

**Child, Youth, and Dependent Adult Protection Policy**  
**Christ The King Lutheran Church**  
**Iowa City, Iowa**  
**Adopted by Council: 4/22/2014**

**Purpose (Mission Statement):** As people of God and members of the body of Christ, Christ the King Lutheran Church seeks to be a community where all individuals are valued and their physical, emotional and spiritual welfare are our primary concerns. We recognize that accidents and abuse could occur in our church. This policy reflects our commitment to:

- provide protection, care, and safety for everyone who participates in our programs and uses our facilities;
- protect Volunteers and Paid Staff from false allegations of abuse;
- provide prompt, compassionate response to accidents or allegations of abuse; and
- protect the church from unfavorable publicity and legal action.

**Definitions:**

Child is a person from ages 0 up through 6<sup>th</sup> grade.

Youth is a person in grades 7 through 12 and including age 18.

Dependent Adult is a person 19 years or older who is dependent on another for care and/or support.

Paid Staff is an employee of Christ the King or a person who received a stipend from Christ the King for a service provided.

Applicant is an Adult who wants to participate/volunteer with Children, Youth, or a Dependent Adult for a Christ the King function.

Volunteer is a person who is an Adult or Youth who desires to participate in a church activity without payment.

**Responsibility for Administration of Child, Youth, and Dependent Adult Protection**

**Policy:** The Executive Committee of CTK is ultimately responsible for the administration of all aspects of the Child, Youth, and Dependent Adult Protection Policy including: screening of applicants, training and education of Volunteers and Paid Staff, updating records, and reporting of accidents or allegations or incidents of abuse. All or part of these responsibilities, along with the authority to accept or decline any volunteer applying to work with children, may be delegated. Administration may be delegated to (but is not limited to) the Pastor, office manager, youth director, Sunday School superintendent, and/ or a Child, Youth, and Dependent Adult Safety Committee. Education and Youth Committees will review the policy on an annual basis.

**Screening Process for Paid Staff and Volunteers:** All Paid Staff or Volunteers who will work with Children, Youth, or Dependent Adults must read and/or complete the the following:

Review the Child, Youth, and Dependent Adult Protection Policy

Review and sign Volunteer Covenant

Complete Volunteer application form (appendix A)

Complete Vehicle Operator Application Form (appendix B), if applicable

By completing the above referenced forms, the applicant gives permission to the Executive

Committee or its designee to perform reference checks and background checks. Background checks may include examination of the state and/or national Criminal and Sex Offender Registries and Motor Vehicle Records. All information gathered from said background checks will be confidential to the extent allowed by applicable law. The information gathered by said background check will be used only by the pastor (or designated policy administrator) to determine suitability for working with children, youth, or dependent adults, reviewed by appropriate authorities to investigate a case of alleged abuse, or any other use mandated by law.

**Updating Records:** Paid Staff and Volunteers will update their personal information (addresses, phones, insurance card, driver's license, driving record, etc.) when any change occurs, but in no event less than annually. Background checks will be repeated at the discretion of policy administrators. Paid Staff and Volunteers are required to update his/her criminal activity as soon as any charge has been filed.

**2 Adult Rule:** Every class or activity that includes Children, Youth, or Dependent Adults must have a minimum of two Adults present OR one adult in an observable classroom (door with a window or open door) or open space (fellowship hall, narthex, basement, sanctuary, outdoors) where the activities of the class are visible to others. These activities include but are not limited to Sunday School, Vacation Bible School, Confirmation, and Youth Group activities. It is intended that this policy apply to all events involving Children, Youth, and Dependent Adults at Christ The King.

**Transporting Children:** Any person who transports Children, Youth, or Dependent Adults must be an Adult. A completed Motor Vehicle Operator Application must be on file. (Appendix B) A person who is acceptable to drive will be deemed a "qualified driver."

Written parental permission will be required for each child before transportation is provided and must be on file. The 2 Adult Rule applies during transportation of Children, Youth, or Dependent Adults. The 2 Adult Rule does not apply if there are 2 or more Children, Youth, or Dependent Adults in the vehicle, OR if the qualified driver has advance written parental permission to transport a single child, OR if extenuating circumstance occurs and the qualified driver receives verbal consent from the parent/guardian.

**Overnight 2 Adult Rule:** For overnight activities involving both male and female children there will be at least 2 male and 2 female adults in attendance.

