



Beale Memorial  
B a p t i s t C h u r c h

**CHILD PROTECTION POLICY**

**Adopted October 20, 2019**

# CHILD PROTECTION POLICY FOR BEALE MEMORIAL BAPTIST CHURCH

## Introduction

Beale Memorial Baptist Church (hereinafter “**BMBC**”) adopts this Child Protection Policy to ensure the safety of all minors participating in the programs and activities of BMBC by establishing guidelines with regard to the conduct of adults and minors. It is important that all BMBC paid staff and volunteers (collectively, “**Workers**”) understand and implement these guidelines to help prevent physical, sexual, emotional abuse or neglect against minors.

### I. Purpose

This policy is purposed to protect both minors and Workers and to reduce the risk of abuse or neglect against minors by providing a safe and secure environment for minors and Workers paid staff and volunteers. Additionally, this policy will:

1. Assist BMBC in evaluating an adult’s suitability to supervise, oversee, and/or exert control over BMBC’s programs and activities involving children;
2. Satisfy the concerns of parents and staff members with a screening process for Workers;
3. Provide a system to respond to alleged victims of abuse or neglect and their families, as well as the alleged perpetrator; and
4. Reduce the possibility of false accusations of abuse or neglect made against Workers.

### II. Definitions

The following terms used herein and are defined as follows:

- **Paid Staff.** Any pastor, minister, preacher, deacon, trustee, officer, or individual who is employed by BMBC.
- **Minor.** Any person who has not reached his/her 18th birthday or as defined by state law.
- **Adult.** Any person who has reached his/her 18th birthday or as defined by state law.

- **Volunteer:** Means any unpaid person engaged in or involved in BMBC activities and who is entrusted with the care and supervision of minors or a person who directly oversees and/or exerts control or oversight over minors.

### III. TYPES OF ABUSE

- **Physical Abuse:** Physical abuse occurs when a caretaker creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon a child a physical injury by other than accidental means or creates a substantial risk of death, disfigurement, or impairment of bodily functions, including, but not limited to, a child who is with his parent or other person responsible for his care either (i) during the manufacture or attempted manufacture of a Schedule I or II controlled substance or (ii) during the unlawful sale of such substance by that child's parents or other person responsible for his care, where such manufacture, or attempted manufacture or unlawful sale would constitute a felony violation of § 18.2-248 of the Code of Virginia. (22 VAC 40-705-30 A)
  - The types of physical abuse include but are not limited to, asphyxiation, bone fractures, head injuries, burns/scalding, cuts, bruises, welts, abrasions, internal injuries, poisoning, sprains/dislocation, and wounds.
- **Physical Neglect:** Physical neglect occurs when there is the failure to provide food, clothing, shelter, or supervision for a child to the extent that the child's health or safety is endangered. This also includes abandonment and situations where the parent or caretaker's own incapacitating behavior or absence prevents or severely limits the performing of child caring tasks pursuant to § 63.2 –100 of the Code of Virginia. This also includes a child under the age of 18 whose parent or other person responsible for his care knowingly leaves the child alone in the same dwelling as a person, not related by blood or marriage, who has been convicted of an offense against a minor for which registration is required as a violent sexual offender pursuant to § 9.1-902. (22 VAC 40-705-30 B)
  - The types of physical neglect include but are not limited to, abandonment, inadequate supervision, inadequate clothing, inadequate shelter, inadequate personal hygiene, inadequate food, or malnutrition.
- **Sexual Abuse:** Sexual abuse occurs when there is any act of sexual exploitation or any sexual act upon a child in violation of the law which is committed or allowed to be committed by the child's parents or other persons responsible for the care of the child pursuant to § 63.2-100 of the Code of Virginia. (22 VAC 40-705-30 E)
  - The types of sexual abuse include but not limited to sexual exploitation, sexual molestation, intercourse and sodomy, acts establishing sexual gratification or arousal.
- **Mental Abuse or Mental Neglect:** Mental abuse or neglect occurs when a caretaker creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon such child a mental injury by other than accidental means or creates a substantial risk of impairment of mental functions. (22 VAC 40-705-30 D)

- The types of mental abuse or mental neglect include acts or omissions by a caretaker resulting in harm to a child's psychological or emotional health or development such as, but not limited to, ignoring, rejection, hostile, violent, irrational or grossly inappropriate discipline, verbal or nonverbal conduct including mental exploitation, degrading communication, or humiliating or threatening conduct that may or may not include bullying or as defined by state law.

