used. All interactions regarding discipline must be done with the consideration of the person's dignity and self-esteem. Discipline is to be carried out through instruction, training and verbal correction. Gentleness, respect and understanding must guide all actions and words.
- Anyone working with youth should never pursue or engage in a dating relationship with the youth. Staff should always be aware of youth who may develop an attraction to a youth worker.

2. Bathroom Procedures

- Parents or guardians are strongly encouraged to take their children to the bathroom prior to going to classrooms.
- Volunteers should keep the door open when going into a bathroom stall to assist a child. If the bathroom is one open room, the volunteer should remain outside the bathroom door. If the child requires assistance, the volunteer should prop open the bathroom door while assisting the child.

3. Health Procedures

- A first aid kit will be kept in each wing of the building and carried to offsite activities. It is at the discretion of the caregiver as to whether the parent or guardian should be immediately notified of any minor accident. For any first aid application, an incident report must be filled out. No medicine should be given without instructions from the parent or guardian. Even for a minor injury, the parent or guardian should be called if the child so requests.
- Polk Presbyterian Church Church will not store or dispense any medication (prescription or over the counter) to children/youth in our care.
- Children/youth who require medications during ministry times must have a parent or guardian hold the medication and administer it. Children or youth may self-administer medication under orders from a physician.
- Children with communicable diseases, profusely runny noses, fever or persistent coughing should avoid contact with other children.

e. For long term events (such as a field trip, retreat, etc) medication may be administered with the following guidelines:

- i. The parent or guardian must submit in writing to the volunteer his/her request for administering the medication, instructions for use, side effects, precautions, etc., including the parent or guardian's signature. (see appendix C)
- ii. The medication must be in the original container with the label intact and be carried by the volunteer.

4. General Guidelines

- Every effort will be made to have a minimum of two adults working together with children. In a Bible Study or similar teaching environment, it is acceptable to have individual classes/groups with only one adult caregiver provided there are other adults present in the general area. This protects the children and the adults, as well as providing a safer situation in the event of an accident or emergency.
- All Club activities will have at least two adults guiding each club meeting and event.
- Volunteers will wear a name tag provided by Polk Presbyterian Church Church.
- Parents or guardians will be asked to bring pre-school children to their rooms. If the volunteer is not in the room, parents or guardians should stay with the child(ren) until the volunteer arrives.
- Within 10 minutes after dismissal time, parents or guardians should pick up preschool children unless other arrangements have been made with the volunteer. For everyone's safety, the parents or guardians are encouraged to keep their children from running in the sanctuary, narthex,

halls and parking lots.

- All primary and youth Sunday School and nursery rooms shall have windows in the doors. The windows of classroom doors shall remain uncovered to allow a clear view of classroom activities.
- The Pastor and Children's Ministry Director must approve any activities that are held off site. There shall be a minimum of 2 adult caregivers present with a ratio of 1 adult to 10 children. Overnight events that are attended by children of both genders must be chaperoned by adult caregivers of both genders.
- A travel permission form (Appendix C) for each child must be completed and signed by a parent or guardian before a child will be allowed to participate in a church outing. This form is to be kept with the worker at all times during the outing.
- Photos of any child or youth will not be used without the permission of the parent or guardian.
- All volunteers under the age of 18 must be under the supervision of an adult and must never be left alone with a child except in an emergency. No child/youth worker will meet alone with a child or youth for a private or meeting without a parent or guardian's consent.
- It is recognized that certain counseling and ministerial situations may preclude the presence of two adult caregivers and that the general guidelines for the supervision of caregivers should not restrict situations where individual counsel and guidance is necessary. In this case, the door must be left open or the window of the door shall remain uncovered.
- A file will be kept for each child who is a regular attendee with an emergency contact, information about allergies, physical limitations or

medical concerns. (See appendix B)

- Nursery: Normally, the only adults permitted in the nursery are parents or scheduled caregivers. At least one adult beyond high school age should be present in the nursery at all times when children are present unless the parent gives approval for a younger person.

- In situations where it is not possible to follow these policies, exceptions may be made with approval of parents and pastor.

- Department supervisors for all child/youth programs will train, monitor and evaluate each responsible adult in order to maintain a satisfactory level of quality in ministry. This program resourcing will include education on the issues of abuse (physical, emotional and sexual).

Section III – Reporting Procedures

1. All teachers, club leaders, compensated and volunteer child/youth workers involved with children (birth – 18 years) shall immediately report any suspicions or concerns that relate to child abuse, inappropriate behavior or child neglect. The report should be confidential and should include the reporting individual’s observations, complaints or suspicions.

2. If a child offers information, it should be taken seriously. The problem should not be denied. Emotional support should be given but the volunteer should not pressure the child for details.

