

---

# Child Safety Policy

Gwynedd Monthly Meeting of the Religious Society of Friends

---

## **Fundamental Goals Statement**

Youth Program Workers of Gwynedd Monthly Meeting (GMM) have been given a trust: to help the children and youth in our community to grow in the Spirit, and to grow safely. While attention is often focused on the content of our programs, we are also conscious that our way of being with children and youth is as important as the content of the program provided – children and youth follow our lead, and we teach mostly by example. For our programs to be successful and safe, Youth Program Workers, youth, and parents need a common language and understanding of what makes for a safe and trusting environment. In order to ensure the physical, emotional, and spiritual safety of participating children and Youth Program Workers, we should agree on some guiding principles in our work with children and youth. This general understanding also requires us to be specific and clear in our language and expectations. There are many different kinds of abuse, sexual, physical, and emotional. For the purposes of this document, we will define abuse as any conduct physically or emotionally harmful to a child taken by an adult or another child who is older and more powerful.

It is much easier to prevent the occurrence of abuse than to detect its event or the presence of potential perpetrators. Our efforts here focus on primarily on prevention. In recent years, we have been made aware of the potential for hurt and abuse of children and youth in different faith communities. The effects of the abuse of a child in any community are catastrophic and expansive. Everyone is hurt – the abused person may carry scars and memories for their entire life; the victim's family and friends can be traumatized; the community in which the abuse occurs may be deeply wounded and divided, and the perpetrator lives in a world of isolation, secrecy, and darkness. There is also the risk that he or she may continue the abusive behavior.

In instances where allegations prove false, there is still damage done to all involved. Reputations may be unjustly destroyed beyond repair, and the seeds of distrust live on in the community for years afterwards. If we are honest with ourselves as Friends, we acknowledge that the same potential for hurt exists in our community as in others, and that mindfully attending to issues of safety is the best way to ensure a safe and trusting environment.

In this document, there is a distinction between *Policy* and *Practices*. The policy is recommended for adoption by the Meeting. Once the policy is adopted, there is a commitment that it be followed. Practices are ways of pursuing the policy, which may vary depending upon each program's situation. The Policies and Practices in this document will require all of us to change how we care for the safety of our children and youth.

# Child Safety Policies & Practices

TABLE OF CONTENTS
-------------------

Fundamental Goals Statement	1
Table of Contents	2
Qualifications & Screening	3
Screening Flow Chart	5
Training	6
Risk Reduction	7
Immediate Incident Response	11
Suspected Child Abuse Response	12
Recordkeeping	14
Appendices Section	15
A. Code of Conduct for Youth Program Workers	16
B. Medical Emergency Contact Form	20
C. Trip Permission Form	21
D. Young Adult Driver Form	22
E. Peace Camp Counselor Application	23
F. Counselor-In-Training Application	26
G. Volunteer Reference Check Form	28
H. Volunteer Driver Application Form	30
I. Pennsylvania Criminal History Record	31
J. Pennsylvania Child Abuse History Clearance	31
K. Federal Criminal History Report	32
L. Risk Assessment Questionnaire	35
M. Response Checklist	39
N. Incident Report Form	41

# Qualifications & Screening

## Policy:

All volunteer and paid Gwynedd Monthly Meeting Youth Program Workers (those who work directly with children and youth)\* must be mature and responsible. Youth Program Workers must be at least 3 years older than the children or youth being served and at least 14 years of age. Workers less than 21 years old may only serve in an assistant capacity under the direct supervision of an adult Youth Program Worker at least 21 years old.

All Youth Program Workers will undergo a careful screening process, which may include written applications, references, and government criminal and abuse histories.

\* *Youth = all persons under the age of 21, Child = all persons under the age of 12*

## Practices:

### 1. **Volunteer Youth Program Workers:**

*Unpaid Workers include First Day School Parents, First Day School Teachers, Preschool Parents, Peace Camp Counselors in Training, Gwynedd Monthly Meeting Committee Member Volunteers, and Excursion Drivers*

#### A. Public Area Participation Requirements -- The volunteer must:

Be known to the Gwynedd Meeting community through a minimum of six months as a Youth Program Worker or other active participation,

or,

Volunteers not yet known to the Meeting shall for six months be under direct supervision of a Youth Program Worker, age 21 or older, at all times

or,

Provide two references\* -- for specific requirements, see:

- *Volunteer Reference Check Form* (Appendix G)

#### B. Non-Public Area, Overnight Participation Requirements: The volunteer must:

Provide two references\* -- for specific requirements, see:

- *Volunteer Reference Check Form* (Appendix G)

\* *It is strongly preferred that persons providing references not be personal friends or family members.*

\* *Volunteer Youth Program Workers supervising co-ed overnight activities are to include both male and female adults whenever possible.*

# Qualifications & Screening (Continued)

**Practices:** (continued)

## **2. Paid Youth Program Workers:**

*Paid Workers include Youth Program Coordinator, Child Care Giver, Preschool Teachers, Peace Camp Director, Peace Camp Teachers, and Peace Camp Counselors.*

A documented interview will be at the discretion of the responsible program.

Requirements:

