

GUIDELINES for Working with Children and Young People

Charlotte Friends Meeting

Charlotte Friends Meeting (CFM) seeks to provide a safe and secure environment for the children and youth who participate in our programs and activities. We believe that creating an environment that prevents opportunities for abuse or accidental injury is the best way to protect our Young Friends. CFM has developed this Child Safety Policy as an opportunity to affirm our core values and convictions in relation to the care of Young Friends in the meeting.

Definitions

For purposes of this policy,

- the terms “Young Friend,” “youth”, and “children” include all persons under the age of eighteen (18) years old.
- A “designated responsible adult” is a person to whom a parent or guardian has designated responsibility for their children (i.e. family member or close friend).

Approval of Volunteers and Paid Workers

- a) Any adult volunteers wishing to help in a supervisory role with Young Friends shall be regular attenders of CFM. Volunteers must complete the “Application to Volunteer with Young Friends” (see appendices) and provide 3 references, at least one of which is a meeting member or attender. Prior to working with children, volunteers shall participate in a clearness process, to be led and determined by the First Day School (FDS) committee or its designee. Information collected will be retained confidentially by CFM. Teenagers in the Meeting who wish to volunteer with younger Friends may do so, provided that they are under supervision and assistance of an adult volunteer, and have endorsements. We are aware that there may be unique situations that arise among the FDS committee when seeking volunteers, however the chart below shows recommendations that should consistently be part of the clearness process.
- b) Prospective paid workers must complete the “CFM Employment Application for Working with Young Friends” and sign an authorization and release form allowing CFM to conduct a criminal background check and share it with appropriate personnel. The screening process for paid workers can be found in the chart below.

Recommended Clearness and Screening Process for Volunteers and Paid Workers:

	Completed application on file	6-month attender	3 References (at least 2 checked)	NC Sex offender and NC inmate databases checked*	Interview	Criminal background check
Adult volunteer	X	X	X	X		(for overnight chaperones)
Teenage volunteer		X	(endorsement from teenager’s guardian and 2 Meeting attendees)			
Paid worker	X		X	X	X	X

* <http://webapps6.doc.state.nc.us/opi/offendersearch.do?method=view>

* <http://sexoffender.ncsbi.gov/>

- c) Guest volunteers (those that are not 6-month attenders but may be from special outreach programs, etc.) working with Young Friends should be under the supervision of an adult volunteer at all times and have an endorsement from that volunteer.
- d) For overnight events involving Young Friends, CFM may follow the volunteer guidelines set forth by the group responsible for the event (i.e. SAYF retreat). If CFM is responsible for the event (i.e. CFM teen retreat), then each adult volunteer staying the night will have a background check.
- e) Upon reviewing results of the Clearness or Screening Process, the FDS committee will decide whether the volunteer or applicant should be allowed to work with our Young Friends. In addition to background screening, consideration will be given to whether the committee feels the candidate is a good fit for working with children. Conviction of a crime does not necessarily preclude someone from working with children, as he or she may have gifts to offer the CFM community. But in order to protect the safety of our youth, individuals convicted of any of the following types of crimes will not be employed nor serve as volunteers in our youth programs: Any crimes involving children such as, but not limited to, child abuse, sexual abuse, child neglect, child pornography, and human trafficking.

Conducting Safe Child-Friendly Activities

When conducting activities involving children, CFM and its volunteers will be mindful of the spiritual purpose of these guidelines and adhere to the following practices:

- a) CFM will provide its Young Friend volunteers with training or instructional support appropriate to the activity.
- b) Youth who participate as leaders or caregivers in the activities involving younger children will receive adequate instruction, supervision, and assistance.
- c) Parents or designated responsible adults will complete an information form (see appendices) for each child under the meeting's care. This will include food allergies / restrictions and other health or behavioral concerns. Parents or designated responsible adults of younger children are expected to remain on the grounds while their children are under the meeting's care.
- d) Parents or designated responsible adults of young children are strongly encouraged to have their children visit the bathroom prior to class. Children in the preschool and nursery rooms will use the adjoining bathroom. For children needing supervision in the bathroom, volunteers or workers should never be alone in the bathroom with children with the door closed.
- e) It is our goal that two adults will oversee all sponsored programs and activities involving minors, whether on or off campus. This rule can be eased if other adults are close by and can visually observe activities at all times. Activities with Young Friends should be conducted in plain view. Classrooms with windows in doors should remain uncovered. Doors without windows must remain open when the room is occupied with Young Friends.
- f) When one-on-one interactions between minors and workers are necessary, another adult must have knowledge of the worker's whereabouts and with whom they are meeting. Parents or designated responsible adults should be made aware of such circumstances.
- g) It is the policy of Charlotte Friends Meeting that no physical discipline of any type be used with young Friends. Workers should consult with the other FDS teacher, the parent or a member of the First Day School Committee if assistance is needed with disciplinary issues.