## IV. PROTECTION AND PREVENTION

### a. Volunteer and Paid Staff Screening Procedures

The following screening procedures are to be used with all Workers who are entrusted with the care and supervision of minors or a person who directly oversees and/or exerts control or oversight over minors.

Any Workers who will work with a minor must:

- Review and complete the Acknowledgment Form attached to this policy (**See Appendix A**);
- Complete the Employment Application (**See Appendix B**); and/or
- Complete the Volunteer Application (**See Appendix C**).

The appropriate personnel shall:

- Review all statements made in the application, paying specific attention to any gaps in time and irregular employment patterns or unexplained absence. Pursue these gaps with employers listed and in a subsequent interview.
- Conduct interviews with qualified applicants.
- If detrimental information is uncovered but the applicant remains desirable, discuss this information with the applicant. In the event, the applicant is ultimately hired or accepted as a volunteer, document the reasons for overriding the prior information.
- Whenever possible, BMBC will have a minister, or church security team member (selected by BMBC's Church Council) participate in the interview.
- Contact each of the volunteer applicant's references and ask for any information that might help determine the applicant's suitability for the position. If a response is not received within a reasonable period of time, follow up and keep notes if possible.
- Contact all listed references and employers for paid staff. Inquire as to the reason the applicant left and ask for any information that might help determine the applicant's suitability for the position. If a response is not received within a reasonable period of time, follow up and keep notes if possible.

2. **Criminal Background Check**: BMBC will conduct a criminal background check on all Workers who are entrusted with the care and supervision of minors or a person who directly oversees and/or exerts control or oversight over minors. Criminal background checks will be performed every 24 months. All prospective Workers will be asked

to sign an authorization form allowing BMBC to run a background check. An individual reserves the right to decline authorization but will not be permitted to be employed by BMBC or volunteer at BMBC.

3. Six-Month Rule: All volunteers will be required to have been an active participant of BMBC for at least six months prior to applying for a volunteer position.
4. Mandatory Training: All Workers will undergo worker training. The program "Reducing the Risk" (or any other training as required by BMBC's Church Council or insurer) will be offered annually to all Workers, and on an ongoing basis as new volunteers and paid staff are screened and welcomed onboard.

## **b. Confidentiality**

Information obtained through the screening, application, reference check, interview, and criminal background check will be kept in confidence, unless otherwise required by law. All information discovered or obtained through the above-referenced means will be kept in a secure location and access to it will be restricted if possible. These materials will be archived.

## **c. Standard Procedures**

Unless an extenuating situation exists, BMBC:

1. Will have an adequate number of screened and trained paid staff or volunteers present at events involving minors. Supervision will increase in proportion to the risk of the activity.
2. Will monitor all facilities during activities involving minors with the appropriate personnel designated to monitor and supervise such facilities and/or programs held in the facilities.
3. Will release minors only to a parent or legal guardian and utilize sign-in and sign-out sheets.
4. Will obtain written parental permission, including a signed medical treatment form and emergency contacts, before taking minors on trips and should provide information regarding the trip.
5. Will require a minimum of two Workers when transporting minors in any vehicle owned and/or authorized by BMBC.
6. Will require that elementary-aged children be accompanied to the restroom by a Worker and the Worker shall wait outside the restroom (except in nursery rooms where children may be potty training and need assistance) to escort the minor back to the BMBC program and/or activity. Whenever possible, the Worker escorting the minor to the restroom will be the same sex as the minor.