3. Specific behaviors to watch for include:
 - Inappropriate comments about sexual matters.

- Use of pornography.
 - Excessive and inappropriate attention to a particular child/youth, especially a desire to be alone with a child/youth.
 - Any form of physical, emotional or sexual abuse, or neglect. Examples include kissing, extended hugging, or inappropriate touching of any child/youth.
4. Report the suspicious behavior to a member of the Leadership Team. The pastor must be notified. If the behavior is required by law to be reported, the pastor shall contact the Children and Youth Service Agency. Strict confidentiality on these issues will be maintained.
 5. Any reported incident should not be discussed with others. It is the responsibility of the pastor and the Leadership Team to process the incident, documenting each conversation or contact as it takes place.
 6. Childcare workers may have the opportunity to become aware of abuse or neglect of the children under our care that is occurring outside our church. In the event this occurs, this should be reported immediately to the pastor or Leadership Team for further action including reporting to authorities as may be mandated by state law.

Section IV – Response Plan to Suspected Abuse or Allegations of Abuse

In the event an incident of abuse or neglect is alleged to have occurred at Polk Presbyterian Church or during a program or activity that we sponsor, the pastor shall lead the following process:

1. Designate someone to speak with the individual(s) involved to determine the facts and report to the pastor. The pastor should determine the

appropriate action.

2. The pastor may seek counsel with appropriate persons regarding next steps and whether there is a need to report the incident to legal authorities. Such action would be based upon a consensus of the Leadership Team. The Leadership Team may review the plan for follow-up in any particular situation with legal counsel prior to or during implementation of follow-up.
3. The pastor may notify parents/guardians of alleged abuse, contingent upon advice from Child Protection Services or law enforcement agencies.
4. The worker alleged to be a perpetrator of the abuse of misconduct will immediately be placed on leave from working with children pending an investigation.
5. If the reported incident appears to be true, the incident must be reported immediately to our insurance company, attorney and the Presbytery.
6. We will comply with the state's requirements regarding mandatory reporting of abuse as the law requires. (refer to 23 Pa. C.S. §§ 6301-6386)
7. We will cooperate with any investigation of the incident by state or local authorities. In the event there is no investigation of the incident by state or local authorities, a team will be formed consisting of one member of the pastor, one member of the Leadership Team, one member of the Presbytery to investigate the circumstances of the incident. The team should act only in consultation with our insurance company and /or attorney.
8. Any person who is not found innocent of the alleged abuse or misconduct will be permanently removed from their position with

children or youth. The senior pastor and one member of the Leadership Team will confront the offender about their sinful, harmful behavior and plan a recovery process to help the offender find forgiveness and freedom in Christ.

9. The pastor of the congregation will be our spokesperson to the media concerning incidents of abuse or neglect, unless he is alleged to be involved. All other workers should refrain from speaking to the media.

10. Pastoral care resources will be provided to the victim and their family as desired.

Section V - Appendix

Appendix A - Volunteer Screening Form

Appendix B - Child/Youth Information Form

Appendix C - Overnight/Travel Consent Form

Appendix D - Policy Acknowledgment Form

Section VI - Sample Forms

SP4-164A

CY113

Appendix A

Volunteer Screening form

Date of Application _____ DOB _____ Age _____

Name _____

Alias(s) if any _____

Telephone number _____

Address _____

Years at current address _____

Years living in state of PA _____ (if less than 5 years FBI clearance may be required)

Years or months you have been a Member of Polk Presbyterian Church _____ yrs _____ mos

Have you ever been reported acts of child/youth misconduct? yes/no (circle one)

Experience _____

Goals with Church's Children/Youth _____

List any allegations, dates and outcomes below: _____

Name of Session member/Elder interviewing volunteer _____

Applicant approved? yes/no (circle one)

Approval (signature of Clerk of Sessions) _____

Date approved _____

****Keep filed in a secure location for at least 5 years****

Appendix B

Child Information Form

This form is to be used in case the child's parent or guardian is not present.

Child's Name _____ DOB _____

Emergency Contact Information:

Contact's name _____

Contact's Phone Number _____

Contact's relationship to child _____

Relevant Medical Information:

Allergies _____

Medications _____

Parent/Legal Guardian Signature _____

Date Signed _____

Form received by _____

****Keep filed in a secure location for at least 5 years*****

Appendix C

Overnight/Travel Consent Form

This form is to be used for overnight stays or travel where the child's parent or guardian is not present.