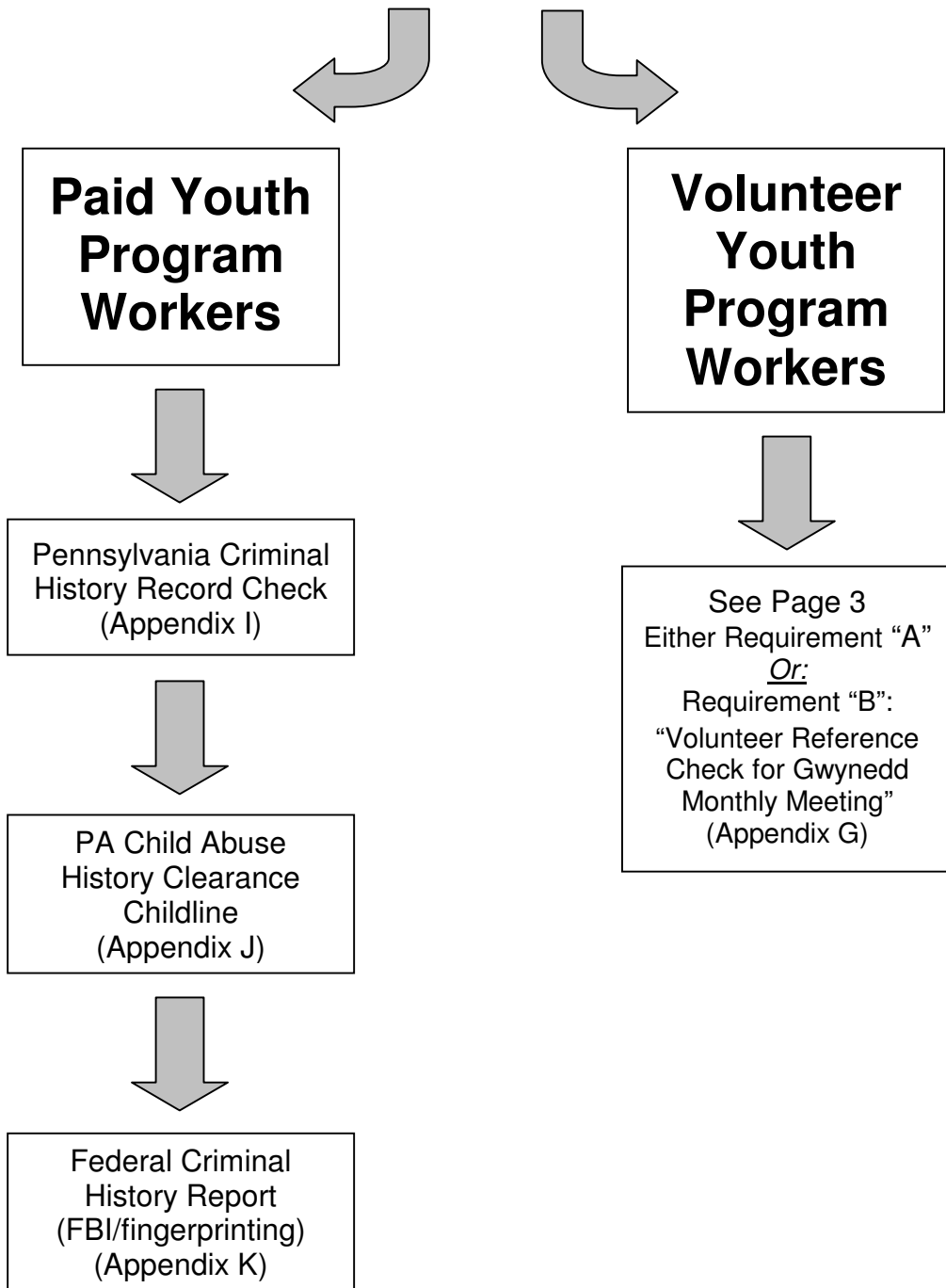
- The state requires extensive background checks for all employees who work directly with children. Clearances are only valid for 12 months, unless continuously employed. Volunteers are not required to have background checks. For specific requirements, see:
  - *State Child Abuse History Request* (Appendix I)
  - *State Criminal History Request* (Appendix J)
  - *Federal Criminal History Report* (Appendix K)
  
- Within 72 hours of an arrest or conviction for a reportable criminal offense, paid Youth Program Workers must complete and return an “Arrest or Conviction Report” form (PDE-6004) to the person responsible for their Program. Page 2 of the form required also lists these reportable offenses – form PDE-6004: [Arrest or Conviction Report](#).

## **3. All other Employees:**

*Employees who do not work with children include the Office Manager and the Bookkeeper/Accountant.*

Unless a potential employee is already known to the Meeting, the committee engaging that employee will conduct a documented interview at the time of employment.

# Gwynedd Meeting Clearances



# Training

## **Policy:**

Each year, Gwynedd Monthly Meeting shall train all first time Youth Program Workers in both this policy and in the related general child safety practices required to protect children from harm and physical, sexual, or emotional abuse. Developing and delivering this training shall be the responsibility of each individual program, including Child Care, Pre-school, Youth First Day School, and Peace Camp. Training shall be mandatory for all first time Youth Program Workers, and optional for those who took the training in a prior year. Each Youth Program shall maintain records of when each Youth Program Worker attended the training and provide a yearly cumulative report to the Child Safety Policy and Practices Committee (CSPPC). While we expect 100% of Youth Program Workers to receive this training, we recognize that this may not be realistic. In such cases, a Youth Worker may be asked to read and sign a copy of the training materials. At a minimum, each Youth Program shall take special care that those Youth Program Workers with continued child contact attend these sessions, and that there is at least one such Youth Program Worker in each group at all times.

## **Practices:**

Each Youth Program's training and written materials shall present information and/or exercises on practices for general child safety, and protecting children from harm and physical, sexual or emotional abuse, so that Youth Program Workers:

- Understand these GMM Policies and Practices;
- Know how to recognize and report unsafe practices;
- Know how to recognize and report any form of harm or abuse;
- Know what to do in the event of a serious incident. For specific details, see:  
– *Immediate Incident Response*, page 11;
- Understand state laws defining child abuse and reporting requirements; and
- Know how & where to get optional First Aid and CPR training.

Each Youth Program shall determine the training appropriate for the roles and responsibilities of that program's Youth Program Workers, such as which specific content from this document to include and the overall extent of training required. Each Youth Program shall maintain records of when each Youth Program Worker has attended their training and provide a yearly cumulative report to the Child Safety Policy and Practices Committee (CSPPC).

# Risk Reduction

## Policy

We recognize that activities in Gwynedd Monthly Meeting's numerous and varied programs carry different levels of risk for youth participants. In most instances, a clear specific policy is called for, but often our monitoring must be guided by a flexible consideration of the situation at hand. We recognize that whenever there is great isolation, little accountability, an imbalance in power and control, or a lack of supervision, there will be an increased risk of abuse or injury. Youth Program Workers must keep in mind the following risk factors and increase monitoring of safeguards according to the Meeting's risk reduction practices.

We recognize the following risk factors:

### **1. Levels of Isolation**

Risk increases as isolation increases. In general, Youth Program Workers should guard against activities that present situations of greater isolation.

### **2. Accountability**

Accountability relates to the individuals involved and how the program is managed.

Accountability provides boundaries for safety for both the adults and children, and provides the groundwork for trust.

### **3. Power & Control**

Children are vulnerable to abuse because there is an imbalance of power related to age, size, strength, and control and authority. Because there cannot be a balance of power between a child and an adult, that balance must come from the presence of other adults and policies designed to maintain a low risk environment.

### **4. Life Safety**

The Meeting must establish and communicate specific safety procedures to all parents, children, and youth on a periodic basis and/or as necessary. The person responsible for that program must understand protocol with regard to these procedures.