7. Will encourage minors to use a "buddy system" whenever minors go on BMBC approved trips off of BMBC's property.
8. Will screen all Workers and approve those individuals in advance for any overnight activities.
9. Will designate "confidential counselors" to whom any minor can go at any time, without special permission, to discuss any problems he or she is having. Youth will be reminded regularly at events and on trips of who are the "confidential counselors." Whenever possible, two unrelated male and female "confidential counselor" will be provided.

#### **d. Supervision Guidelines**

All BMBC Workers will observe the following supervision guidelines:

1. Do not provide alcoholic beverages, tobacco, drugs, contraband, or anything that is prohibited by law to minors.
2. To the extent possible, BMBC events that are co-educational will have both male and female Workers supervising minors.
3. Whenever possible, at least two unrelated Workers will be in the room when minors are present for BMBC programs and activities. Doors shall be left fully open if one adult needs to leave the room temporarily and during arrival to the class or event before both adults are present. Doors should never be locked while persons are inside the room. Speaking to a minor or minors one-on-one should be done in public settings or open areas where Workers are in sight of other people.
4. Avoid all inappropriate touching with minors. All touching shall be based on the needs of the individual being touched, not on the needs of the volunteer or paid staff. In the event a minor initiates physical contact and/or inappropriate touching, it is appropriate to inform the minor that such touching is inappropriate. BMBC Workers are prohibited from inappropriate touching such as tickling, wrestling, physical horseplay, \*lap sitting, or \*frontal hugging, rather than more appropriate forms of touching such as high fives, fist bumps, side hugs and pats on the shoulder. (*\*Except with supervised care of nursery and toddlers*)
5. Never engage in physical discipline of a minor. Workers shall not abuse nor neglect minors in any way, including but not limited to physical, mental, and/or sexual of any kind (as described in the definitions section of this policy).
6. If you recognize an inappropriate relationship developing between a minor and adult, maintain clear professional boundaries and refer the minor to another individual with supervisory authority.

7. If one-on-one pastoral care or counseling is necessary, avoid meeting in isolated environments.
8. Anyone who observes abuse of a minor will take appropriate steps to immediately intervene and provide assistance. Report any inappropriate conduct, utilizing the “BMBC Incident Report for Misconduct Involving Minors,” (**See Appendix D**) to the proper authorities and officials of BMBC for handling.

#### **e. Disqualification**

No person may be entrusted with the care and supervision of minors or may directly oversee and/or exert control or oversight over minors who has been convicted of the offenses outlined below, been on a probated sentence or received deferred adjudication for any offense outlined below, or has presently pending any criminal charges for any offense outlined below until a determination of guilt or innocence has been made, including any person who is presently on deferred adjudication. The following offenses disqualify a person from care, supervision, control, or oversight of minors:

1. Any offense against minors as defined by state law.
2. A misdemeanor or felony offense as defined by state law that is classified as sexual assault, indecency with a minor or adult, assault of a minor or adult, injury to a minor or adult, abandoning or endangering a minor, sexual performance with a minor or adult, possession or promoting child pornography, enticing a minor, bigamy, incest, drug-related offenses, or family violence.
3. A prior criminal history of an offense against minors.

#### **f. Sexual Offender at BMBC**

BMBC may allow a person known to be a sexual offender to remain or become a member of the congregation, but they must adhere to specific guidelines as stipulated below. The Pastor and chair of Deacons will jointly perform this inquiry: 1) check with the offender's probation/parole officer for any restrictions regarding attending services or other functions where children are present. 2) Ask the probation/parole officer to put any restrictions in writing. 3) If restrictions do not prohibit offender participation, the following additional four requirements must be implemented and remain in force at all times involving any known sexual offender:

1. The convicted sexual offender cannot participate in any of the child or youth programs in any way.
2. The convicted sexual offender can only participate in a predetermined service each week.