**6 Month Rule:** Those wishing to volunteer with Children, Youth, or Dependent Adults must have been active in the life of the congregation for at least 6 months and successfully completed the application and screening process. Those wishing to work with Children, Youth, or Dependent Adults before the 6 month period is up may do so after successful completion of the application and screening, while under the supervision and guidance of at least one Paid Staff member or Adult who is an approved volunteer in this congregation for at least 6 months, AND after approval of the Executive Committee or their designee, at the Executive Committee's sole discretion.

**Younger Helpers:** Youth (grade 7-12) are permitted to help with children's activities but the Two Adult Rule still applies. While Youth do not need to undertake the same clearance

procedure as Adult Volunteers, Youth will, however, be required to obtain written acknowledgment of a parent or guardian to participate in each activity with which they help and shall read and execute the Volunteer Covenant. At no time shall a Youth be allowed to be deemed a qualified driver.

**Medical and/or Emergency Contact Information:** All Children, Youth, or Dependent Adults who will participate in any activity of Christ the King shall have a medical and emergency contact form (Appendix F) on file prior to participation in any church activity.

**Emergency Procedures:** Each Paid Staff and Adult Volunteers shall read and understand CTK's fire, severe weather, and medical procedures. (See Appendices K through M) Each Paid Staff member or Adult Volunteer shall read and execute a statement certifying that they have read and understand these procedures.

**Supervision:** Children and Youth participating at events will not be left unsupervised.

**Physical Force:** The only instances when physical force may be used by an adult on a child are:

1. to stop an act that threatens to harm another person;
2. to secure a weapon or dangerous object in the possession of a Child, Youth, or Dependent Adult;
3. in self defense or defense of the safety of others;
4. to protect a child from self inflicted harm.

**Reporting and Responding to Accident, Injury, or Abuse:** Securing the safety of the Child, Youth, or Dependent Adult is of utmost importance and must take priority. In some circumstances, this duty may require that the Paid Staff or Volunteer call 911. Volunteers and Paid Staff who observe any actual or suspected harm to children or misconduct by another adult are required to report it to law enforcement and/or Department of Human Services, the Pastor and Executive Committee immediately. (See Appendices G and I.)

**Training and Education of Congregation, Paid Staff and Volunteers:** Members of CTK Lutheran Church will be provided with general orientation to the Child, Youth, and Dependent Adult Protection Policy, the Volunteer Covenant, procedures, and volunteer requirements.

Paid Staff and Volunteers will receive training annually on the Child, Youth, and Dependent Adult Protection Policy, Procedures and associated documents.

**Monitoring and Follow Up:** The Child, Youth, and Dependent Adult Protection Policy, Procedures, and associated documents will be monitored and evaluated annually by the Executive Committee. Forms may be amended from time to time as needed to support their utility. Changes to the Child, Youth, and Dependent Adult Protection Policy must be recommended by Executive Committee through Education and Youth Committees and approved by CTK Council.

**Enforcement:** The Child, Youth, and Dependent Protection Policy will be enforced by policy administrators and violations will be documented.

I have read and understand this Child, Youth, and Dependent Adult Protection Policy and agree to abide by its provisions.

I have read and understand CTK's Emergency Procedures (Appendices K, L, and M).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Version: 4/22/2014

## VOLUNTEER COVENANT

### CODE OF CONDUCT FOR VOLUNTEERS AND PAID STAFF WORKING WITH CHILDREN, YOUTH, AND DEPENDENT ADULTS

I consider this a vow before God; a covenant between me and Christ the King Lutheran Church; the children, youth and dependent adults with whom I will be working; and their families.

I understand that I have been entrusted with the safety and welfare of all children, youth, and dependent adults assigned to me. I will guard their physical safety as well as their mental, emotional, and bodily health at all times.

I understand that I have been entrusted with the spiritual health of the children, youth, and dependent adults assigned to me.

I will care for my own physical and spiritual health.

I will abide by the 2 Adult Rule.

I will never touch a child, youth, or dependent adult in anger.

I will respect the individual's feelings and use appropriate signs of affection and Christian caring.

I will guard my language. I will not swear or use inappropriate language in the presence of Children, Youth, or Dependent Adults.

I will set a good example by respecting the property of the church, any off-site location of a church event, and will be a good steward of God's earth.

After first attending to the needs and safety of the victim, I will immediately report any accidental or intentional harm toward a Child, Youth, or Dependent Adult to the Pastor and/or the Executive Committee.

When working with Children, Youth, or Dependent Adults, I will conduct myself as a disciple of Christ called to service in God's kingdom.

