

Lower Susquehanna Synod of the  
Evangelical Lutheran Church in America

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## **PREFATORY STATEMENT REGARDING SAMPLE CHILD PROTECTION POLICY**

This sample Child Protection Policy is intended to serve as a starting point from which a congregation should develop its own Child Protection Policy applicable to its own unique circumstances. This sample policy should not be adopted simply “as is.” When a congregation has written its own Child Protection Policy, the policy should be reviewed by its own attorney. The congregation should also make sure that its Child Protection Policy is consistent with the congregation’s Personnel Policy Manual or personnel policies.

The adoption of a Child Protection Policy does not automatically make a congregation a safer place for children, but it is a useful first step. It must be noted that, once adopted, the congregation’s Child Protection Policy becomes the baseline against which all actions are measured. Therefore, it is crucial that a congregation carefully follow any policies that are adopted. In addition, the congregation should organize a Child Protection Policy Committee (CPPC) or utilize another existing committee and charge that committee with the responsibility of implementing and monitoring compliance with the Child Protection Policy.

Our children’s safety is every member’s responsibility; there is no substitute for care and vigilance.

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# **CHILD PROTECTION POLICY OF \_\_\_\_\_ LUTHERAN CHURCH**

## **A. Mission Statement Regarding This Child Protection Policy (CPP)**

At Baptism, parents and sponsors promise to help baptized children live in the covenant of Baptism and in communion with the Church. Parents and sponsors promise faithfully to bring children to the services of God's house; to teach them the Lord's Prayer, the Creed, and the Ten Commandments; to place in their hands the Holy Scriptures; and to provide for their instruction in the Christian faith. The purpose of this congregation's ministry with children and youth is to support parents in fulfilling these responsibilities and to invite into participation those children and youth who have not yet been baptized. This congregation assembles weekly around Word and Sacrament. This community of faith also provides additional opportunities for children and youth to learn about Christian faith, to develop an identity as part of the Christian community, and to serve others, following the example of our Lord Jesus.

This congregation's ministry with children and youth begins by striving to provide a safe environment and to provide caring and effective leaders. In an effort to promote this safe environment, the congregation binds itself to the Child Protection Policy described in this document.

To protect the safety of our children and youth, employees and volunteers will be screened for their acceptability for working with children and youth. They will be required to obtain background certifications in accordance with state law. They will be required to subscribe to our "Two Approved Adult Rule," and they will follow the guidelines set forth in this Child Protection Policy. Application forms to become an Approved Adult are located in the Appendix of this document.

The Child Protection Policy Committee (CPPC) is committed to implementing and following this Child Protection Policy.

## **B. Definitions**

### **1. According to the Pennsylvania Child Protective Services Law (CSPL):**

**"Child Abuse"** is intentionally, knowingly, or recklessly doing any of the following:

- (1) Causing bodily injury to a child through any recent act or failure to act.
- (2) Fabricating, feigning or intentionally exaggerating, or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
- (3) Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
- (4) Causing sexual abuse or exploitation of a child through any act or failure to act.

- (5) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
- (6) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- (7) Causing serious physical neglect of a child.
- (8) Engaging in any of the following recent acts:
  - (i) Kicking, biting, throwing, burning, stabbing, or cutting a child in a manner that endangers the child.
  - (ii) Unreasonably restraining or confining a child, based on consideration of the method, location, or the duration of the restraint or confinement.
  - (iii) Forcefully shaking a child under one year of age.
  - (iv) Forcefully slapping or otherwise striking a child under one year of age.
  - (v) Interfering with the breathing of a child.
  - (vi) Causing a child to be present at a location while a violation of 18 Pa.C.S. § 7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.
  - (vii) Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
    - (A) Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed.
    - (B) Has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.24 (relating to assessments) or any of its predecessors.
    - (C) Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. § 9799.12 (relating to definitions).
- (9) Causing the death of the child through any act or failure to act.  
23 Pa.C.S.A. §6303

**Child Abuse DOES NOT include:**

- (a) Environmental factors.**--No child shall be deemed to be physically or mentally abused based on injuries that result solely from environmental factors, such as inadequate housing, furnishings, income, clothing, and medical care, that are beyond the control of the parent or person responsible for the child's welfare with whom the child resides. This subsection shall not apply to any child-care service as defined in this chapter, excluding an adoptive parent.
- (b) Practice of religious beliefs.**--If, upon investigation, the county agency determines that a child has not been provided needed medical or surgical care because of sincerely held religious beliefs of the child's parents or relative within the third degree of consanguinity and with whom the child resides, which beliefs are consistent with those of a bona fide religion, the child shall not be deemed to be physically or mentally abused. In such cases the following shall apply:
  - (1) The county agency shall closely monitor the child and the child's family and shall seek court-ordered medical intervention when the lack of medical or surgical care threatens the child's life or long-term health.

(2) All correspondence with a subject of the report and the records of the department and the county agency shall not reference child abuse and shall acknowledge the religious basis for the child's condition.