# **Risk Reduction** (Continued)

## **Practices:**

### **1. Levels of Isolation**

- Whenever reasonably possible, apply the 'rule of three': two adults accompany a single child, or a minimum of two children accompanied by a single adult
- Make clear to children and adults the rooms that are "off limits"
- Send children to the bathroom in pairs whenever possible
- Communicate how space and playground equipment are to be used safely to children and adults
- Telephone should be easily accessible and its location made known to adults and youth whenever Meetinghouse is used.
- Whenever possible, maintain ratios of adult staff (21 or older) to youth of 1:8 for elementary and junior high programs, and 1:10 for high school programs
- Hold activities and First Day School Classes in rooms with windowed doors or doors open whenever possible
- Have both male and female adults (21 or older) who meet the Qualification & Screening requirements of Volunteer Youth Program Workers supervise co-ed overnight activities whenever possible

### **2. Accountability**

- Background screening of each person working with children and youth shall be required. This will alert all that the community is monitoring child-related activities for safety and discourage those looking for easy access to our children and youth. The levels of background screening requirements are specified in Qualification & Screening Statement
- Youth Program Workers shall sign a clear job description and code of conduct
- Youth Program Workers shall demonstrate leadership and responsibility with children and youth, in their use and maintenance of personnel files, in their use of evaluation forms, and in their reviews by supervisors
- Youth program Coordinator shall provide regular reports to the Religious Education Committee, and an annual report concurrent with that of the Religious Education Committee at the Monthly Meeting for Business in June
- Each year, the person responsible for each program shall distribute materials describing their program to all parents and Youth Program Workers and inviting them to attend Program meetings that arise during the year for open dialog and feedback



# **Risk Reduction** (Continued)

## **2. Accountability** (Continued)

- Parents' questions and suggestions are welcome on any aspect of any program
- Parents and Youth Program Workers are encouraged to read this document and other Youth Program Materials to better understand our practices and their responsibilities
- Parents and youth are encouraged ask questions and to become well-informed on program content, guiding principles, behavior expectations, and potential problems
- Youth Program Workers are expected to prepare specific plans for each day and/or event whenever feasible
- Youth Program Workers are to provide those in their care with explicit statements of the physical boundaries, behavioral expectations, and time limits that apply in each situation
- Off-site trips as well as overnight programs will require written permission including emergency contact information. For specific details, see:
  - *Trip Permission Form* (Appendix C)
- Drivers must provide driver's license and proof of insurance. For specific details, see:
  - *Volunteer Drive Application Form* (Appendix H)
- Drivers for all off-site trips originating at the Meeting must be at least 21 years old

## **3. Power & Control**

- Every effort will be made to have more than one unrelated adult (21 or older) at all programs. If this is not possible, every effort will be made to have no less than three people at any program
- The person responsible for each program, and their respective committees, are encouraged to carefully consider where authority lies in our Youth Programs, and the restraint and compassion with which we apply that power and authority
- Opportunities for regular review and open questioning concerning each program will help us monitor whether those in positions of authority are using it safely
- The community is encouraged to report to the person responsible for the program involved, any incident of perceived risk of physical or emotional harm to a child or youth
- An effort should be made to recruit, screen, and train as large a body of Youth Program Volunteers as possible, and to involve other members in roles that are not care giving, but still very useful. Wide interest and involvement of the community provides a web of accountability and support
- Develop opportunities for interaction so the children will understand that the community values open communication, and that what they have to say is important and valued

## **Risk Reduction** (Continued)

### **4. Life Safety**

- Keep well-stocked, easily-accessed First Aid Kits in locations convenient to where Youth Programs are held
- The person in charge of each program shall maintain up to date General Medical Information and Parent Contact Information for their group
- Parents are required to inform the person responsible for that program of any unique health circumstances that may affect the safety of an individual child or youth
- Assess all off campus programs using the attached Risk Assessment Questionnaire (Appendix L) before engaging in the program to determine the appropriateness of the program for the group and whether the program should be pursued
- We hope that parents will be staying at Meeting while their children participate in First Day School. Parents who are not planning to stay must inform the person responsible for that program when they will return and where they can be reached in case of an emergency

# Immediate Incident Response

## **Policy:**

All Youth Program Workers must know what to do in the event of a serious incident. The nature and extent of the incident shall be ascertained and steps shall be taken to insure that group members are safe and looked after.

## **Practices:**

All Youth Program Workers must know what to do in the event of a serious incident. The nature and extent of the incident should be ascertained as quickly as possible. If the incident is of an emergency nature, Youth Program Workers must:

1. Ensure that all group members are safe, looked after and adequately supervised. They must note any casualties, get them immediate medical help, establish their names, contacts, and any medical issues, and if a hospital trip is called for, see that a responsible person accompanies any casualty.
2. Ensure that parents, if on site, and group members who need to know are aware of the incident and that group members are following emergency procedures.
3. Notify all those concerned and document all pertinent facts:
  - Inform the parent or Emergency Contact person for each affected youth by phone if no parent is on site. Parent and Emergency Contact person phone numbers should be accessible at all times during any program
  - Notify the police if necessary
  - Inform the person in charge of the program
  - The person responsible for the program shall begin completing an Incident Report Form (Appendix N) as soon as reasonably possible
  - Inform the clerk of GMM
  - Notify insurers, especially if medical assistance is required
  - As soon as possible, make an accurate written record of all relevant facts and witness details and preserve any evidence noticed
  - Continue to keep a written account of all events, times, and contacts after the incident
4. All media enquiries should be referred to a designated contact.
5. No one in the group should discuss legal liability with other parties.

# **Suspected Child Abuse Response**

## **Policy:**

Any Youth Program Worker who suspects that abuse or neglect of a child has occurred is responsible for reporting their suspicions immediately to the person responsible for that Program. The persons responsible for each Youth Program shall have a written response plan. Once the child involved is protected from further harm, they shall immediately inform the proper state authorities and law enforcement officials as required by law, and thereafter shall inform all other parties concerned in the prescribed manner. Other Gwynedd employees who do not work with children are required to follow the same reporting requirements, starting with their supervisors as designated agent.

## **Planning Practices:**

1. The Clerk of Care and Counsel Committee shall convene a Response Committee comprised of his or her self, the Assistant Clerk of the Meeting, and the Clerk of the Worship and Ministry Committee.
2. The Response Committee shall prepare a written plan for response to allegations of abuse, including spaces for the names and signatures of the persons responsible for acting on the plan for each Youth Program, provide these persons with copy of the plan, and retain on file signed copies of those plans. The plans should include:
  - The need to eliminate the possibility of further harm
  - Plans for mandated reporting, contacting the parties concerned, the Meeting, and the insurance carrier.
  - The responsibility to document both suspected abuse and the Meeting's response
  - A checklist for decision-making to help those responsible avoid responding with either hasty action or inaction and denial
  - A designated media contact
  - Plans for longer-term follow-up such as debriefing, feedback, and lessons-learned

## **Reporting Practices:**

1. Youth Program Workers who suspect that abuse or neglect of a child has occurred, no matter where, are responsible for reporting their suspicions to the person responsible for that Program.
2. **If** the accused person is the one responsible for that Program, the Youth Program Worker shall immediately report the suspected abuse to a person responsible for a different program, or to the Clerk of the Religious Education Committee.

# **Suspected Child Abuse Response** (Continued)

## **Reporting Practices:** (Continued)

3. When a suspected abuse is reported to the person responsible for that Program they, as the mandated reporter, shall immediately call ChildLine at (800) 932-0313 with an oral report of the suspected abuse. A second oral report shall be made to the Montgomery County Office of Children and Youth at (610) 278-5800. The mandated reporter shall not make any decision on whether to report, and proof is not required.
  