I have read and understand the VOLUNTEER COVENANT and agree to abide by its provisions.

---

Printed Name

---

Signature

---

Date

---

Printed Name of Parent (if applicable)

---

Parent Signature

---

Supervisor Signature

Version: 1/16/2014

**Appendix A**  
**Christ The King Lutheran Church Volunteer Application Form**

Note: Volunteers must complete this application before engaging in a church activity.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Other names you have used (including maiden name): \_\_\_\_\_

Address: \_\_\_\_\_

Primary phone #: \_\_\_\_\_

Secondary phone #: \_\_\_\_\_

Your E-mail address: \_\_\_\_\_

Date you became a member at Christ The King: \_\_\_\_\_

If not a member, date you began attending Christ The King: \_\_\_\_\_

Previous Addresses: (last 5 years or last 3 places you have lived)

---

Address	City	State	Zip
---------	------	-------	-----

---

Address	City	State	Zip
---------	------	-------	-----

---

Address	City	State	Zip
---------	------	-------	-----

**References:**

Please provide contact information for 3 references (preferably from places where you have worked with children, youth, or dependent adults as an employee or volunteer).

---

Name	Address	City	State	Zip	phone
EMAIL: _____					

---

Name	Address	City	State	Zip	phone
EMAIL: _____					

---

Name	Address	City	State	Zip	phone
EMAIL: _____					

Describe your background working with children, youth, and/or dependent adults. (Include information about church related, volunteer, parenting, or paid experience you may have)

**Appendix A, page 2**

**Background Check Section**

Have you ever been convicted of or pleaded guilty or no contest to a crime or offense against a person such as: (Please explain any "YES" responses)

assault **YES NO**

theft **YES NO**

possession, sale of, and/or use of illegal drugs **YES NO**

child abuse, neglect or endangerment **YES NO**

possession of child pornography **YES NO**

other crimes of violence **YES NO**

alcohol related offenses **YES NO**

Any other violations not mentioned above:

*Note: if you have been a victim of abuse and you feel that your experience could affect your ability to work with Children, Youth, or Dependent Adults, you are encouraged to speak confidentially with the Pastor about your interest in volunteering before accepting this assignment.*

I authorize this church to investigate my experience working with Children, Youth, or Dependent Adults either as a staff member or volunteer and any other matters related to my suitability for working with Children, Youth, or Dependent Adults. I authorize former institutions, organizations, or individuals where I worked as a staff member or volunteer to disclose to this church all information they may have concerning my suitability to work with Children, Youth, or Dependent Adults. In addition, I release this church, former employers, and all other organizations and persons from any and all such claims, demands, or liabilities arising from or, in any way related to, such disclosure.

I give Christ The King Lutheran Church permission to conduct a background check on me. Upon my acceptance as a volunteer working with Children, Youth or Dependent Adults, I agree to be bound by the provisions of the Child, Youth, and Dependent Adult Protection Policy of this church. I have carefully read this release and understand its contents. I sign this release of my own free will and understand it is a legally binding document.

---

Printed Name  
Version: 4/22/2014

Signature

Date Signed

## Christ The King Lutheran Church Vehicle Operator Form

Printed Name \_\_\_\_\_

Has your license been suspended or revoked in the last 10 years? **YES NO**

Have you been convicted or pleaded guilty or no contest to operating a motor vehicle under the influence of drugs or alcohol in the last 10 years? **YES NO**

Have you been convicted or pleaded guilty or no contest to a moving violation, or at fault traffic accident in the last 10 years? **YES NO**

Do you have any physical or mental disability or other limitation that would hinder your ability to safely operate a motor vehicle? **YES NO**

Please explain any YES answers:

Do you have a valid driver's license? **YES NO** State \_\_\_\_\_ Number \_\_\_\_\_

Do you carry auto insurance that would cover you when driving Children, Youth, or Dependent Adults to church events? (The church's liability insurance does not cover staff or volunteer drivers)

**YES NO**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Please attach copies of driver's license and proof of insurance card(s).

I agree that I and all passengers in a vehicle operated by me will wear seat belts while the vehicle is moving. I will not allow more passengers to ride in the vehicle than the capacity specified by the vehicle's manufacturer. I will not allow smoking in the vehicle while I am transporting Children, Youth, or Dependent Adults. I will not text or use a cell phone while driving. I agree not to transport one child alone unless I have advance written parental permission OR there is an extenuating circumstance. In this case I will call the parent and document times of departure from the activity and arrival at the child's home.