3. The convicted sexual offender must report in and be assigned to an escort who will accompany him or her at all times.
4. The congregation's leaders (church council and deacons) need to be made aware that a convicted sex offender is attending. However, the name does not need to be disclosed to the entire church.

## V. Reporting Abuse and/or Neglect

**In the event that an individual involved in the care of minors at BMBC becomes aware of suspected abuse or neglect of a child under his/her care, shall immediately report the abuse or neglect (even if a suspicion) to Pastor or Deacon Chair for further action, including reporting to authorities as may be mandated by state law. (See Appendix E)**

**BMBC** will respond promptly to investigate any accusation of sexual abuse. All accusations of sexual abuse will be taken seriously. ***It is important to be appropriately respectful to the needs and feelings of those who allege sexual abuse and those who have been accused of sexual abuse.***

When an allegation is made involving abuse, the person reporting the complaint is to be told about the guidelines and the procedures to be followed. BMBC's Pastor or an appointed person will begin investigating the allegations and may use the assistance of legal counsel or other consultants (denominational, crisis response specialists, etc.). If BMBC's Pastor is the individual accused of alleged sexual abuse, then BMBC's Deacon Chairperson will conduct the investigation. The investigation will be conducted as follows:

1. Be aware of Possible Indicators of Sexual, Physical, and Emotional Abuse or Neglect. (See Appendix F)
2. All allegations of abuse will be taken seriously by paid and volunteer church leadership.
  - a. Listen supportively.
  - b. Help the victim out - Do not engage in denial, minimization or blame.
  - c. Do not discuss the allegation with anyone who is not on a need-to-know basis.
  - d. If a worker observes another worker engaging in inappropriate behavior with a minor, the worker should immediately report this behavior to his/her supervisor or leader and utilize the "BMBC Incident Report for Misconduct Involving Minors".
3. When a case of abuse or neglect is suspected:
  - a. Use discernment as to whether or not you are observing signs of *abuse or neglect*, or everyday cuts/bruises and mood-swings of normal, healthy,



- active minors. State law protects workers from liability when they report actual or suspected abuse, so long as they do not act maliciously.
- b. Ensure the safety of the child immediately.
  - c. Immediately report the incident to your supervisor/leader and promptly document your observations utilizing the “BMBC Incident Report for Misconduct Involving Minors”.
  - d. The supervisor/leader will then notify the church staff.
  - e. The church staff will document and file all pertinent information surrounding the event on the “BMBC Incident Report for Misconduct Involving Minors”.
  - f. The church staff will follow the “BMBC Church Staff Response Plan for Misconduct Involving Minors”.
4. Report the incident to appropriate authorities in accordance with the state mandatory reporting laws.
  5. Report the matter to BMBC's insurance carrier.
  6. Cooperate with authorities and the insurance carrier.
  7. BMBC may suspend (with pay for paid staff) the alleged offender while a confidential investigation is being conducted.
  8. An official of BMBC (and legal counsel or other consultants) will then meet with the governing body of BMBC and present a report on their investigation, which will include findings and recommendations of actions.
  9. An official of BMBC will meet with the alleged perpetrator and notify him/her of the results of the investigation and recommendations for actions.
  10. An official of BMBC appointed as a victim/family liaison, will meet with the alleged victim, along with his/her parents or guardians, and notify them of the results of the investigation and recommendations for actions.
  11. During the investigation, an official/liaison of BMBC shall maintain contact with the alleged victim and his/her parents or legal guardian, and inform them of the actions taken and assist them in their process of healing.
  12. An official of BMBC (and legal counsel or other consultants) may meet with the alleged perpetrator, the alleged victim, and any others with knowledge of relevant facts.
  13. Communicate with criminal and civil legal counsel of BMBC.
  14. Communicate with those affected by the ministry of the alleged perpetrator.

# Beale Memorial

15. Hire a consultant or assign a spokesperson to respond to media or prepare a statement for the media if the need shall arise, subject to the approval of BMBC's attorney.