4. Within 48 hours of the call, the mandated reporter must complete a *Report of Suspected Child Abuse*, either by filling out the interactive CY-47 form online at: <http://childap.penhm.ga.iplhosting.net/>, which produces a completed paper report, or by printing a paper CY-47 form and completing it manually. The form is available at: <http://www.pa-fsa.org/Assets/files/CY-47.pdf>. The completed report should be mailed to:  
Intake Administrator  
Montgomery County Office of Children & Youth  
PO Box 311  
Norristown, PA 19404-0311

The CY-47 report should reflect the calls to ChildLine and Montco Child Protective Services, and include the name of the Montco Intake Worker who took the call.

5. If a hospital trip is involved, alert the Hospital Social Work Department or the social worker on call concerning the case.

## **Meeting Practices:**

1. No one but state authorities or their designees should make inquiries about the event with the child or youth involved or with witnesses.
  
2. All media inquiries should be referred to the designated contact.
  
3. No one from Gwynedd Meeting or any of the parties involved should discuss legal liability with other parties.
  
4. When allegations are made, the Meeting community has the right to know that the problem occurred, but it is important to maintain the privacy of the parties involved.
  
5. Turning to worship for guidance and support will benefit everyone involved. The Worship and Ministry Committee can advise on offering such opportunities.

# Recordkeeping

## Policy:

In order to protect the privacy of all Youth Program Workers and to reduce the risk of unauthorized access to, or disclosure of, confidential information, all references, criminal background checks, applications, job descriptions, annual reviews and documentation of allegations of abuse will be kept in a locked cabinet drawer. All health-related information will be kept in a separate locked cabinet drawer. Access will be limited to authorized persons.

## Practices:

1. Locked cabinet drawers will be provided for all Youth Program Worker documentation. These drawers shall be in the Meeting office.
2. Only authorized persons (the Clerk of the Meeting and Clerk of Care and Counsel) shall have access to these locked drawers. Unauthorized access to the confidential information in these drawers may be grounds for dismissal of any Youth Program Worker or other employee.
3. All confidential information for Youth Program Workers who are no longer employed or volunteering at the Meeting shall be sealed in an envelope and kept in a locked drawer for a period of three years. After that time it shall be stored to a secure off-site archive.
4. Confidential information for individuals who applied but were NOT hired by the Meeting shall be kept in these locked drawers for a period of three years, in case the Meeting wishes to consider them in the future. After that time an authorized person shall shred confidential information for such individuals.
5. Emergency Medical Cards for the Workers in each Youth Program are to be readily accessible in the same location as the records currently kept by each program for its children and youth

---

# Child Safety Policy

Gwynedd Monthly Meeting of the Religious Society of Friends

---

## Appendices Section

TABLE OF CONTENTS
-------------------

<b>A. Code of Conduct for Youth Program Workers . . . . .</b>	<b>16</b>
<b>B. Medical Emergency Contact Form . . . . .</b>	<b>20</b>
<b>C. Trip Permission Form . . . . .</b>	<b>21</b>
<b>D. Young Adult Driver Form . . . . .</b>	<b>22</b>
<b>E. Peace Camp Counselor Application . . . . .</b>	<b>23</b>
<b>F. Counselor-In-Training Application . . . . .</b>	<b>26</b>
<b>G. Volunteer Reference Check Form . . . . .</b>	<b>28</b>
<b>H. Volunteer Driver Application Form . . . . .</b>	<b>30</b>
<b>I. Pennsylvania Criminal History Record . . . . .</b>	<b>31</b>
<b>J. Pennsylvania Child Abuse History Clearance . . . . .</b>	<b>31</b>
<b>K. Federal Criminal History Report . . . . .</b>	<b>32</b>
<b>L. Risk Assessment Questionnaire . . . . .</b>	<b>35</b>
<b>M. Response Checklist . . . . .</b>	<b>38</b>
<b>N. Incident Report Form . . . . .</b>	<b>40</b>

# **A. Code of Conduct for Youth Program Workers**

*Affirmation: Youth Programs build a community of joy, love, and affirmation for our children and our selves.*

It is crucial that all Youth Program Workers understand and adhere to the following Code of Conduct:

## **Conduct Principles:**

1. Build a Friendly Quaker Community:
  - Create a safe place to grow and learn
  - Have fun
  - Seek to know and appreciate each one
  
2. When planning an event consider these three rules:
  - Is it kind?
  - Is it safe?
  - Does it build community?
  
3. Know the geographic boundaries:
  - Know and explain to youth the playground safety rules and both the outside and inside boundaries
  - Stay within the limits
  
4. Know where and how to get help at all times:
  - Know the communication chain and circles of influence
  - Know the location of the phone
  - Have quick access to emergency contact info
  - Know where the First Aid Kit is located, and that it is stocked
  - Know each youth's specific health needs and concerns
  - Be aware of any youth's physical limitations



# **A. Code of Conduct for Youth Program Workers**

(Continued)

## **Discipline Considerations:**

5. Set clear limits with children:
  - “We expect this...”
  - “This will not be tolerated...”
  - Be clear, fair, and consistent
  - Establish a specific consequence for action
  - Enforce limits if unacceptable behavior is shown
  
6. Understand your position as a responsible role model:
  - Demonstrate respect for each other as well as the other youth
  - Speak with people face to face
  - Don’t yell across the room to enforce limits
  - No put-downs or name calling
  - Preserve each person’s privacy
  
7. Take Care of self:
  - Preserve private space
  - Get help from fellow Youth Program Workers when you feel stressed, angry or concerned
  
8. Ask for Help!
  - Campers to Counselors to Youth Program Coordinator; Teachers to Directors; FDS Teachers to Youth Program Coordinator; Volunteers to Event Leader
  - Always keep the Youth Program Coordinator/Leader/Director aware of issues and problems
  - Challenge yourself to participate and contribute to meetings and give feedback

# **A. Code of Conduct for Youth Program Workers**

(Continued)

## **Youth Care:**

9. Youth must be supervised at all times;

- Youth Program Worker is primary caretaker, Volunteers may step in to assist
- Overnight and day youth programs and events must be supervised with appropriate supervision as described in Child Safety Policy
- All Youth programs and events should strive to adhere to ratios in Child Safety Policy
- All trips require signed permission forms. For specific details, see:
  - Trip *Permission Form* (Appendix C)
- Drivers must be at least 21 years old

10. Listen carefully:

- Respect thoughts, feelings, and expressions of youths
- Ask how you can help if a child or teen seems troubled
- Do not assume that you know how someone thinks or feels

11. Ensure that there are no favorites or outcasts

## **Child Abuse Prevention:**

12. The three-person rule:

- Never allow for a circumstance where a Youth Program Worker is completely alone with one youth
- When speaking with only one youth, either have the conversation within eyesight of others or go to a separate room with another Youth Program Worker
- All youth have the right to set their physical boundaries and to say no to an unwelcome touch. Youth Program Workers have the right to ask youth to respect their boundaries
- Be aware of the power of your authority and size over a younger person
- The intent as perceived by the youth carries the most weight. The youth's feelings will compel our immediate response, and further investigation and discernment will follow in a timely fashion. The youth is given priority

# **A. Code of Conduct for Youth Program Workers**

(Continued)

## **Child Abuse Prevention:** (Continued)

### **12. The three-person rule:** (Continued)

- By law, Youth Program Workers are required to report any instance of suspected abuse. If we become aware that a youth has been or is physically, sexually, or emotionally abused or neglected, we must report it to the appropriate county authority
- Care and Counsel Committee will receive and handle any complaints as described in policies and procedures

I have read, understand, and to the best of my ability will adhere to, the above code of conduct.