I authorize Christ The King Lutheran Church to run a Motor Vehicle Records check on me. I authorize the organization responsible for maintaining such records to release them to the church.

---

Signature

Version:04/22/2014

Date Signed



**Appendix C**  
**Christ the King Lutheran Church**  
**Documentation of Reference Check Checklist (Paid Staff or Volunteer)**

Applicant Name:

Reference Name:

Reference's Contact Information:

Date of Contact:                      Method of Contact: (phone, e mail, letter, etc)

Reference Type: (circle)

Former employer    Former volunteer    Personal    Other (please specify)

**Interview Questions**

\*How long have you known the applicant? Under what circumstances?

\*What is your knowledge of this person's work with children, youth, or dependent adults?

\*How would you describe this person's manner of interacting with children, youth, or dependent adults?

\*Based on your observation/interactions, is this person reliable and dependable? Describe.

\*Would you feel comfortable with this person supervising a small group of children, youth, or dependent adults for a period of time? Why or why not?

\*Do you have any concerns regarding this person's ability to work with children, youth, or dependent adults?

## Appendix C page 2

\*Were you ever aware of circumstances where this person's care of children, youth, or dependent adults was criticized or called into question? If yes, please describe.

\*Were you ever aware of any civil or criminal investigations or actions taken against this person? If yes, please describe.

\*Do you recommend this person for work with children, youth, or dependent adults? Why or why not?

\*Is this person eligible to work with your organization's children, youth, or dependent adults again in the future? If no, why not?

\*Additional notes or comments

Name of Person Checking Reference:

Signature of Person Checking Reference:

Date of Reference Check:

Version: 4/22/2014

**Appendix D**  
**Christ the King Lutheran Church**  
**Sex Offender Registry Checklist**

Name:

Date of Birth:

Aliases:

Address:

County:

Gender:

Race:

Height:

Weight:

Hair:

Eyes:

Restrictions:

    Tier:

    Residency:

    Exclusion:

    Employment:

Convictions:

    Date:

    Age at Offense:

    Victim:

        Age:

        Gender:

        Weapon:

Verification Source Utilized:

Name of Reviewer:

Date of Review:

Version: 4/22/2014

**Appendix E**  
**Christ the King Lutheran Church Criminal Registry Checklist**

Name:

Date of Birth:

Aliases:

Address:

County:

Gender:

Race:

Height:

Weight:

Hair:

Eyes:

Restrictions:

    Tier:

    Residency:

    Exclusion:

    Employment:

Convictions:

    Date:

    Age at Offense:

    Victim:

        Age:

        Gender:

        Weapon:

Verification Source Utilized:

Name of Reviewer:

Date of Review:

Version: 4/22/2014

**Appendix F**  
**Christ The King Lutheran Church**  
**Examples of Permission Slips**  
Example 1

---

**Annual Emergency Information Form**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent or Legal Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Insurance Phone Number: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_  
Primary Emergency Contact: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
Secondary Emergency Contact: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Food Allergies:  
Plant/Insect Allergies:  
Drug Allergies (including latex):  
Prescription and Over the Counter Medications currently taking and reason for taking them:

Health Issues (for example: diabetes, epilepsy, ADHD, sleepwalking, etc):

(Bring medications needed during an activity in original containers and sealed in ziplock bag with child's name on it. Give medications to adult leader of activity.)

---

The above named has permission to take part in Christ The King Child, Youth, or Dependent Adult activities. I certify that the participant is in good health and may participate in activities. I understand that all reasonable measures will be taken to safeguard the health and safety of participants. I will be notified as soon as possible in case of emergency. I will not hold Christ The King Lutheran Church responsible in the event of injury. In case of emergency I give my permission to the physician or facility selected by the adult leader to provide whatever medical or surgical emergency treatment is necessary. In an extenuating circumstance if I cannot pick up my child at the end of an event, I give permission for an event leader to transport my child home. I will notify Christ The King Lutheran Church and update this form any of the above information changes.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_  
parent or legal guardian

Example 2

**Permission to Photograph and/or Publish Photograph**

I, (print name), \_\_\_\_\_, parent or guardian of (insert child's name)

\_\_\_\_\_, hereby grant permission to Christ the King Lutheran Church representatives to take and use: photographs and/or digital images of my child for use in news releases and/or educational materials for printed publications or materials, electronic publications, or web sites. I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

Example 3

**Permission for Individual Activity Form**

The bottom half of this form will be given to the adult leader prior to an activity. In an emergency, this information will be made available to medical personnel.