(3) The family shall be referred for general protective services, if appropriate.

(4) This subsection shall not apply if the failure to provide needed medical or surgical care causes the death of the child.

(5) This subsection shall not apply to any child-care service as defined in this chapter, excluding an adoptive parent.

**(c) Use of force for supervision, control, and safety purposes.--**Subject to subsection (d), the use of reasonable force on or against a child by the child's own parent or person responsible for the child's welfare shall not be considered child abuse if any of the following conditions apply:

(1) The use of reasonable force constitutes incidental, minor, or reasonable physical contact with the child or other actions that are designed to maintain order and control.

(2) The use of reasonable force is necessary:

(i) to quell a disturbance or remove the child from the scene of a disturbance that threatens physical injury to persons or damage to property;

(ii) to prevent the child from self-inflicted physical harm;

(iii) for self-defense or the defense of another individual; or

(iv) to obtain possession of weapons or other dangerous objects or controlled substances or paraphernalia that are on the child or within the control of the child.

**(d) Rights of parents.--**Nothing in this chapter shall be construed to restrict the generally recognized existing rights of parents to use reasonable force on or against their children for the purposes of supervision, control, and discipline of their children. Such reasonable force shall not constitute child abuse.

**(e) Participation in events that involve physical contact with child.--**An individual participating in a practice or competition in an interscholastic sport, physical education, a recreational activity, or an extracurricular activity that involves physical contact with a child does not, in itself, constitute contact that is subject to the reporting requirements of this chapter.

**(f) Child-on-child contact.--**

(1) Harm or injury to a child that results from the act of another child shall not constitute child abuse unless the child who caused the harm or injury is a perpetrator.

(2) Notwithstanding paragraph (1), the following shall apply:

(i) Acts constituting any of the following crimes against a child shall be subject to the reporting requirements of this chapter:

(A) rape as defined in 18 Pa.C.S. § 3121 (relating to rape);

(B) involuntary deviate sexual intercourse as defined in 18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse);

(C) sexual assault as defined in 18 Pa.C.S. § 3124.1 (relating to sexual assault);

(D) aggravated indecent assault as defined in 18 Pa.C.S. § 3125 (relating to aggravated indecent assault);

(E) indecent assault as defined in 18 Pa.C.S. § 3126 (relating to indecent assault);

(F) indecent exposure as defined in 18 Pa.C.S. § 3127 (relating to indecent exposure).

(ii) No child shall be deemed to be a perpetrator of child abuse based solely on physical or mental injuries caused to another child in the course of a dispute, fight, or scuffle entered into by mutual consent.

(iii) A law enforcement official who receives a report of suspected child abuse is not required to make a report to the department under section 6334(a) (relating to disposition of complaints received), if the person allegedly responsible for the child abuse is a nonperpetrator child.

**(g) Defensive force.**--Reasonable force for self-defense or the defense of another individual, consistent with the provisions of 18 Pa.C.S. §§ 505 (relating to use of force in self-protection) and 506 (relating to use of force for the protection of other persons), shall not be considered child abuse.

**23 Pa.C.S.A. §6304.**

**“Sexual Abuse or Exploitation.”** Is any of the following:

(1) The employment, use, persuasion, inducement, enticement, or coercion of a child to engage in or assist another individual to engage in sexually explicit conduct, which includes, but is not limited to, the following:

(i) Looking at the sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual.

(ii) Participating in sexually explicit conversation either in person, by telephone, by computer, or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual.

(iii) Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual.

(iv) Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting, or filming.

This paragraph does not include consensual activities between a child who is 14 years of age or older and another person who is 14 years of age or older and whose age is within four years of the child's age.

**23 Pa.C.S.A. §6303**

## **2. Child Protection Policy Definitions**

**“Child or Youth”** is any person who is under 18 years of age. A person who is incompetent is considered to be a child under this Policy irrespective of his/her age.

**“Administrative Pastor (AP)”** is the pastor or senior pastor under “call” to the congregation. In the absence of a “called” pastor or senior pastor the Congregation Council shall appoint a pastor (associate, interim, etc.) to be the Administrative Pastor until a “called” pastor or senior pastor assumes his/her duties in the congregation.

**“Called Pastor, Pastor under Call”** An individual duly elected, appointed, or under contract to serve as pastor of the congregation in accordance with the policies, procedures, and constitutions of the congregation, the synod, and the ELCA.

**“Child Protection Policy Committee (CPPC)”** is the panel of congregational leaders who are responsible for implementing and overseeing the Child Protection Policy. The panel’s composition and duties are outlined in Section I of this Policy. The members of this committee are selected in accordance with the policies, procedures, bylaws, and constitution of the congregation.