-----

## APPENDIX A

### Child Protection Policy Acknowledgment Form

These guidelines have been designed to guide and assist you when working with minors. The information establishes general practices and guidelines and should not be construed in any way as a contract of employment or continued employment. BMBC reserves the right to make changes in the content or application of this program (or to make changes at the discretion/suggested of BMBC's insurer) and to implement those changes with or without notice.

The terms defined herein are defined for the purposes of the program and do not suppose or establish a legal relationship. These terms are not defined for the purposes of creating a legal relationship with the BMBC or any related or associated entity and instead are to be used with this document.

I have received a copy of the BMBC's Child Protection Policy. I have read and understand that it is my responsibility to become familiar with and adhere to the information contained herein. I understand that these policies are the property of the BMBC.

---

Print Name

---

Signature

---

Date

## APPENDIX B Employee Application

**APPLICANT INFORMATION**

Name (Last)	(First)	(Middle)	Date
Address	City	State	ZIP Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address
Driver's License No./Issuing State			
Position Apply For	Type of Work Desired		
	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary/Contract
When Are You Available to Begin Work?		Will You Work Overtime?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, can you provide evidence that you are authorized <b>and</b> of legal age to work in the United States?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
In Case of Emergency Notify	Telephone	Name of Nearest Relative	Telephone

**EDUCATION**

TYPE	SCHOOL NAME/LOCATION	COURSE OF STUDY	NO. YEARS ATTENDED	DEGREE/DIPLOMA
HIGH SCHOOL				
BUSINESS/TECHNICAL				
COLLEGE				
GRADUATE				
OTHER				

Professional Organizations:	
First-Aid Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed
CPR Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed

**EMPLOYERS**

*(List all jobs and contracts held by you during the past five continuous years)*

**CURRENT EMPLOYER**

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

**PREVIOUS EMPLOYER**

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

**PREVIOUS EMPLOYER**

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

**PREVIOUS EMPLOYER**

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

**PREVIOUS EMPLOYER**

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

**MILITARY STATUS**

Have You Served in the U.S. Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Start Date	End Date
Rank/Rate at Discharge	Type of Service	Type of Discharge	
Special Training/Experience Received in the U.S. Armed Services	Draft Status	Reserve Status	

**CRIMINAL HISTORY**

Have you ever been <i>convicted</i> of a criminal offense? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants) Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation or parole? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred.

**PERSONAL REFERENCES:**

Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship
Name	Address	Phone	Occupation	Relationship

**APPLICANT STATEMENT**

(Read and Sign Below)

I certify that this employment application was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration or dismissal from employment if I am hired. I have reviewed the Authorization for Criminal Records Verification and Fingerprint Information and acknowledge that I understand the terms set forth therein. I understand that this employment application is not valid without my signature.

Print Name	
Signature	Date

# APPENDIX C Volunteer Application

*CONFIDENTIAL*

## General Information

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street City State Zip*

Phone \_\_\_\_\_  
*Home Cell Work*

Email \_\_\_\_\_

Age Under 18 \_\_\_\_ 18-25 \_\_\_\_ Over 25 \_\_\_\_ Date of Birth \_\_\_\_\_

Do you have a valid Virginia Driver's License? Yes \_\_\_\_ No \_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_  
*Name Address*

---

How long have you been attending Beale Memorial Baptist Church? \_\_\_\_\_

Are you a member? Yes \_\_\_\_ No \_\_\_\_

Prior to attending Beale Memorial Baptist Church, what other churches have you attended?

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

## Experience

Please list any experience you have had in working with children/youth:



---

---

---

Please list any special abilities, training, and/or certifications you may have that would benefit our children's/youth ministry:

---

---

---

---

---

**Personal Affirmation**

Do you have a personal relationship with Jesus Christ?    **Yes** \_\_\_\_    **No** \_\_\_\_

Briefly describe your relationship with God.