- h) Any signs of injury or possible abuse, including physical, sexual or emotional, will be reported immediately to the Clerk of Meeting or a member of the First Day School committee.
- i) When overnight events involving Young Friends take place, additional guidelines will be followed as detailed in the section “Guidelines for Overnight Events”.

Friends Response to Allegations of Abuse

Following notification as outlined above (h), the Clerk of Meeting or designee will discern possible further action, including reporting to authorities as may be mandated by state law.

The parent of the child involved will be notified immediately. All parents/caretakers of minors will be notified of the incident or alleged incident as soon as the seriousness of the charges has been credibly established.

The Clerk of Meeting will appoint an *ad hoc* committee at the time an allegation is made to evaluate the situation further and begin a healing process, if indicated. At least one person from the First Day School Committee will be included in the *ad hoc* committee.

Training

The above guidelines will be posted on the Meeting website and on the classroom wall in each classroom. FDS workers are expected to read the document.

The First Day School Committee will be responsible for ongoing care of the Child Safety Guidelines as well as applications and screening documentation for paid and volunteer staff working with youth. Any documentation related to the Child Safety Guidelines will be updated annually, or sooner as the need arises.

Guidelines for Overnight Events

- a) When a non-CFM group hosts a youth overnight event at CFM, they must have chaperones approved and scheduled according to their own guidelines (i.e. SAYF, another Quaker Meeting).
- b) When CFM hosts its own event for Young Friends, our approval process requires that overnight volunteers pass a background check.
- c) The following information/policies should be presented to any groups hosting an overnight event:
 - location of a first-aid kit
 - Charlotte Friends Meeting address (in case of a 911 call)
 - CFM policies regarding appropriate use of the facility (kitchen guidelines, no food in the worship room, etc.)
 - Possession or use of alcohol, tobacco products, or illegal drugs is banned from the premises.
 - Any activities outdoors on the CFM grounds need direct adult supervision.
- d) For overnight events directly hosted and supervised by CFM volunteers, whether on or off the Meeting’s premises, the following guidelines should be observed:
 - Parent permission slips which include medical information and a signed medical treatment form must be collected.

- Any co-ed overnight events must have male and female adult chaperones present.
- Sleeping arrangements should separate males from females (we shall remain mindful and considerate of transgender situations).
- Avoid one adult-one child scenarios by following the “rule of three”: two adults should deal with any situation involving just one minor, particularly during the middle of the night when all others are asleep.
- A “confidential counselor” will be designated who any minor can go to at any time without special permission to discuss any problems he or she is having. Confidential counselors must inform another adult of his/her location if meeting one-on-one with a minor.
- A “buddy system” will be encouraged for trips off the Meeting property.
- In the case that only a common area for showering (locker room facility) is available during a trip, chaperones should monitor by sound (listen to what is going on without visually observing).

Appendices

1. Meeting’s legal obligation on reportable behavior

NC General Statute 7B-301. *Duty to report abuse, neglect, dependency, or death due to maltreatment.*

Any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, as defined by GS 7B-101 or has died as the result of maltreatment, shall report the case of that juvenile to the director of the department of Social Services in the county where the juvenile resides or is found. The report may be made orally, by telephone, or in writing. The report shall include information as is known to the person making it including the name and address of the caretaker; the age of the juvenile; the names and ages of other juveniles in the home; the present whereabouts of the juvenile if not at the home address; the nature and extent of any injury or condition resulting from abuse, neglect, or dependency; and any other information which the person making the report believes might be helpful in establishing the need for protective services or court intervention. If the report is made orally or by telephone, the person making the report shall give the person’s name, address, and telephone number. Refusal of the person making the report to give a name shall not preclude the department’s assessment of the alleged abuse, neglect, dependency, or death as a result of maltreatment.