**“Child Protective Services Law (CPSL)”** The legislative enactment of the Pennsylvania General Assembly which is codified at 23 Pa.C.S.A. §6301, *et. seq.*

**“CPPC Chair”** is the person who heads the Child Protection Policy Committee.

**”Volunteer”** is anyone who provides services for the church, who receives no compensation in the form of salary, wages, or benefits, and who routinely interacts with children to provide for their care, education, supervision, guidance, or control

**“Youth Volunteer”** is anyone under 18 years of age who works under the supervision of two Approved Adults and who routinely interacts with children to provide for their care, education, supervision, guidance, or control

**“Approved Adult”** is anyone over 18 years of age who has satisfied all the requirements of the Child Protection Policy, the application procedure for Approved Adults, and the Pennsylvania Child Protection Services Law (which includes obtaining applicable background certifications and, where applicable, signing a disclosure statement). An Approved Adult can be a volunteer or an employee of the congregation. By virtue of their contact with children and youth, all Approved Adults are Mandated Reporters of suspected child abuse under Pennsylvania’s CPSL.

Approved Adults include, but are not limited to:

- Sunday school teachers
- Vacation Bible school teachers
- Children’s leaders
- Mentors
- Children’s choir directors and musicians
- Rostered leaders: Pastors, Associates in Ministry, Deacons and Deaconesses.
- Other adults who have satisfied all the requirements of Approved Adults, such as nursery volunteers

**“Mandated Reporter”** is a person who is required to report to state authorities when he or she has reasonable cause to suspect that a child is a victim of child abuse in accordance with the Pennsylvania Child Protective Services Law, 23. Pa.C.S.A. §6301 *et. seq*

**“Youth Ministry Leader”** is any employee or Approved Adult who assists in a youth ministry program.

**“Non-Approved Adult”** is any adult present and assisting in a church-sponsored child or youth program or activity who may not meet the criteria for Mandated Reporter described in Section E, below. Non-Approved Adults may still be Permissive Reporters of suspected child abuse as described in H2.

### **C. Process to Becoming an Approved Adult**

This congregation requires that adults responsible for the care, supervision, guidance, or control of children during routine interaction with children and seeking to obtain Approved Adult status complete the following application process in order to become an Approved Adult.

1. Complete the Approved Adult application form (see Appendix A).
2. Obtain or present to the congregation copies of valid background certifications (valid certifications are those dated within 60 months) as required by the CPSL. 23 Pa.C.S.A. §6344.4
  - a. Church employees or rostered leaders who seek to become Approved Adults must obtain the following three certifications: The Pennsylvania State Police Criminal Record Check, the Pennsylvania Child Abuse History Certification and the Federal Bureau of Investigation Fingerprint Criminal History Background Check. 23 Pa.C.S.A. §6344.
  - b. Volunteer Approved Adults
    - i. Volunteer Approved Adults who have lived in Pennsylvania continuously for the last 10 years need these two certifications: The Pennsylvania State Police Criminal Record Check and the Pennsylvania Child Abuse History Certification. Additionally, these Approved Adults must sign the Volunteer Disclosure (Appendix B) 23 Pa.C.S.A. §6344.2
    - ii. Volunteer Approved Adults who have not lived in Pennsylvania continuously for the last 10 years need the following three certifications: The Pennsylvania State Police Criminal Record Check, the Pennsylvania Child Abuse History Certification and the Federal Bureau of Investigation Fingerprint Criminal History Background Check. 23 Pa.C.S.A. §6344.2
  - c. Valid background certifications obtained for other employment or volunteer situations may be presented, providing that copies are presented for review and filing, and current employment or volunteering has been verified.
  - d. Background certifications will be kept locked in a confidential file under the jurisdiction of the AP and CPPC Chair or designee.
3. Have maintained an active membership in the congregation for the past six months and continue to be an active member after being accepted as an Approved Adult.
4. Successfully complete a congregation-authorized training session and/or complete education for Mandated Reporters (see Appendix J).
6. Sign a Child Protection Covenant (Appendix B) acknowledging that the applicant has read and understood the Child Protection Policy and agrees to comply with it.
7. Successfully complete a Personal Interview with the AP and CPPC Chair or designee. This interview will include a standard inquiry about whether at any time in the past the applicant has abused or has been accused of abusing or physically neglecting children or youth or whether the applicant, himself or herself, was ever a victim of child abuse. (See Appendix D.)
8. Applications, certifications, and related papers will be locked in a confidential file under the jurisdiction of the AP and CPPC Chair or designee.

### **D. Minor Employees**



Under CPSL minor employees (under age 18) who are persons responsible for a child's welfare or a person with direct contact with children through a program, activity, or service must obtain the Pennsylvania State Police Criminal Record Check and Pennsylvania Child Abuse History Certification, but are exempt by CPSL from needing the FBI certification, provided that the minor and his/her parents swear and affirm in writing that the minor has not been convicted of a disqualifying crime (listed in the Volunteer Disclosure, Appendix C) in a location outside of Pennsylvania or placed on another state's child abuse registry.

#### **E. Mandated Reporter**

1 Under Pennsylvania CPSL, a Mandated Reporter is a person who is required to report to state authorities when he or she has reasonable cause to suspect that a child is a victim of child abuse. Reasonable suspicion, and not actual proof, is sufficient to make a report. The initiative for investigating abuse resides with the Department of Human Services and should not be carried out by the reporter.