Activity: \_\_\_\_\_ Location: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Start/Leave: \_\_\_\_\_ End/Return: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Cost: \_\_\_\_\_

Adult Leaders for this activity:

Contact Number for Adult Leader:

\_\_\_\_\_  
(Bring medications needed during activity in original containers and sealed in ziplock bag with child's name on it. Give medications to adult leader of activity.)

Participant's name \_\_\_\_\_ has permission to take part in (Insert Activity) \_\_\_\_\_  
\_\_\_\_\_. I am familiar with the mode of transportation, the leadership in charge, and other circumstances of the activity. I certify that the participant is in good health and may participate in this activity. I understand that all reasonable measures will be taken to safeguard the health and safety of participants. I will be notified as soon as possible in case of emergency. I will not hold Christ The King Lutheran Church responsible in the event of injury. In case of emergency, I give my permission to the physician or facility selected by the adult leader to provide whatever medical or surgical emergency treatment is necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
parent or legal guardian of participant

Example 4 (from Youth Committee)

**Christ the King Lutheran Church ("CTK")**  
**Medical Release and Liability Waiver for Participation in Chore Board Activities**  
Effective \_\_\_\_\_ to \_\_\_\_\_

Student Information	
First Name _____	Last Name _____
Address _____	
Home Phone _____	Cell Phone _____
Email _____	Date of Birth _____
Grade _____	Gender M F

Emergency Contact Information			
Name of Parents (or Legal Guardian)	Relationship	Work Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
If parents or legal guardian cannot be reached, contact:			
_____	_____	_____	_____

Medical Information (attach front and back copy of insurance card)	
Name of Physician _____	Phone No. _____
Hospital _____	
Dentist _____	
Allergic To _____	Date of Last Tetanus Shot _____
Medical History (Diabetes, Epilepsy, Asthma, Heart Murmur, Etc. _____)	
_____	
Current Medications and Dosage _____	
List Any Physical Limitations _____	

I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_ (the "child"). I hereby give my consent to have my child participate in the chore board volunteer activities at CTK (the "Activity"). I recognize that there are risks involved in participating in the Activity and hereby assume all risk of injury, harm, damage, or death to my child in connection with his/her participation in the Activity. I understand that my child is not required to participate in the Activity and can choose what chores, if any, to participate in. I understand that the Activity will not take place at CTK and that there will be no youth director or other representative of CTK present while my child participates in the Activity. I also understand that I will need to provide transportation to and from the Activity for my child.

To the fullest extent permitted by law, I release CTK, its members, councilmembers, employees, agents, and representatives from any injury, harm, damage or death which may occur to my child while participating in the Activity and agree to hold harmless CTK and its members, councilmembers, employees, agents and representatives from any claims arising out of my child's participation in the Activity.

In the unlikely event that my child is injured while participating in the Activity, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my child. I understand that efforts will be made to contact me prior to treatment, but in the event I cannot be reached in an emergency, I give permission to the attending physician or dentist to treat my child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my child. I also understand that I will be responsible for complete payment for services rendered to my child.

Signed on \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

**Appendix G**

**Christ the King Lutheran Church Accident/Incident Report Form**

Date of filing (for office use only):

Person involved in accident/incident:

Age:

Address:

Parent(s)/Guardian(s):

Date and Time of Parent/Guardian contact:

Person(s) notified:

Date of accident/incident:

Time of accident/incident:

Location of accident/incident:

Adult in charge at time of accident/incident:

Description of accident/incident:

Other people involved in accident/incident:

Witnesses to accident/incident: (see additional witness report form)

Person reporting accident/incident:

Address/phone:

Person who committed the alleged misconduct:

Address/phone:

Relationship to victim:

What law enforcement or social service authorities were notified (if any)? Include date notified.

What other organizations/individuals were notified (if any)? Include date notified.

Did any medical professional examine the child/youth because of the incident?

*Include who, where, and a contact number.*

Was follow up treatment required?

Name of insurance company (if applicable):

Agent contacted:

Action taken:

Report prepared by: \_\_\_\_\_

Date signed: \_\_\_\_\_

Version: 4/22/2014



**Appendix H**  
**Christ the King Lutheran Church Accident/Incident Witness Report Form**

Names of persons involved:

Date of incident:

Where did it happen?

Did anyone get hurt?

If yes, who?

If yes, who hurt them?

Please describe what happened and/or what you saw or heard.

Who did you tell about what you saw or heard?

Did you take any pictures or send any texts of or about the incident?