---

---

Briefly explain why you feel led to participate in children/youth ministry:

---

---

---

---

**Personal Background**

Have you ever been convicted of, or pleaded no contest to, any crime? (excluding minor traffic offenses)? Yes \_\_\_\_ No \_\_\_\_    If Yes, please explain:

---

---

---

Have you ever been convicted of, or pleaded no contest to, any form of child abuse, or molestation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain:

---

---

---

---

Is there any other reason that would cause concern with you working with children or youth?

---

---

---

---

### Personal References

Please list **3 Personal References**, excluding relatives, and including **2 congregational members** (*not to include church staff*), and **1 reference from outside the congregation**:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

How long has he/she known you? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

How long has he/she known you? \_\_\_\_\_



Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

How long has he/she known you? \_\_\_\_\_

### **Applicant Verification and Information Release**

I affirm the vision, values, and mission of Beale Memorial Baptist Church and desire to use my gifts and abilities to help further the outreach of this church. I will seek to encourage other gifted people to join me in this ministry and I authorize Beale Memorial Baptist Church and the references listed above to give, in confidence, any information needed regarding my character and fitness for ministry work. If I am placed in a position of leadership, I agree to refrain from conduct that could possibly damage the ministry, integrity, and reputation of Beale Memorial Baptist Church, and Jesus Christ. I understand that a criminal background check and/or my driving record may be obtained as part of this screening process, and I fully consent to such research.

I have carefully read this affirmation and sign below as an expression of my desire to participate in ministry at Beale Memorial Baptist Church. I attest and affirm that all of the information I have provided in this form is correct to the best of my knowledge.

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

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**APPENDIX D**  
**BMBC Incident Report for Misconduct Involving Minors**

Date of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Quote the child's first words verbatim: \_\_\_\_\_

**VICTIM INFORMATION**

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

Gender: Male or Female

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

**ALLEGED PERPETRATOR INFORMATION**

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

Gender: Male or Female

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

Nature of Misconduct Alleged to Have Occurred: \_\_\_\_\_

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

How many times has the alleged misconduct occurred? \_\_\_\_\_

Date(s) and Location(s) of former incident(s)-

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Relationship between the victim and the alleged perpetrator: \_\_\_\_\_

Other evidence that supports this allegation (eyewitnesses, medical exams, confessions, etc.)

Report Submitted to \_\_\_\_\_ on \_\_\_\_\_.

## **APPENDIX E IMPORTANT PHONE NUMBERS AND CONTACT INFORMATION**

### **To Report Abuse or Suspected Abuse**

Police Emergency Phone Number: 911

Police Non-Emergency 24Hour Phone Number (Essex County): 804-443-3346

Essex County Department of Social Services: 804-443-3561

A Family Services Specialist is available on-call after hours to handle emergency concerns and can be accessed through police dispatch.

Virginia State Hot Line to Report Child Abuse: 18005527096 (seven days a week, 24 hours a day)

### **To Contact Church Staff or Officers**

#### **ChildHelp National Child Abuse Hotline**

The Childhelp National Child Abuse Hotline **1-800-4-A-CHILD (1-800-422-4453)** is dedicated to the prevention of child abuse. Serving the United States, its territories, and Canada, the Hotline is staffed **24 hours a day, 7 days a week** with professional crisis counselors who, through interpreters, can provide assistance in 170 languages. The Hotline offers crisis intervention, information, literature, and referrals to thousands of emergency, social service, and support resources. **All calls are anonymous and confidential.**

#### **Department of Justice National Sex Offender Public Website**

[www.nsopr.gov](http://www.nsopr.gov).

Includes a national sex offender search feature.