Print Name \_\_\_\_\_, Signature: \_\_\_\_\_

Youth Program Worker Position \_\_\_\_\_, Date: \_\_\_\_\_

## B. Medical Emergency Contact Form

It is policy that when a child or teen is present during Gwynedd Monthly Meeting First Day School (FDS), one parent will also be present in the building and available in case of an emergency. It is also policy that any medical condition the child or teen may have is the parent's care and responsibility.

Should a particular condition inhibit a youth from participating in any classroom activity, that condition should be noted below along with any necessary medical equipment:

Allergies	Other Limiting Conditions
Food: _____, Asthma: _____	
Insect: _____, Agoraphobia, etc: _____	
Outside Environment: _____, Other: _____	

On the rare occasion that a parent will not be present during First Day School on a particular Sunday when the youth will be on site, the parent is responsible for notifying the teacher that he or she will be off site. When this occurs, it is the responsibility of the parent to confirm that the contact information below is up to date, and to recognize that Gwynedd Meeting, its Staff, and its Volunteers are released of any liability. These forms will remain in the appropriate FDS classroom throughout the FDS year.

Child Name: \_\_\_\_\_, Age \_\_\_\_\_, Birth Date \_\_\_\_\_, Grade \_\_\_\_\_

Emergency Name to Contact: \_\_\_\_\_

Contact person's relationship to youth: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

I have read the above policy and understand that my adherence to the above policy is crucial to my child or teen's safety while participating in the Gwynedd First Day School Program.

Print Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_, Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_, Email: \_\_\_\_\_

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

# C. Trip Permission Form

I or we the undersigned give permission for: \_\_\_\_\_  
*Youth Name*

To attend: \_\_\_\_\_, at: \_\_\_\_\_ on: \_\_\_\_\_  
*Event Location Date*

And to participate in all events, and give permission to travel via van and/or car both to event and back to Gwynedd Monthly Meeting.

I agree to release Gwynedd Monthly Meeting, Gwynedd First Day School teachers, Youth Program Coordinator, and all Gwynedd Volunteers from responsibility or liability for injuries that I or my youth may incur while traveling to or from and/or participating in this event.

In case of illness or emergency, I also authorize those in charge of event to contact directly the contact persons listed on this form. In the event the Parent or Emergency Contact cannot be contacted, the activity coordinator is authorized to take whatever action is deemed necessary for the health and safety of my youth or me. I also give permission that in case of an emergency; I or my youth may be given on-site acute care treatment such as with medication, wound dressing, etc., or transported to an emergency room or hospital facility.

Parent: \_\_\_\_\_  
*Signature Date Phone*

Youth: \_\_\_\_\_  
*Signature of youth needed if over 18 years old Date Phone*

Emergency Contact: \_\_\_\_\_  
*Name Phone*

Serious allergies or medical concerns to be aware of: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

## D. Young Adult Driver Form

If a young adult driver over 18 years old wishes to drive his/her own car to an event, this form must be completed and accompanied by a completed Trip Permission Form for that event.

I the undersigned parent, give: \_\_\_\_\_  
*Name of Young Adult Driver Over 18 Years Old*

My permission to drive his/her own car to and/or from the event listed below. It is both my and my youth's understanding that he or she may not carry passengers other than me in the vehicle or drive the vehicle while participating in the event itself.

We the undersigned parent and young adult driver agree to release Gwynedd Monthly Meeting, Gwynedd FDS teachers, Youth Program Coordinator, and all Gwynedd Volunteers from responsibility or liability for injuries that anyone involved may incur while traveling to an/or from the event listed below.

_____	_____	_____
<i>Event</i>	<i>Location</i>	<i>Date</i>

Parent: _____	_____
<i>Signature</i>	<i>Date</i>

Young Adult Driver: _____	_____
<i>Signature</i>	<i>Date</i>

# E. Peace Camp Counselor Application

## For Peace Camp at Gwynedd Friends

Name: \_\_\_\_\_, Over 17?: Yes:  No:

Address: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_, Email: \_\_\_\_\_

Emergency contact & their phone #: \_\_\_\_\_

College you will be attending in the fall: \_\_\_\_\_

Will you be available from 9:00 am to 3:00 pm, Monday thru Friday, for camp? Yes:  No:

Will you be available Week 1? Yes:  No: , Week 2? Yes:  No: , Week 3? Yes:  No:

Have you ever been convicted of a crime? Yes:  No:

Gwynedd Friends Peace Camp Counselors are expected to be actively present throughout the entire camp day (9:00 am to 3:00 pm), and that the majority of their time will be spent directly engaged with campers. These Counselors provide supervision to both individual campers and groups of campers for: participation in cooperative games, arts & crafts activities, and free choice activities. Counselors may be asked to spend time directly supervising an individual camper who is having difficulty adjusting, is having behavioral issues, or needs frequent redirection to stay on task without disrupting the larger group. Counselors showing exemplary skill and initiative may, at the Director's or a Teacher's discretion, be asked to run small group activities during the course of the camp day. There will also be opportunities to work additional hours for the extended care program on an overtime basis.

I have read this listing of the essential functions of the position and affirm that I am physically and mentally capable of performing these functions: \_\_\_\_\_

*Signature of Applicant*

Why do you want to be a Counselor at this year's Peace Camp? What would you most like to get out of this experience? \_\_\_\_\_

---

---

---

Do you have any special skills that you think could be shared with the campers? \_\_\_\_\_

---

---

---

## **E. Peace Camp Counselor Application** (Continued)

Why do you like working with children? Detail your experience working with children of this age:

---

---

---

What is something you have done with children that you feel most positive about? \_\_\_\_\_

---

---

---

Are you most comfortable with children in a one-on-one situation, in a small group or in a large group and why? \_\_\_\_\_

---

---

---

What challenges do you expect in doing this job? \_\_\_\_\_

---

---

Please list your interests and hobbies: \_\_\_\_\_

---

---

Have you ever taken any First Aid Safety courses? \_\_\_\_\_

If so, please tell us what courses you have taken and when you completed them. \_\_\_\_\_

---

---

---

Six words that describe you: \_\_\_\_\_

---



## E. Peace Camp Counselor Application (Continued)

Which camp activities are you most drawn to? (Arts & crafts, storytelling, games, sports, music, movement, discussions) and which of these activities would you be interested in leading?