If yes, to whom?

Names of other people you saw at the accident or incident:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Version: 4/22/2014

**Appendix I**  
**Christ The King Lutheran Church**  
**Response and Initial Reporting Procedures for Accidents or Alleged Abuse**

---

The reporting/responding adult will not necessarily be the adult event leader. He/she may be an eye witness or the first adult informed of the accident or abuse by the victim, other children, or the victim's parents. The reporting/responding adult should:

1. Secure the safety of the victim. Call 911 if necessary.
2. Secure the safety of others.
3. Do not leave the area unsupervised. Employ the help of another adult or responsible child to go get help and/or inform the staff or volunteer leader or pastor of the incident.
4. In case of alleged abuse, the accused should be immediately removed from the situation and relieved of duties if he/she is a paid staff member or volunteer. Assure the accused this is to protect him/her as well as the victim.
5. Ensure stability of the environment and preserve whatever evidence is available.

### **Initial Reporting**

1. Gather pertinent information from the victim, the accused, and witnesses. Ask witnesses (including children) to complete Accident/Incident Witness Report Forms if available. Record other information gathered on an Accident/Incident Reporting Form. Information includes photos. Information gathered immediately after an accident/ incident may be the most accurate and helpful in determining what actually happened. Treat all involved with respect. An allegation is not a presumption of guilt,
2. Although the church would not normally have a legal obligation to report an allegation of abuse to civil authorities, Christ the King Lutheran church recognizes a moral obligation to make a voluntary report. Therefore, when an allegation of abuse is consistent with mandatory reporting requirements, such a report will be filed. This will normally be filed with the local police dept. and/or the Iowa Dept. of Human Services.
3. **AFTER** you have notified authorities, contact the parents or legal guardian of the victim, and the accused, if a minor.
4. **IF** the situation is reportable to the authorities, it should be reported to the Pastor and/or the Executive Committee.
5. The Pastor and/or the Executive Committee should inform the Church's insurance carrier and the Bishop of the SE Iowa Synod of the incident. of the incident.

### **Further Response**

Primary responsibility for further response rests with the Pastor and/or Executive Committee of the Council. They will work together to ensure all aspects of the incident are covered completely, accurately, fairly, and with compassion for all concerned.

1. Legal advice and counsel should be sought.
2. Pastoral care should be extended to the victim and family.
3. Pastoral care should be extended to the accused and family.
4. Prejudging should be avoided. The accused should be afforded full due process and treated with dignity.
5. They should cooperate fully with any law enforcement or DHS investigations.
6. One person should be appointed to respond to the media -- this person will usually be the pastor. He/she should be prepared for media questions with a statement -- see

example at the end of this appendix.

7. They should keep Bishop and insurance agent informed as to progress of investigation.
8. They should keep congregation reassured and informed as much as possible without disclosing confidential information.
9. Continue investigation to conclusion with a recommendation to the Council for action.
10. File the final report of authorities in the locked secure file for future reference if necessary.
11. Upon advice from the lawyer, inform the appropriate people of the final results of the investigation -- this could be victim, accused, parents, insurance agent, Bishop, congregation, media, or others.

### **Sample Initial Media Statement**

The following is a sample of an initial statement to be made by the church's representative immediately following an incident or allegation of abuse to a child, youth, or dependent adult.

We are aware of the alleged incident of abuse involving a child (youth or dependent adult) of Christ The King Lutheran Church. The appropriate authorities have been contacted and are investigating the allegation. The church has a Child, Youth, and Dependent Adult Protection Policy in place to screen all people working with children, youth, or dependent adults in our programs. This policy was implemented in early 2014. Pastoral care is being extended to those in need. For the protection of all involved, I cannot disclose further information at this time. Thank you.

Version: 4/22/2014

**Appendix J**  
**Christ The King Lutheran Church**  
**Procedures for Adult Drivers Who Provide Transportation for Children, Youth, or**  
**Dependent Adults**

The driver must:

1. Have automobile liability insurance to cover themselves;
2. Have a valid driver's license;
3. Have proof of the above;
4. Have a satisfactory driving record as verified by review of DMV records;
5. Require all vehicle occupants to wear seat belts at all times;
6. Transport no more occupants than specified by auto manufacturer;
7. Not text or use a cell phone while driving;
8. Have a written permission form signed by the parent or legal guardian for the child, youth, or dependent adult to ride to off-site events originating at the church;
9. Provide a ride home if nobody comes to pick up a child, youth, or dependent adult (see signature page of yearly permission form. The driver will contact the parent/legal guardian and communicate the departure time from church and the arrival time at home.); and
10. Remain on site until all children are picked up and/or taken home.