2. CPSL designates categories of people as Mandated Reporters, including, but not limited to:
  - a. A clergy person, priest, rabbi, minister, Christian Science practitioner, religious healer, or spiritual leader of any regularly established church or other religious organization.
  - b. An individual paid or unpaid, who, on the basis of the individual's role as an integral part of a regularly scheduled program, activity, or service, is a person responsible for the child's welfare or has direct contact with children.
    - i. A "person responsible for the child's welfare" is a person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training, or control of a child in lieu of parental care, supervision, and control.
    - ii. "Direct volunteer contact" is the care, supervision, guidance, or control of children and routine interaction with children.
    - iii. "Routine interaction" is regular and repeated contact that is integral to a person's employment or volunteer responsibilities.
  - c. A school employee.
  - d. An employee of a child-care service who has direct contact with children in the course of employment.
  - e. An individual supervised or managed by a person listed above, who has direct contact with children in the course of employment.
  - f. An attorney affiliated with an agency, institution, organization, or other entity, including a school or regularly established religious organization that is responsible for the care, supervision, guidance, or control of children.
  - g. An emergency medical services provider certified by the Department of Health.
  - h. A peace officer or law enforcement official.
  - i. A licensed health care worker

3. A Mandated Reporter must make a report of suspected child abuse if he or she has reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances:
  - a. The Mandated Reporter comes into contact with the child in the course of employment, occupation, and practice of a profession or through a regularly scheduled program, activity, or service.
  - b. The Mandated Reporter is directly responsible for the care, supervision, guidance, or training of the child, or is affiliated with an agency, institution, organization, school,

regularly established church or religious organization, or other entity that is directly responsible for the care, supervision, guidance, or training of the child.

c. A person makes a specific disclosure to the Mandated Reporter that an identifiable child is the victim of child abuse. Nothing requires the Mandated Reporter to have direct contact with the child in order to make a report.

d. An individual 14 years of age or older makes a specific disclosure to the Mandated Reporter that the individual has committed child abuse.

4. A Mandated Reporter makes a report of suspected child abuse in accordance with the procedure outlined in section H. Reporting Suspected Child Abuse.

23 Pa.C.S.A. §6311

## **F. Forms**

All forms necessary for becoming an Approved Adult in a paid or non-paid capacity, as well as permission slips for events not held at the church and incident reports are located in the Appendixes. A brief description of each form follows.

### **1. Approved Adult Application** (Appendix A)

To be completed by all church members desiring to become an Approved Adult. Completed forms should be returned marked “Confidential” in a sealed envelope to the AP or CPPC Chair.

### **2. Child Protection Covenant** (Appendix B)

To be signed by all church members desiring to become an Approved Adult and returned with the application, in a sealed envelope marked “Confidential” to the AP or CPPC Chair.

### **3. Volunteer Disclosure** (Appendix C)

To be signed by all church members desiring to become a volunteer Approved Adult who have lived in Pennsylvania for 10 continuous years or more. (Volunteers who have not lived in Pennsylvania for 10 continuous years do not need to return this disclosure.) It should be signed and returned with the application, in a sealed envelope marked “Confidential” to the AP or CPPC Chair.

### **4. Personal Interview Form** (Appendix D)

To be completed by the AP during the Personal Interview of the church member desiring to become an Approved Adult. This form is signed by the applicant and the Administrative Pastor and placed in the applicant’s file following the interview.

### **5. Permission Slip** (Appendix E)

Permission slips are to be completed by the parent or guardian of the child and returned to the appropriate Approved Adult sponsoring the event.

### **6. Driver Information** (Appendix F)

To be completed for drivers using church-owned or rented vehicles to transport children or youth for church-sponsored events.

**7. Application for Pennsylvania State Police Criminal Record Check** (Appendix G1 (for volunteers) and G2 (for non-volunteers))

All Approved Adults must obtain a State Police Criminal Records Check. The preferred way to apply is online (<https://epatch.state.pa.us/>), but paper applications (the application in MS Word is available online) may be submitted as well. Applications must be filled out and mailed to the State Police by the applicant.

**8. Application for Pennsylvania Child Abuse History Certification** (Appendix H)

All Approved Adults must obtain a Child Abuse History Certification from the Department of Human Resources. The preferred way to apply is online ([www.compass.state.pa.us/cwis/](http://www.compass.state.pa.us/cwis/)), but paper applications (a fillable and printable PDF form is available online) may be submitted as well. Applications must be filled out and mailed to the State Department of Human Services by the applicant.

**9. Form CY-47: Report of Suspected Child Abuse** (Appendix I)

An oral report of suspected child abuse must be followed up within 48 hours by a written report, which may be submitted electronically ([www.compass.state.pa.us/cwis/](http://www.compass.state.pa.us/cwis/)), within 48 hours. Paper written reports use PA State Form CY-47.