#### **State Criminal Records and Sex Offenders Registry Information**

Virginia Agency

Virginia State Police, 7700 Midlothian Turnpike, Richmond, VA 23235

(804) 674200 0; [www.virginiatrooper.org](http://www.virginiatrooper.org)

#### **Virginia Statutes on Reporting Child Abuse**

State Child Abuse Reporting Statute Websites – Virginia, [www.dss.state.va.us](http://www.dss.state.va.us)

## APPENDIX F POSSIBLE INDICATORS OF ABUSE OR NEGLECT

### SEXUAL ABUSE/NEGLECT

#### **Behavioral Indicators**

Is reluctant to change clothes in front of others; Is withdrawn; Exhibits unusual sexual behavior and/or knowledge beyond developmental age; Has poor peer relationships; Either avoids or seeks out adults; Is pseudo-mature; Is manipulative; Is self-conscious; Has problems with authority and rules; Exhibits eating disorders; Is self-mutilating; Is obsessively clean; Uses or abuses alcohol and/or other drugs; Exhibits delinquent behavior such as running away from home; Exhibits extreme compliance or defiance; Is fearful or anxious; Exhibits suicidal gestures and/or attempts suicide; Is promiscuous; Engages in fantasy or infantile behavior; Is unwilling to participate in sports activities; Has school difficulties.

#### **Physical Indicators**

Has pain and/or itching in the genital area; Has bruises or bleeding in the genital area; Has venereal disease; Has swollen private parts; Has difficulty walking or sitting; Has torn, bloody, and/or stained underclothing; Experiences pain when urinating; Is pregnant; Has vaginal or penile discharge; Wets the bed.

### EMOTIONAL ABUSE/NEGLECT

#### **Behavioral Indicators**

Is overly eager to please; Seeks out adult contact; Views abuse as being warranted; Exhibits changes in behavior; Is excessively anxious; Is depressed; Is unwilling to discuss problems; Exhibits aggressive or bizarre behavior; Is withdrawn, apathetic, passive, impatient; Has unprovoked fits of yelling or screaming; Exhibits inconsistent behaviors; Feels responsible for the abuser; Runs away from home; Attempts suicide; Has low self-esteem; Exhibits a gradual impairment of health and/or personality; Has difficulty sustaining relationships; Has unrealistic goal setting; Is unable to communicate or express his/her feelings, needs, or desires; Sabotages his/her chances of success; Lacks self-confidence; Is self-deprecating and has a negative self-image.

#### **Physical Indicators**

Has a sleep disorder (nightmares or restlessness); Wets the bed; Exhibits developmental lags (stunting of his/her physical, emotional, and/or mental growth); Is hyperactive; Exhibits eating disorders.

### PHYSICAL ABUSE/NEGLECT

#### **Behavioral Indicators**

Is wary of adults; Is either extremely aggressive or withdrawn; Is dependent and indiscriminate in his/her attachments; Is uncomfortable when other children cry;

# Beale Memorial

Generally controls his/her own crying; Exhibits a drastic behavior change when not with parents or caregiver; Is manipulative; Has poor self-concept; Exhibits delinquent behavior, such as running away from home; Uses or abuses alcohol and/or other drugs; Is self-mutilating; Is frightened of parents or going home; Is overprotective of or responsible for parents; Exhibits suicidal gestures and/or attempts suicide; Has behavioral problems at school.

## **Physical Indicators**

Has unexplained\* bruises or welts, often clustered or in a pattern; Has unexplained\* and/or unusual burns (cigarettes, doughnut-shaped, immersion-lines, object-patterned); Has unexplained\* bite marks; Has unexplained\* fractures or dislocations; Has unexplained\* abrasions or lacerations; Wets the bed. (\* Or explanation is inconsistent or improbable).

## **Appendix G**

### Outside Groups In BMBC Facilities

Outside groups may regularly use BMBC facilities for programs involving minors (Scouts, Homeschool Groups, etc.) provided they...

- 1) Present the Church with a certificate of liability insurance AND,
- 2) Verify proof that adult leaders and staff have been properly screened and trained in a manner comparable to this policy and its stipulations.

OR

- 1) Participate in BMBC's worker screening and training program. Scheduling training and working with BMBC leaders/staff to complete the screening process will be the responsibility of the outside group.
- 2) Allow BMBC to initiate background checks on adult workers. The cost of background checks will be the complete responsibility of the outside group.