Child's Name _____ DOB _____

Name/Date(s) and Time of Event _____

Emergency Contact Information:

Contact's name _____

Contact's Phone Number _____

Contact's relationship to child _____

Insurance Information (Optional):

Name of Insurance Provider _____

Policy number _____

Relevant Medical Information:

Allergies _____

Medications _____

Parent/Legal Guardian Signature _____

Date Signed _____

Form received by _____

****Keep this form readily accessible during overnight/travel activities*****

Appendix D

Acknowledgment

I hereby acknowledge that I have received a copy of the Polk Presbyterian Church Child and Youth Protection Policy. I have read the policy, understand it's meaning, and agree to conduct myself in accordance with this policy.

I have enclosed the following required documents:

_____ Pennsylvania state police records check (SP4-164A form results)

_____ Child Abuse History Clearance from PA Department of Human Services
(CY-113 form results)

Name of applicant: _____ Signature _____

Witness: _____ Signature _____

Date _____

****Keep filed in a secure location for at least 5 years with attached forms****

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK
VOLUNTEER ONLY**

1-888-QUERYPA (1-888-783-7972)

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.pa.gov>

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – RCPU 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758

REQUESTER NAME	
ADDRESS	
CITY/STATE/ ZIP CODE	
TELEPHONE NO. (AREA CODE)	

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)		TELEPHONE NUMBER		

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.

By signing this form, I verify that I am submitting this request for criminal history record information in connection with my status as an unpaid volunteer. I understand that the \$22 fee is being waived because of my status as an unpaid volunteer.

REQUESTER SIGNATURE (*Signature required for processing*)	DATE
--	-------------

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

PURPOSE OF CERTIFICATION (Check one box only)

- | | |
|---|---|
| <input type="checkbox"/> Foster parent
<input type="checkbox"/> Prospective adoptive parent
<input type="checkbox"/> Employee of child care services
<input type="checkbox"/> School employee governed by the Public School Code
<input type="checkbox"/> School employee not governed by the Public School Code
<input type="checkbox"/> Self-employed provider of child-care services in a family child-care home
<input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service
<input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program
<input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year
<input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children
If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:
<input type="checkbox"/> Big Brother/Big Sister and/or affiliate
<input type="checkbox"/> Domestic violence shelter and/or affiliate
<input type="checkbox"/> Rape crisis center and/or affiliate
<input type="checkbox"/> Other: _____
<input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)

<div style="text-align: center;"> _____
 SIGNATURE OF OIM/CAO REPRESENTATIVE </div> <div style="text-align: right;"> _____
 OIM/CAO PHONE NUMBER </div> |
|---|---|

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER — — — — —	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children; adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)				
Name (First, Middle, Last)	Relationship	Present Age	Gender	
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE
DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #

INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

General:

- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having direct volunteer contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$13.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of "volunteer having direct volunteer contact with children" may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant's child abuse history certification application.

Purpose of Certification - Do not check more than one box:

- Check the **foster parent** box if applying for purposes of providing foster care.
- Check the **prospective adoptive parent** box if applying for the purpose of adoption.
- Check the **employee of child care services** box if applying for the purpose of child care services in the following:
 - Child day care centers; group day care homes; family day care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day care services or other programs that are offered by a school.
- Check the **school employee governed by the Public School Code** box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the **school employee not governed by the Public School Code** box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).

Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.

Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:

- (1) Any school of a school district.
 - (2) An area vocational-technical school.
 - (3) A joint school.
 - (4) An intermediate unit.
 - (5) A charter school or regional charter school.
 - (6) A cyber charter school.
 - (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
 - (8) A private school accredited by an accrediting association approved by the state Board of Education.
 - (9) A non-public school.
 - (10) An institution of higher education.
 - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
 - (12) The Hiram G. Andrews Center.
 - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one's home (other than the child's own home) at any one time to four, five, or six children who are not relatives of the caregiver.
 - Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a **program, activity, or service, as a person responsible for the child's welfare or having direct contact with children:** Applying as an employee who is responsible for the child's welfare or having direct contact (providing care, supervision, guidance, or control to children or having routine interaction with children) in any of the following in which children participate and which is sponsored by a school or public or private organization:
 - A youth camp or program;
 - A recreational camp or program;
 - A sports or athletic program;
 - A community or social outreach program;
 - An enrichment or educational program; and
 - A troop, club, or similar organization
 - Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
 - Check the box for **individual 18 years or older who resides in the home of a foster parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
 - Check the box for **individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.

- Check the box for **individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the box for **individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the **volunteer having direct volunteer contact with children** box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child's welfare or having direct volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the **other** box and write the name of the organization in the space provided.
- Check the **PA Department of Human Services employment & training program participant** box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a "**PAYMENT AUTHORIZATION CODE**" by an organization, please provide the **agency/organization name** in the space provided and the **payment authorization code** in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to the applicant's home address and not to the third party.