## **G. Appropriate Behavioral Guidelines**

To ensure that a nurturing Christian environment for children and youth is maintained within the congregation, to protect children and youth who participate in activities sponsored by the church from sexual and/or physical abuse, and to protect the congregation's members from false allegations of abuse, the congregation has adopted the following policy:

1. **Child Abuse Prohibited:** Those who accept the special responsibility of working with the congregation's children and youth shall not violate that responsibility by engaging in child abuse, defined in Section B, above.
2. **Sexual Abuse Prohibited:** Those who accept the special responsibility of working with the congregation's children shall not violate that responsibility by engaging in sexual abuse, defined in Section B, above.
3. **Two Approved Adult Rule:** Two Approved Adults should be present during any children's activity sponsored by or occurring within the congregation. Where possible, doors should be left open or a window should allow easy observation of the room. Non-Approved Adults may be present during any such children's activity but must be supervised by an Approved Adult.
4. **Empty Room Policy:** After an activity, check rooms to ensure that all participants have vacated the room and that the door is locked. This will help to minimize situations where abuse might occur.

5. **Expressions of Affection:** True expressions of affection toward children can be a manifestation of Christ's love for all of us. A kind word of encouragement to a child or a pat on the back can be a small but significant act for both the adult and the child. That being said, adults must use caution and common sense when physically expressing affection toward children.

- Respect a child's refusal of affection.
- Never make a child feel uncomfortable.
- Be aware of appropriate hand placement. A child or an observer could misinterpret a pat on the bottom or a bear hug.
- Note that a body-to-body embrace, a touch on private areas (those areas covered by a bathing suit), or any type of kiss is inappropriate.

6. **Permission Slips:** Children and youth must have permission to participate in any overnight activity or any activity that takes place away from church grounds. That permission must be in writing and signed by a parent or legal guardian. It must identify the activity in which the child or youth will be participating. The Permission slips will list Approved Adults who will serve as supervisors. (See Appendix E)

The Administrative Pastor and/or person(s) designated by the AP may waive the requirement for permission slips where a permission slip serves no useful purpose (for example when a child is accompanied by his or her parent or guardian to the activity).

7. **Overnight Rule:** Overnight activities involving children shall be supervised by at least two Approved Adults. If the event involves children of both genders, then there should be at least one Approved Adult of each gender.

8. **Transportation of Children:** When children and youth are transported for church activities:

- a. It is strongly recommended that ALL employees/volunteers who drive their personal vehicles for insured activities have minimum liability limits of \$100,000/\$300,000
- b. When personal vehicles are used, the driver of the vehicle must be 18 years of age or older.
- c. Children and youth shall be transported in groups with at least one Approved Adult in each vehicle.
- d. When only one child is being transported by a non-parental or non-guardian adult, there shall be two adults present, one of which must be an Approved Adult. However, parents or guardians may in writing designate on the permission form an adult they trust to transport their child without a second adult present.
- e. For rented or church owned vehicles, drivers must be 25 – 70 years old. Youth Pastors can be 21-70 years old, with NO moving violations in the past three years. Drivers must have NO major moving violation and NO MORE THAN ONE minor moving violation for the prior three years. See list of violations in the Driver Log (Appendix F).
- f. Drivers must fill out and sign the Driver Log prior to the transportation of any children and youth in church owned or rented vehicles (Appendix F).

9. **Safe Ministry Communications:** Texting, e-mailing, and other forms of electronic communication have become common today among children, youth, and adults. Texting and electronic communication can be a vital part of ministry work, but their improper use can produce serious consequences. In order to promote safety and to create a healthy environment for texting and electronic communication between staff, volunteers, and especially among our children and youth, the following guidelines must be our safe ministry practice:
- a. Youth Ministry Leaders may not transmit any content that is illicit, unsavory, abusive, pornographic, discriminatory, harassing, or disrespectful when communicating with each other or with minors involved in ministry activities.
  - b. Youth Ministry Leaders are encouraged to talk to the youth about the potential harm to themselves and others in transmitting content that is illicit, unsavory, abusive, pornographic, discriminatory, harassing, or disrespectful.
  - c. Except in an emergency, Youth Ministry Leaders should not transmit any personal information pertaining to a child, such as name, phone number, e-mail address, or photographs, without the consent of the youth ministry participant and his or her parent or guardian. This applies to group texting, group e-mail, website posting, blogging, Twitter feed or any other public method of electronic communication.
  - d. Youth Ministry Leaders will discourage students from using cell phones during ministry programs except in an emergency, to contact a parent or guardian, or to place calls specifically approved by a leader.
  - e. Youth Ministry Leaders who have reasonable cause to suspect that a child is a victim of child abuse through electronic media must immediately follow the reporting procedures outlined in Section H.
  - f. All information, images, or videos shared electronically through public ministry communications channels are not considered confidential.
  - g. Cellular phones can cause distraction if used while driving. For safety reasons, those involved in transporting youth are not to make or receive calls or text messages while driving. Passengers are permitted to use their cell phones.
  - h. Youth Ministry Leaders are encouraged to talk to the youth to help them understand the potential harm to themselves and others when using cell phones while driving, especially for texting.