**Appendix K**  
**Christ the King Lutheran Church**  
**Medical Procedures (First Aid Kit, Food Allergies, AED)**

The leadership of Christ The King Lutheran Church, Iowa City, Iowa, believes that the lives and safety of its members and guests are of utmost importance. Christ The King Lutheran Church will do whatever possible to maintain and preserve the safety of members and guests.

**Food Allergies:** allergy or sensitivity to food(s) which may result in illness or even death.

Action Steps:

1. It is expected that allergies will be identified by parents and/or children participating in events at Christ The King.
2. When allergies are identified the adult leaders in charge of an activity will be made aware of them.
3. When potentially life threatening allergies are identified (such as those which can cause illness even without orally ingesting the allergen) additional measures will be taken to protect the individual such as posting signs in various areas, removing allergen(s) from area, not allowing allergen(s) to be brought in, and notifying other adults and/or parents of other youth involved in the activitie(s).
4. When potentially life threatening allergies are identified, adult leaders will be educated by participant, parent, or care giver about symptoms to watch for and emergency treatment (such as Epi Pens).
5. If allergic reaction occurs 911 will be utilized when necessary.

**First Aid Kit:** Two stocked first aid kits will be maintained at Christ The King and kept in the upstairs kitchen and in the church office.

Action Steps:

1. The first aid kits will be re-stocked every 6 months OR sooner if the last of an item is taken.
2. First Aid Kit maintenance will be under the responsibility of the Property Committee.
3. A list of items will be kept with the kit for use when re-stocking.
4. If the last of an item is used, it should be reported to the office manager, who will contact the Property chair.

**Automatic External Defibrillator:** an AED will be present at Christ The King Lutheran Church. It is easily visible in the narthex.

Action Steps:

1. The AED will be in an unlocked cabinet.
2. AED maintenance will be the responsibility of the \*\*\* committee.
3. AED orientation will be required each fall for the Pastor, administrative assistant, youth director, and Sunday School staff.
4. Additional orientation sessions may be offered throughout the year to other interested individuals.

## Medication Administration Procedures

“**Medication**” is defined as any prescription OR over the counter drug.

### Action Steps:

1. All medications and reasons for taking them should be identified on the Permission for Activity Form.
2. All medications should be sent to the activity with the child in a sealed ziplock bag with child's name on it and given to the adult leader.
3. Prescription medications must be in original container with pharmacy label which identifies medication name, dose strength, and administration instructions. This also included inhalers and injectable drugs.
4. Non-prescription medications must be in original container which identifies medication name, dose strength, and administration instructions.
5. For inhalers and/or injectable medications the child should be familiar with administration.
6. If injectable medications are needed a sharps container will be used for disposal of syringes.
7. For medications (for example: insulin or Epi-pens) that may require a level of clinical judgment and/or training regarding when or how much medication to administer, arrangements may need to be made to assure that an appropriately trained adult accompany a child during an activity to assure their safety.
8. Leadership staff at any event will be expected to contact the parent or guardian in the event of any questions or concerns with medication or administration.
9. At the conclusion of the event, medications will be returned to the child's parent or guardian or their designee.

## **Appendix L**

### **Christ the King Lutheran Church Fire Safety Procedures**

The leadership of Christ The King Lutheran Church, Iowa City, Iowa, believes that the lives and safety of its members and guests are more important than its building, fixtures, or personal property, or the personal property of its members or guests.

1. If you see fire or smell smoke dial 9-1-1 from cell phone or nearest church phone (if in a safe area). Church phones are located in the upstairs kitchen, upstairs offices, downstairs kitchen, and pre-school area.
2. Leave the building in an orderly manner using nearest safe exit. Church exit locations are: front door, west door lower level in preschool area, sacristy door (front of sanctuary in area behind altar)
3. Do not try to use elevator in the event of a fire.
4. Adults will assist in the evacuation. Do not return to building until fire department authorizes re-entry.
5. Once outside, designated meeting place is picnic shelter in King Park. Follow direction of lay leader or Pastor in charge. Children, Youth, and Dependent Adults may contact parents by cell phone to assure parents and guardians of their safety but should NOT encourage them to come to church as fire department vehicles require priority and streets may be closed in event of actual fire.