---

---

Please tell us why you would make a great Peace Camp Counselor. \_\_\_\_\_

---

---

---

### References:

Name two adults (other than family) who would be willing to tell us more about you.

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_, Phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_, Phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

Signed: \_\_\_\_\_, Date: \_\_\_\_\_

*Please return to:*

PEACE CAMP AT GWYNEDD FRIENDS  
BOX 142  
SUMNEYTOWN PIKE & ROUTE 202  
GWYNEDD, PA 19436

# F. Counselor-In-Training (CIT) Application

## For Peace Camp at Gwynedd Friends

Name: \_\_\_\_\_, Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_, Email: \_\_\_\_\_

Emergency contact & their phone #: \_\_\_\_\_

School you will be attending in the fall: \_\_\_\_\_

Grade you will be entering: \_\_\_\_\_, Are you available 9am to 3pm for Camp? Yes:  No:

Will you be available for Week 1? Yes:  No: , Week 2? Yes:  No: , Week 3? Yes:  No:

Why do you want to be a Counselor-In-Training at this year's Peace Camp and how did you find out about Camp?

---

---

---

---

Do you have any special skills that you think could be shared with the campers?

---

---

---

Six words that describe you:

---

Please list your interests and hobbies:

---

---

Have you ever attended Camp? Yes:  No:  If 'Yes', describe your favorite Camp experience:

---

---

---

## F. Counselor-In-Training (CIT) Application (Continued)

Have you ever taken the Red Cross Babysitting Course or any First Aid Safety courses? \_\_\_\_\_

If 'Yes', please tell us what courses you have taken and when you completed them:

\_\_\_\_\_

Please tell us why you would make a great Counselor-In-Training:

\_\_\_\_\_

\_\_\_\_\_

References: Name 2 adults (other than family) who would be willing to tell us more about you.

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_, Phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_, Phone: \_\_\_\_\_

Relationship to reference: \_\_\_\_\_

### Parent or Guardian:

I have reviewed this form and approve of: \_\_\_\_\_'s application to be a Counselor-In-Training. Should my child be accepted, I will support his or her participation in this program and realize that transportation to and from Peace Camp at Gwynedd Monthly Meeting of Friends is our responsibility.

Signed: \_\_\_\_\_, Date: \_\_\_\_\_

*Please return to:*

PEACE CAMP AT GWYNEDD FRIENDS  
BOX 142  
SUMNEYTOWN PIKE & ROUTE 202  
GWYNEDD, PA 19436

# G. Volunteer Reference Check

It is much preferred that the person who provides this reference must not be a personal friend or family member of the person volunteering below as a Youth Program Worker.

Please return to: \_\_\_\_\_

*This document becomes part of the Applicants' personnel file. The Applicant has the right to review this document should they request to do so.*

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

Volunteer Name: \_\_\_\_\_, has applied to serve as a:

\_\_\_\_\_ *Position*

1. How long, and in what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How would you describe the applicant's ability to relate to adults? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How would you describe the applicant's ability to relate to children and/or youth? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. Volunteer Reference Check** (Continued)

4. Do you foresee any problems this person might present as a Sunday school teacher or youth leader, either for children, for fellow Youth Program Workers, or for the program as a whole? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your time and assistance.

Gwynedd Monthly Meeting: \_\_\_\_\_  
*(Program Leader Name)*

**Person Giving Reference Information**

Your Name: \_\_\_\_\_, Date: \_\_\_\_\_

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

Phone (w): \_\_\_\_\_, (h): \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

# H. Volunteer Driver Application

## Office Use Only

INFORMATION NEEDED TO BE A DRIVER FOR MEETING-RELATED EVENTS

Name: \_\_\_\_\_, Date: \_\_\_\_\_

Volunteer Driver's Birth Date: \_\_\_\_\_, Current Age: \_\_\_\_\_

Wishes to drive youth: Yes:  No:

Meeting Member: \_\_\_\_\_, Attender: \_\_\_\_\_, Active for at least 6 months: Yes:  No:

Driver's License #: \_\_\_\_\_, Expiration Date: \_\_\_\_\_

\* ATTACH PHOTOCOPIES OF DRIVER'S LICENSE AND INSURANCE CARD \*

Vehicle: Make: \_\_\_\_\_, Model: \_\_\_\_\_, Tag #: \_\_\_\_\_

Valid Auto Insurance Information: Company: \_\_\_\_\_, Policy #: \_\_\_\_\_

Driving History Convictions: DUI: Yes:  No: , Reckless Driving: Yes:  No:

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that the above information is accurate.

Volunteer Driver's Signature: \_\_\_\_\_

# **I. & J. Pennsylvania Record Checks**

## **I. PENNSYLVANIA CRIMINAL HISTORY RECORD – Cost \$10 per request**

### **Access to Fact Sheet/Information:**

<http://www.portal.state.pa.us/portal/server.pt?open=512&objID=4451&&PageID=491401&mode=2>

The Pennsylvania State Police has established a web-based computer application called “Pennsylvania Access To Criminal History” or PATCH. Using this system, a requestor can apply for a criminal background check on an individual. Eighty percent of the time, “No Record” certificates are returned immediately through the Internet to the requestor.

### **Procedure:**

- Go to <https://epatch.state.pa.us>
- Click on “Submit a New Record Check (requires a credit card)”
- Fill in All of the requested information
- Click on “Submit Request”
- Wait for Check to be completed
- Click on Control Number
- Click on Certification Document
- Print Certification Document

## **J. PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE – Cost \$10 per request**

Money order or business/agency check **only** – personal checks not accepted

### **Fact Sheet/Information and Links to Forms:**

<http://www.dpw.state.pa.us/findaform/childabusehistoryclearanceforms/index.htm>

For status of a request, please call the Department of Public Welfare, ChildLine and Abuse Registry, at (717) 783-6211.

### **Procedure:**

- Fill out: “Pennsylvania Child Abuse History Clearance” Section I  
(check box labeled “School” or “Child Care” depending on position)
- Send to: Childline and Abuse Registry  
Department of Public Welfare  
P.O. Box 8170  
Harrisburg, PA 17105-8170
- Wait: Response will be mailed back to you.

# **K. Federal Criminal History Report**

As of June 15, 2009

## **Criminal History Record Information (CHRI) fee: \$35.50 payable to Cogent Systems**

### **The fingerprint-based background check is a multiple-step process:**

- Go to [www.pa.cogentid.com](http://www.pa.cogentid.com)
- Click on Pennsylvania Department of Education (PDE)
- Click on "Register Online"
- Check box to accept "Dissemination Disclaimer"
- Click on "Continue"
- Click on In second menu option: "Reason Fingerprinted," select dropdown for "NON-PUBLIC SCHOOLS"
- Complete form with required information
- Check box to accept "I request a copy of the report be mailed to the address on my application; there is \$2.50 processing fee."