## **H. Reporting Suspected Child Abuse**

### **1. Reasonable suspicion**

Reasonable suspicion that a child has been the victim of abuse, and not actual proof, is sufficient to make a report. The initiative for investigating abuse resides with the Department of Human Services and should not be carried out by the reporter.

### **2. Permissive reporting**

- a. Anyone – not only a Mandated Reporter -- who witnesses or has reasonable suspicion that a child has been abused by anyone (including the child's family, guardians, an Approved Adult, or volunteer) may report it to the Pennsylvania Department of Human Services ChildLine and Abuse Registry (800-932-0313), or online at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis).

- b. The reporter should then notify the AP of the report (or the CPPC Chair if the AP is the suspected abuser).

### 3. Mandated reporting

- a. A Mandated Reporter who witnesses or has reasonable suspicion that a child has been abused by anyone (including the child's family, guardians, an Approved Adult, or volunteer) must by law make an immediate and direct report in the following manner:
    - i. Electronically at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis), a confirmation of which will be received from the PA Department of Human Services.
    - ii. Orally to the Department of Human Services ChildLine (800-932-0313). An oral report must be followed up within 48 hours by a written report, which may be submitted electronically ([www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis)), within 48 hours. Paper written reports use PA State Form CY-47 (a copy of which in Appendix I.)
  - b. After making a report to ChildLine, a Mandated Reporter is required to immediately thereafter notify the A, or the CPPC Chair if the AP is unavailable or is the suspected abuser.
  - c. After completing both a. and b. above, the Mandated Reporter must provide a copy of the confirmation received from electronic submission to the Department of Human Services to the AP or the CPPC Chair if the AP is unavailable or is the suspected abuser.
  - d. Under CPSL, if a Mandated Reporter willfully fails to report child abuse, the penalties range from a misdemeanor of the second degree to a felony of the second degree.
  - e. Under CPSL a Mandated Reporter is immune from civil and criminal liability as long as the report was made in good faith.
  - f. Under CPSL, a Mandated Reporter's identity is kept confidential with the exception of being released to law enforcement officials or the district attorney's office.
- 23 Pa.C.S.A. §6311

### 4. The Administrative Pastor

As a Mandated Reporter, the AP is required by law to report suspected child abuse but with further considerations and duties as follows

- a. **Confidentiality:** According to Pennsylvania Law 42 Pa.C.S.A. §5943 (relating to confidential communications to clergymen), "No clergyman, ..., who while in the course of his duties has acquired information from any person secretly and in confidence shall be compelled, or allowed without consent of such person, to disclose that information in any legal proceeding, trial, or investigation before any government unit." Thus, if the suspected abuser confidentially reports their activity to the pastor in the course of the pastor-congregant relationship (seeking pastoral support, guidance, absolution, counseling, etc.) the information remains confidential. However, if the pastor learns of the suspected abuse from other sources, the information must be reported.
- b. **Report from Individual who is not required by law to make a report.** After receiving a verbal or written communication of suspected child abuse from a person who is not required by law to make a report, the AP must proceed as follows:
  - i. Strongly encourage the person to contact ChildLine by calling 800-932-0313, especially if names are not provided.

- ii. Ask the reporter to provide the names of both the suspected abuser and the child and to give his or her consent for the AP to make a report.
  - iii. If both names and consent are given, the AP must make a report.
  - iv. If consent is not given to the AP to make a report, the AP must keep confidentiality with the reporter unless the reporter provides information that makes the subject of the report an identifiable individual. In such case, a mandatory report must be filed.
  - v. Notify the Office of the Synod Bishop immediately.
- c. **Report from Mandated Reporter:** After receiving a verbal or written communication of suspected child abuse from a Mandated Reporter, the AP will:
- i. Ask the Mandated Reporter if he or she has completed a direct report of suspected child abuse. If no report has been made, the AP must remind the Mandated Reporter of the required duties according to the Pennsylvania CPSL and the congregation CPP.
  - ii. Notify the Office of the Synod Bishop immediately concerning any report of suspected child abuse and the date the report was forwarded to the ChildLine.
4. Must notify the Chairperson of the CPPC and Congregation Council President that a report of suspected child abuse was made and his or her progress complying with the CPSL and the CPP of the congregation.