## Appendix M

### Christ the King Lutheran Church Severe Weather Procedures

The leadership of Christ The King Lutheran Church, Iowa City, Iowa, believes that the lives and safety of its members and guests are more important than its building, fixtures, or personal property, or the personal property of its members or guests.

**Definitions:** Tornado Watch means that conditions are favorable for the development of severe storms or tornadoes. Severe Thunderstorm Warning means that a severe storm capable of producing 1 inch diameter hail and winds over 58 mph is approaching the area. Tornado Warning means that a tornado has been sighted or indicated by radar in the area.

In Johnson County outdoor warning sirens will sound in event of either a tornado or severe thunderstorm warning. The intent is to warn people to cease outdoor activities and go inside to obtain more detailed weather information.

**Situation:** When a **Tornado Warning** is issued and public warning systems are activated *all church activities will cease and everyone should proceed to the shelter in the basement following the action steps outlined below.* The public warning signal is a steady siren blast which may also be accompanied by a verbal announcement. In addition, tornado warnings may be received via University of Iowa Hawk Alert system or other announcements to personal cell phones.

**Situation:** When a **Severe Thunderstorm Warning** is issued and public warning systems are activated *all church activities may proceed with caution at the discretion of the leaders.* The public warning signal is a steady siren blast which may also be accompanied by a verbal announcement. In addition, severe thunderstorm warnings may be received via University of Iowa Hawk Alert system or other announcements to personal cell phones. *If taking shelter in the basement is the decision of the leader(s) of the activity follow the steps outlined below.*

**Action Steps:** The leader of the activity will inform the group that everyone must immediately go to designated safe areas within the church. Paid Staff and Adult Volunteers will be placed in leadership positions depending on the circumstances. Each is empowered to lead and, in cooperation with other Paid Staff and Volunteers, to do the following:

1. Announce to group(s) that a severe weather warning has been issued. Stay calm and reassuring.
2. Strongly advise adults NOT to leave to try to get home before storm arrives. Do NOT allow children, youth, or dependent adults to leave the building. Strongly advise people NOT to go outside to see what is happening.
3. All available Adult Volunteers should give assistance and direction.
4. Pay attention to who and how many are in the group to be sure all are accounted for.
5. Do not use elevator in event of power failure.
6. If time, handicapped individuals should be assisted down the steps; otherwise, they should be directed to restrooms at back of narthex.
7. Direct everyone to descend stairs to basement and sub-basement. Assist handicapped individuals down stairs. Safest area is the sub-basement. If sheltering in



preschool level use restrooms and area at bottom of steps where there are no windows.

8. **KEY** to sub-basement is same as the general church key. **FLASHLIGHTS** are located at the top of the sub-basement stairs.
9. Sit in “tuck” position or get on knees and protect head with your hands and arms.
10. Explain that if power failure occurs the church fire alarm system will activate. Do not try to silence it unless you have been trained to do so.
11. Activities should not be resumed until the “all clear” has sounded, the church is secure, and powers service is on.

:

## References

[http://www.johnson-county.com/dept\\_emergency.aspx?id=737](http://www.johnson-county.com/dept_emergency.aspx?id=737)

<http://www.brotherhoodmutual.com/> (church's insurance carrier website, click "safety library")

<http://www.iowasexoffender.com/>

<https://iowacriminalhistory.iowa.gov/default.aspx?>

<http://www.iowadot.gov/mvd/index.htm>

[http://www.dhs.state.ia.us/Consumers/Safety\\_and\\_Protection/Abuse\\_Reporting/ChildAbuse.html#search='child\\_abuse'](http://www.dhs.state.ia.us/Consumers/Safety_and_Protection/Abuse_Reporting/ChildAbuse.html#search='child_abuse') (Mandatory Reporter rules)

<http://search.legis.state.ia.us/nxt/gateway.dll/ic?f=templates&fn=default.htm> (Iowa Code with links to various sections)

<http://www.redcross.org/services/hss/lifeline/fakit.html> (contents of first aid kit)

### **RESOURCES for SEX OFFENDER REGISTRY**

National: [www.nsopw.gov/core/portal.aspx](http://www.nsopw.gov/core/portal.aspx)

Iowa: [www.iowasexoffender.com](http://www.iowasexoffender.com)

Search by: name, zip code

Advanced search by: city, county, range in miles

#### Definitions:

Tiers: indicate how often offender must report in to update information

Registry Restrictions: 2000 ft rule (housing)

Employment Restrictions: can't work where minors are

Exclusion Zones: can't be within 300 ft. of where children are

Offenders who were <20 yrs old at time of offense are not listed.