Applicant Demographic Information:

- Name - Include the applicant's full legal name. Initials are not acceptable for a first name. If your full legal name is an initial, please provide supporting documentation along with your certification application.
- Social Security number - Include the applicant's social security number. A social security number is voluntary; **HOWEVER, PLEASE NOTE THAT APPLICATIONS THAT DO NOT INCLUDE SOCIAL SECURITY NUMBERS MAY TAKE LONGER TO BE PROCESSED.**
- Gender - Please check one box.
- Date of birth - Fill in the applicant's date of birth (Example: 01/22/1990).
- Age - Fill in the applicant's current age.

Address:

- The address listed must be the applicant's current home address. This is also where the results of the certification will be mailed, unless otherwise noted. If the **different mailing address** box is checked and a mailing address is provided in the "different" mailing address column, the results will be mailed to the "mailing" address and not the "home" address. **Note:** If the consent/release of information box is checked and an "other" address is provided, the results will be mailed to the "other" address.

Contact Information:

- Please provide your home, work or mobile telephone number. Fill in the number where the applicant can be reached in the event that there are questions about the information on the application.
- Please provide an email address. By providing an email address, you are consenting to ChildLine contacting you by email in the event that you cannot be reached by phone. **NO CONFIDENTIAL INFORMATION WILL EVER BE SHARED OR PROVIDED IN AN EMAIL FROM OUR OFFICE.**

Previous Names Used Since 1975:

- The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, nicknames, aliases and also known as (aka) names.

Previous Addresses Since 1975:

- List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location is acceptable.

Household Members:

- Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). In addition, include the household member's relationship to the applicant, their age (to the best of your knowledge) and their gender. If the applicant was under the age of 18 in 1975, this section **MUST** include the applicant's PARENT(S) or GUARDIAN(S). If this section is left blank, the application will be rejected and returned to the applicant.

Signature:

- Applications **MUST** be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.

CHILDLINE USE ONLY:

- Please **DO NOT WRITE** in this section. This is for CHILDLINE staff only.

Additional Information:

Applicants can visit <https://www.compass.state.pa.us/CWIS> for more information about submitting the child abuse certification online or to register for a business/organization account.

INCIDENT REPORT FORM

55 PA CODE CHAPTERS 3270.20 & .182(7); 3280.19 & .182(7); 3290.17 & .182(7)

THIS FORM CAN BE USED TO MEET THE REPORTING REQUIREMENTS FOR ACCIDENT, INJURY, ILLNESS, HOSPITALIZATION, EMERGENCY ROOM TREATMENT, DEATH OR FIRE

NAME OF FACILITY		TELEPHONE NUMBER
FACILITY ADDRESS		
NAME OF CHILD	SEX <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE
CHILD ADDRESS		
NAME OF PARENT		TELEPHONE NUMBER
PARENT ADDRESS		
PARENT NOTIFIED BY		TIME NOTIFIED <input type="checkbox"/> A M <input type="checkbox"/> P M

DESCRIPTION OF INCIDENT			
DATE	TIME <input type="checkbox"/> A M <input type="checkbox"/> P M	LOCATION	
EQUIPMENT/PRODUCT INVOLVED	TYPE OF INJURY	PART OF BODY INJURED	
CAUSE OF INJURY			

ACTION TAKEN			
FIRST-AID GIVEN BY FACILITY			
NAME OF LOCAL AUTHORITY NOTIFIED OF INCIDENT			TELEPHONE NUMBER
ADDRESS			
TREATMENT PROVIDED BY	TELEPHONE NUMBER	ADDRESS	
NATURE OF TREATMENT			
REQUIRED FOLLOW-UP			

_____	_____	_____
SIGNATURE OF FACILITY PERSON COMPLETING FORM	TITLE	DATE
_____	_____	_____
SIGNATURE OF PARENT		DATE

COMPLETE THE FOLLOWING SECTION ONLY IF THE INCIDENT RESULTED IN INPATIENT HOSPITALIZATION, EMERGENCY ROOM TREATMENT, SERVICES OF A FIRE COMPANY, OR THE DEATH OF A CHILD RECEIVING CARE AT THE FACILITY.		
NOTIFY REGIONAL DAY CARE OFFICE WITHIN 24 HOURS	DATE OF NOTIFICATION	TIME OF NOTIFICATION
NAME OF THE REGIONAL DAY CARE STAFF PERSON NOTIFIED		
MAIL OR DELIVER WRITTEN REPORT TO REGIONAL OFFICE WITHIN 72 HOURS		
_____	_____	_____
SIGNATURE OF FACILITY PERSON WHO MADE THE NOTIFICATION	TITLE	