## **I. Response to Reporting of Suspected Child Abuse**

1. The AP or the Congregation Council President shall put the congregation's insurance carrier on notice of the filing of a report of suspected child abuse.
2. The congregation will cooperate with all state officials in the investigation of any reported instance of suspected child abuse.
3. The Administrative Pastor or Congregation Council president will notify parents or guardians of all children involved in an alleged incident, unless the parents or guardians are the persons suspected of the abuse. The phone call or visit will be documented. This notification should remain factual and not offer opinions or thoughts about the event or how it occurred. The parent or legal guardian should be advised that any investigation of the claim will be under the auspices of the appropriate state agency.
4. The Administrative Pastor or CPPC Chair will prepare for the Congregation Council a confidential written summary of all reports of suspected child abuse, keeping the name of the reporter confidential. The summary should include steps taken in response and should be updated as necessary. This reporting shall occur in an executive session of the council so that confidentiality can be maintained.
5. The Congregation Council will determine whether the congregation should engage legal counsel in consultation with the insurance carrier.
6. The Congregation Council will authorize the Administrative Pastor or one of the Council members to act as the official spokesperson for the congregation. Only the authorized

person or persons can speak for the congregation to the news media, government agencies, attorneys, or others. If counsel has been appointed, assigned, or retained, any communication concerning the event should first be reviewed with counsel.

7. All other steps taken to respond to an allegation of child abuse will be approved in advance by the Congregation Council and will as far as possible be documented by them.
8. All communications within the congregation regarding the report of suspected child abuse shall attempt to protect the dignity and privacy of those persons affected by the report including the alleged child victim and the person suspected of child abuse while at the same time ensuring that persons in responsibility and law enforcement authorities remain fully informed.
9. The congregation shall keep the Synod Bishop's Office apprised of all developments.

#### **J. The Child Protection Policy Committee Makeup and Responsibilities**

The CPPC shall consist of six members, with two year staggered terms, plus the Administrative Pastor and Congregation Council president. The Administrative Pastor and Congregation Council president will appoint members with the approval of the Congregation Council. The CPPC chair shall be elected by the committee or appointed under the care of the Administrative Pastor.

The CPPC shall:

1. Review and make recommendations to the congregation for revising congregation policy regarding the safety of our children.
2. Provide training for all staff and volunteers working with the children regarding child abuse (physical and sexual) and congregation policy. Training should be presented prior to work with children.
3. Accept all applications of church members desiring to become an Approved Adult. Maintain a confidential file of applications and associated documents (including Child Care Covenant, Personal Interview form, background certifications) in a locked filing cabinet,
4. Delegate to the chair of the CPPC and the Administrative Pastor the task of reviewing all applications.
5. Obtain, review, and maintain a file of the background certifications required by CPSL and this policy. Ensure that all are valid within five years, checking periodically.
6. Submit a list of qualified candidates for Personal Interviews. Interview forms will be completed by the interviewer and will be included in the personnel file for each candidate.



7. Monitor Approved Adults to ensure that policies are being followed.
8. Keep a file of all permission slips, which will be stored in the congregation office. Permission slips will be kept for 20 years, or until the child named on the slip has reached his or her 20<sup>th</sup> birthday, whichever date first occurs. Permission slips may be scanned into a digital file and kept electronically. If an incident of abuse is reported relating to an event, the permission slips for that event will be maintained indefinitely.
9. Keep Congregation Council apprised of all activities of the committee.
10. Submit periodic educational statements regarding the activities of the committee for publication in the church newsletter. Have a posted list of Approved Adults as a reference.
11. Determine appropriate disciplinary action or disqualification in response to a violation or violations of the Child Protection Policy.
12. Upon a reasonable belief that an approved adult has been arrested or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity, or service, or reasonable belief that an approved adult has been named as a perpetrator in a founded or indicated report, or if an approved adult has provided notice as required under this the child protective services law, then the committee shall immediately require the approved adult to submit current information as required under subsection 6344(b).

#### **K. Violations of Child Protection Policy**

Persons who admit to, plead guilty to, or are convicted in a court of law of any form of physical or sexual abuse of a child will be immediately, permanently, and completely disqualified by the CPPC committee from working with children in the congregation. Persons who admit to the CPPC committee any type of physical or sexual abuse of a child but who have not appeared in a court of law will be disqualified from working with children in the congregation. The CPPC committee and Congregation Council shall disqualify any person from working with children in the congregation while allegations of sexual or physical abuse are being investigated. The CPPC committee can temporarily or permanently disqualify any person(s) from working with children as the committee deems appropriate.

Alleged violations of the policy, other than abuse, shall be immediately reported to the CPPC Committee chair who will report it to the Administrative Pastor and the president of Congregation Council, if deemed appropriate. The alleged violations of the policy will be investigated by the CPPC committee. That investigation shall include a meeting with the person(s) involved. If the person(s) is found to be in violation of the policy, the CPPC committee will determine what disqualification or disciplinary action, if any, is necessary. The CPPC committee can temporarily or permanently disqualify any person(s) from working with children as the committee deems appropriate.

**Appendix A**

*[Insert Congregation Name Here]  
[Insert Congregation Address Here]  
[Insert Congregation Phone Number Here]*

**Application To Become An Approved Adult**

This application is a mandatory part of a process to assist the congregation in providing a safe, nurturing Christian environment for our children. Persons responsible for the supervision and care of our children are in a special position of trust and confidence. Therefore, all adults (18 years of age or older) seeking to work with the children of **[insert congregation name here]** [the “Congregation”] must complete this application.