Upon receipt of any report of sexual abuse of the juvenile in a child care facility, the director shall notify the State Bureau of Investigation within 24 hours or on the next workday. If sexual abuse in a child care facility is not alleged in the initial report, but during the course of the assessment there is reason to suspect that sexual abuse has occurred, the director shall immediately notify the State Bureau of Investigation. Upon notification that sexual abuse may have occurred in a child care facility, the State Bureau of Investigation may form a task force to investigate the report.

2. Definition of Child Abuse

For purposes of this policy, “child abuse” is any action (or lack of action) that endangers or harms a child’s physical, psychological or emotional health and development. Child abuse occurs in different ways and includes the following:

- *Physical abuse – any physical injury to a child that is not accidental, such as beating, shaking, burns, and biting.*

- *Emotional abuse – emotional injury when the child is not nurtured or provided with love and security, such as an environment of constant criticism, belittling and persistent teasing.*
- *Sexual abuse – any sexual activity between a child and an adult or between a child and another child at least four years older than the victim, including activities such as fondling, exhibitionism, intercourse, incest, and pornography.*
- *Neglect – depriving a child of his or her essential needs, such as adequate food, water, shelter, and medical care.*

Date _____

Charlotte Friends Meeting
Employment Application for Working with Young Friends

Personal Information

Name _____ Date of Birth _____
(Last First Middle/Maiden)

Current Address _____
(Street City State & Zip Code

Phone Number _____ Email Address _____

Date Available _____ Social Security Number ____ - ____ - _____

Do you have reliable transportation? _____

How did you hear about the position: _____

Education

Please list previous education and training related to child care / child-development.

Previous Employment

Begin With Current or Most Recent Employer :

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ From _____ To _____

Reason for Leaving _____

May we contact your previous employer for a reference? Yes _____ No _____

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ From _____ To _____

Reason for Leaving _____

May we contact your previous employer for a reference? Yes _____ No _____

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ From _____ To _____

Reason for Leaving _____

May we contact your previous employer for a reference? Yes _____ No _____

References

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____

Is there anything else you would like us to know? _____

By signing this form I consent to a criminal background check. I also give permission for current or former employers and references to release information regarding my employment performance, rehire potential, and employment history, whether that information is positive or negative. I release from liability any persons companies, or corporations supplying information, and release the church from any liability that might result from making such an investigation. I certify that my answers above are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____

Date _____

Charlotte Friends Meeting

Application to Volunteer with Young Friends

(to be completed by all volunteers for any position
involving the supervision or custody of minors)

Personal Information

Name _____ Date of Birth _____
(Last First Middle)

Current Address

(Street City State & Zip Code)

I have attended Charlotte Friends Meeting since _____

List previous experience working with children and youth:

3 Character References (Including one from Charlotte Friends Meeting)

Name _____ Name _____

Phone _____ Phone _____

Relationship to You _____ Relationship to You _____

Name _____

Phone _____

Relationship to You _____

By signing this form I consent to a criminal background check. I understand that any crimes involving children such as, but not limited to, child abuse, sexual abuse, child neglect, child pornography and human trafficking will preclude working with volunteering with young Friends.

I also give permission for the listed references to release information, whether that information is positive or negative. I certify that my answers above are true and complete to the best of my knowledge.

I have read over and agree to abide by the Guidelines for Working with Children and Young People of Charlotte Friends Meeting.

Signature _____ Date _____

Date _____

FIRST DAY SCHOOL - STUDENT INFORMATION
Charlotte Friends Meeting

Student Name: _____
Last Name First Name Nickname

Parent Name(s): _____

Allergies/Dietary Restrictions: _____

Anything you wish FDS teachers to know about your child (likes/dislikes, learning style, concerns, etc.):

Personal Information:

Date of Birth: _____ (mm/dd/yyyy)

Current Grade in School: _____ **School Attending** _____

Siblings Names: _____

Mailing Address: _____
Street City Zip Code

Email Address: _____

Student Email Address (if any): _____

Parents' Phone Number: _____

Please note: The information on this form will only be shared with the FDS Committee as necessary to ensure a quality, compassionate, appropriate FDS program.