### **Procedure:**

1. The applicant must register prior to going to the fingerprint site. Walk in service without prior registration will not be provided at any fingerprinting location. Registration is completed online or over the phone. Registration is available online 24 hours/day, seven days per week at [www.pa.cogentid.com](http://www.pa.cogentid.com). Telephonic registration is available at (888) 439-2486 Monday through Friday, 8am to 6pm EST. During the registration process, all demographic data for the applicant is collected (name, address, SSN, etc.), so there is no data entry required at the fingerprint collection site.
2. The applicant will pay a fee of \$33.00 for the fingerprint service and the Criminal History Record Information (CHRI) document. The new system provides the CHRI online to the employer. In order for the applicant to receive a paper copy of the report, the applicant will pay an additional fee of \$2.50 for processing. If the applicant requests a paper copy, the total fee will be \$35.50. The applicant must make the choice to receive a paper copy at the time of registration. The applicant will have no other access to a paper copy other than during the registration process.
3. The applicant proceeds to the fingerprint site of their choice for fingerprinting.

A full listing of fingerprint sites is available at [https://www.pa.cogentid.com/index\\_pde.htm](https://www.pa.cogentid.com/index_pde.htm), under "Print Site Locations," then click on "Print Locations & Hours," and then click on our area on the map. Montgomery is also labeled in large blue number "23".



## **K. Federal Criminal History Report** (Continued)

### Procedure: (Continued)

4. At the fingerprint site, the Applicant Livescan Operators (ALO) manage the fingerprint collection process.
5. The fingerprint transaction begins when the ALO reviews the applicant's qualified State or Federal photo ID before processing the applicant's transaction.

### Primary Documents:

Cogent Systems requires current, valid, and unexpired picture identification documents. When being fingerprinted, an applicant may present a state-issued driver's license as a primary form of picture identification. In the absence of a driver's license, applicants may provide one or more of the following, all of which must have photo:

- US Active Duty/Retiree/Reservist Military ID Card (000 10-2)
- US Passport
- College issued Student ID
- INS I-551 Resident Alien Card Issued since 1997
- INS 1-688 Temporary Resident Identification Card
- INS I-688B, I-766 Employment Authorization Card

In addition, you must bring receipt for payment of the \$35.50 fee.

6. After the identity of the applicant has been established, all ten fingers are scanned to complete the process. The entire fingerprint capture process should take no more than three to five minutes.
7. The applicant's scanned fingerprints will be electronically transmitted to the Pennsylvania State Police, who in turn submits the fingerprints and demographic information to the FBI as required by federal statute.
8. Current fingerprint process expected to take no longer than two days:
  - Cogent Systems will electronically transmit applicants scanned fingerprints to the FBI.
  - FBI will electronically transmit CHRI to Cogent Systems to store CHRI in secure server.
  - The CHRI will be available online for the School Administrator to review.
  - Administrators receive login and password information from Cogent Systems.

## **K. Federal Criminal History Report** (Continued)

### **Procedure:** (Continued)

- The CHRI that is available for review online constitutes the official record. Applicants give permission for the School Administrator to review the report during the registration process.
- The School Administrator will review the CHRI to make a determination as to the fitness of the applicant to work in the position in which they will have contact with children.
- If the applicant is hired for the position, the School Administrator will print a copy of the CHRI for the school's files.
- Applicants may request a paper copy of the CHRI when they register to be fingerprinted. This will be the applicants' opportunity to request a copy.
- The paper copy will be mailed to these applicants by Cogent Systems. The "unofficial" paper copy is a copy of the CHRI that the School Administrator will review online.
- The applicant may share the paper copy of the CHRI with prospective employers. However, the School Administrator is required to review the official CHRI online and print a copy of the CHRI if the applicant is hired by the public school or private school or their contractor, or if the applicant is approved for student teaching.

### **9.** Applicants will receive the official report on watermarked paper from PDE.

- PDE will receive the CHRI from the FBI via Cogent Systems.
- PDE's School Services Unit will copy the CHRI and mail it to the applicant. The CHRI will be printed on standard 8.5" X 11" paper with the Commonwealth Seal imbedded on the paper.
- The applicant will provide the CHRI to their prospective employer. The School Administrator will review the CHRI to make a determination as to the fitness of the applicant to work in the position in which they will have contact with children. If the applicant is hired for the position, the School Administrator prints a copy of the CHRI for the school's files.
- The CHRI must be less than 12 months old at the time of employment to be considered valid. The date of the CHRI is considered to be the date on which the individual was fingerprinted.
- This document constitutes an official Record. If an applicant, fingerprinted prior to December 1, 2008, presents their CHRI and the Commonwealth Seal is not embedded on the paper, it should be considered as invalid and not an official record.
- Applicants who have not yet received their CHRI should contact PDE at (717) 783-3750 or email PDE at [dwolfgang@state.pa.us](mailto:dwolfgang@state.pa.us).

# **L. Risk Assessment Questionnaire**

Group Location: \_\_\_\_\_, Date: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Phone: \_\_\_\_\_, Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Back-Up Leader: \_\_\_\_\_

Phone: \_\_\_\_\_, Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## **Adult Participants:**

Do you have a list of all the adults involved? Yes:  No:

Do you have contact phone numbers for them all? Yes:  No:

Are there sufficient adults to handle last minute illness etc? Yes:  No:

Are any special qualifications/skills needed for activities? Yes:  No:

Do the adults have them? Yes:  No:

Does everyone know what their role/responsibilities are? Yes:  No:

Have the adult's backgrounds been screened? Yes:  No:

## **Young Participants:**

Do you have signed releases for 18 year and older participants? Yes:  No:

Do you have parental permission for all activities? Yes:  No:

Do you have a list of all the young people involved? Yes:  No:

Do you have contact mobile numbers for them? Yes:  No:

Do you have a contact phone number for their parents/hosts? Yes:  No:

Are there any problems/issues affecting individual young people? Yes:  No:

Are the young people clear on expected standards of conduct? Yes:  No:

## **L. Risk Assessment Questionnaire** (continued)

### **Everyone:**

Is any member of the group suffering from an illness, etc.? Yes:  No:

Were arrangements made to deal with medications, etc.? Yes:  No:

### **Activities:**

Is there a plan in place for bad weather alternatives (if relevant)? Yes:  No:

Is there adequate supervision for each activity? Yes:  No:

Are the instructors qualified? Yes:  No:

Have their qualifications been checked? Yes:  No:

Is there adequate equipment and has it been checked? Yes:  No:

Is there appropriate insurance coverage? Yes:  No:

Do participants know what to do if separated from the group? Yes:  No:

Are there sufficient adults to handle illnesses and/or accidents? Yes:  No:

### **Accommodations:**

Have the accommodations been visited? Yes:  No:

Do they meet the requirements of the group? Yes:  No:

Have fire precautions been checked? Yes:  No:

Are backup accommodations available? Yes:  No:

Does everyone have the accommodation's address & phone? Yes:  No:

### **Transport:**

Have vehicle and driver insurances been checked? Yes:  No:

Are there arrangements in place in case of missed trains, etc? Yes:  No:

Are there back-up drivers available? Yes:  No:

## **L. Risk Assessment Questionnaire** (continued)

### **Environment:**

- Are there any special environmental risks? Yes:  No:
- Has the planning taken account of these risks? Yes:  No:
- Is everyone aware of these risks? Yes:  No:
- Are the activities weather-dependent? Yes:  No:
- Do you have alternatives available in case of foul weather? Yes:  No:
- Is the insurance coverage adequate for all activities? Yes:  No:

### **Emergency Planning:**

- Are there any concerning risk elements in this overall program? Yes:  No:
- Have these been discussed fully? Yes:  No:
- Have the adults discussed dealing with an emergency? Yes:  No:
- Do all the participants have an emergency contact number? Yes:  No:
- Is there a mobile phone available for emergencies? Yes:  No:
- Is there a member of the group skilled in first aid? Yes:  No:
- Do you have a first aid kit? Yes:  No:
- Are there effective communications plans within the group? Yes:  No:
- Are there effective communications plans between adults? Yes:  No:
- Are there effective communications plans to reach the Program coordinator? Yes:  No:

*If during your assessment or at any other time you notice something that needs thinking about or action – do not hesitate to share it – Child Safety comes first!*

*Signature of Person Completing Assessment Questionnaire*

# M.

## Response Checklist

### Review: Are We Meeting Our Commitments?

Name of Child: \_\_\_\_\_

Date of alleged incident: \_\_\_\_\_

1. Was the Incident Report Completed (see Incident Report Form)

:Name of reporter was recorded, :Date of report was recorded

Is the child safe? \_\_\_\_\_

What has to happen to get or keep child safe? \_\_\_\_\_

Who has custody? \_\_\_\_\_

Concrete factual information re incident: :date, :time, :location, :names of all present

#### 2. How & When the Parents and/or Family Were Contacted?

:Parents or family were contacted, :Date & time were recorded

What support has been offered? (visitation, worship, counselors, support groups): \_\_\_\_\_

#### 3. How & When Our Community Members Were Contacted?

Response Committee: \_\_\_\_\_, Date: \_\_\_\_\_

Clerk: \_\_\_\_\_, Date: \_\_\_\_\_

Appropriate staff: \_\_\_\_\_, Date: \_\_\_\_\_

Attorney: \_\_\_\_\_, Date: \_\_\_\_\_

Consultant: \_\_\_\_\_, Date: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_, Date: \_\_\_\_\_

Do there appear to be any conflicts of interest? \_\_\_\_\_

#### 4. How & When Our Alleged Perpetrator and Victim/s Were Contacted?

Alleged Perpetrator: \_\_\_\_\_, Date: \_\_\_\_\_

Alleged Victim/s: \_\_\_\_\_, Date: \_\_\_\_\_

Have these immediate concerns been addressed?

:Will there be repercussions to the child or their family? :Will the child be safe? :Will the alleged perpetrator be safe? :Does he/she have supports?

Should the alleged perpetrator: :Be asked not to have contact with the victim? :Be excused from certain activities? :Be asked to separate themselves from community events?

## **M. Response Checklist** (continued)

### **5. Report Filed with the State** (see Incident Report Form)

: Was report made to the state within 24 hours of the allegation?

: Is a copy of the report on file at GMM? : Will GMM be notified of the results of the report?

Timelines & description of pending state actions: \_\_\_\_\_

### **6. Have Worship Opportunities Been Provided to Participants & Community?**

---

### **7. Communication & Support for Community:**

Has the community received communication that balances concrete facts and confidentiality?

---

Has a community meeting been called?

---

### **8. Immediate Follow-Up**

Was contact maintained with:

: Alleged victim and family or supports

: Alleged perpetrator and family or supports

: Key community members

: Entire community

: Have clear guidelines been set for how each party to the incident will participate in the community and its various activities?

### **9. Long Term Follow-Up**

: Are specific plans in place for talking with affected staff and key community members for debriefing and feedback?

: Have we identified lessons-learned and know what do we want to do differently?

: Have we addressed confidentiality?

: Have we provided secure storage for confidential information about this incident?

: Have we shared our experience with other people or communities who have been through similar events?

# N. Incident Report Form

## Gwynedd Monthly Meeting – Religious Society of Friends

To be completed by the person in charge of any activity during which an incident occurs.

Date Incident Occurred: \_\_\_\_\_, Time: \_\_\_\_\_, AM:, PM:

### Type of Incident:

Theft of Property:       Security Violated:       Physical Abuse:   
Damage to Property:       Physical Injury:       Emotional Abuse:   
Fire Damage:       Illness:       Sexual Abuse:

### Details of Person Involved: (complete separate form for each individual)

Title: \_\_\_\_\_, First Name: \_\_\_\_\_, Surname: \_\_\_\_\_

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

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

DOB: \_\_\_\_\_, Age: \_\_\_\_\_, Male: \_\_\_\_\_, Female: \_\_\_\_\_

Location: (give exact name, address, other details) \_\_\_\_\_

### Incident Description:

Use the space below to describe the FACTS relating to the event: all names, what happened and how, any injuries or losses sustained: \_\_\_\_\_

### Incident Inventory:

Was equipment involved?      Yes: No:, N/A:

Was property lost or damaged?      Yes: No:, N/A:

Was there a Crime involved?      Yes: No:, N/A:

Crime No. (obtained from the Police for thefts, criminal injury, etc.): \_\_\_\_\_

Police Department: \_\_\_\_\_

Address of Police Department: \_\_\_\_\_

\_\_\_\_\_, Tel No: \_\_\_\_\_



# N. Incident Report Form (Continued)

## Action Details:

Was Medical and/or First Aid required? Yes:  No:

If 'Yes', give details: (including any medication prescribed) \_\_\_\_\_

Name of Doctor and/or First Aider: \_\_\_\_\_

If Hospital treatment required, name of Hospital: \_\_\_\_\_

Address of Hospital: \_\_\_\_\_

\_\_\_\_\_, Tel No: \_\_\_\_\_

Were family informed of Incident? Yes:  No:

If 'No', explain why family was not informed: \_\_\_\_\_

Informed by: \_\_\_\_\_, Date: \_\_\_\_\_, Time: \_\_\_\_\_

Was insurance informed of Incident? Yes:  No:

If 'No', explain why insurance was not informed: \_\_\_\_\_

Informed by: \_\_\_\_\_, Date: \_\_\_\_\_, Time: \_\_\_\_\_

**Remedial Action:** Describe any action taken to improve safety and/or prevent recurrence:

## **Witness Details:** (Please attach statements)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Tel No: \_\_\_\_\_ Tel No: \_\_\_\_\_

## **Report Completed By:**

Name: \_\_\_\_\_ Role: \_\_\_\_\_

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