**PERSONAL INFORMATION**

*Please attach photographic identification, e.g. copy of driver’s license*

(1) Name \_\_\_\_\_ (2) Date of Application \_\_\_\_\_

(3) SSN \_\_\_\_\_ (4) Driver’s License (State) \_\_\_\_\_

(5) Current Residence and Mailing Address \_\_\_\_\_

(6) Tel (home) \_\_\_\_\_ (7) Tel(work) \_\_\_\_\_ (8) Cell Phone \_\_\_\_\_

(9) E-mail Address \_\_\_\_\_

(10) Permanent addresses you have maintained during the last 10 years, beginning with the most recent.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(11) Are you 18 years of age or older?     Yes     No

**Before you answer questions 12 through 18 on this application, please read the section “Definitions” at the end of this application on which appear definitions of child abuse and child sexual abuse or exploitation. In the questions below, the words “abuse,” “abusing a child” or “child abuse” are intended to include the conduct described in the definitions of child abuse and child sexual abuse or exploitation.**

(12) Is there any reason why you should not work with children?     Yes     No  
If yes, please explain.

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

(13) Have you ever abused a child (a person less than 18 years of age?)     Yes     No  
If yes, please explain.

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

(14) Have you ever been accused of abusing a child?  Yes  No

If yes, please explain.

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(15) Have you ever been involved in a child abuse investigation as a witness, alleged victim, or alleged abuser?

Yes  No

If yes, please explain.

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(16) Were you ever abused as a child?  Yes  No

If yes, please explain

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(17) Was the abuse reported?  Yes  No

If yes, please explain

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(18) Have you ever been arrested for or convicted of or plead guilty to a criminal offense against a person?

Yes  No

If yes, please explain

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### **CHURCH OR CHILD-RELATED WORK**

(19) Name and address of church (if any) of which you are now a member, if other than the congregation.

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(20) Names and addresses of all churches you have attended on a regular basis at any time during the last five years.

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(21) Describe any church work you may have done with children at any time during the last five years. Include the church's name, address, dates of participation, and the names of persons that would know about your work.

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(22) Describe any non-church related work you may have done with children at any time during the last five years. Include the organization's name, address, dates of participation, and the names of persons that would know about your work.

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(23) List your talents, training, education, etc., that might help enrich the lives of our children. Describe the type of work you prefer.

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**PERSONAL REFERENCES**

(24) Give the name, address, and phone number of two persons, not relatives, who have known you for at least five years.

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**I agree that the information contained in this application is correct to the best of my knowledge.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT’S PERMISSION FOR THE DISCLOSURE OF INFORMATION ABOUT THE APPLICANT AND APPLICANT’S RELEASE OF ALL CLAIMS AGAINST PERSONS OR ENTITIES THAT DISCLOSE INFORMATION OR GIVE OPINIONS ABOUT THE APPLICANT**

I understand and agree that the congregation may contact the churches and references identified above and others who may be identified by those listed above. I authorize these references or churches or others to give you any information (including opinions) that they may have regarding my character and fitness for work with children. I also understand and agree that law enforcement authorities or any other person or entity with access to records of criminal arrests or convictions may be contacted during the consideration of this application. I authorize these law enforcement authorities or any other person or entity to provide information regarding criminal arrests or convictions. In consideration of the receipt and evaluation of this application by the congregation, I hereby release the congregation and any individual, church, youth organization, employer, reference, or any other person or entity, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature which may at any time result to me, my heirs, or family, on account of any person’s or entity’s disclosure of information about me or the expression of an opinion about me.

I further state that I have carefully read the foregoing release and understand its content. I am signing this release freely and voluntarily.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT’S ACKNOWLEDGEMENT OF NEED TO PROVIDE THE CONGREGATION WRITTEN NOTICE WITHIN 72 HOURS OF NEW ARREST, CONVICTION OR SUBSTANTIATED CHILD ABUSE**

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service, or am named as a perpetrator in a founded or indicated report, I am required by CPSL to provide the congregation with written notice not later than 72 hours after the arrest, conviction or notification that the person has been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I have been arrested or convicted for an offense that would constitute grounds for denying employment or participation in a program, activity or service, or reasonable belief that I have been named as a perpetrator in a founded or indicated report, or if I have provided notice as required under this section, then person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current information as required under subsection 6344(b). The cost of the information set forth in subsection 6344(b) shall be borne by the employing entity or program, activity or service.

**I understand that willful** failure to disclose required information is a criminal misdemeanor of the third degree and shall be subject to discipline up to and including termination or denial of employment or volunteer position.

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Definitions**

1. According to the Pennsylvania Child Protective Services Law (CSPL):
  - a. Child abuse is intentionally, knowingly or recklessly doing any of the following:
    - (1) Causing bodily injury to a child through any recent act or failure to act.
    - (2) Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
    - (3) Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
    - (4) Causing sexual abuse or exploitation of a child through any act or failure to act.
    - (5) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.

- (6) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- (7) Causing serious physical neglect of a child.
- (8) Engaging in any of the following recent acts:
  - (i) Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.
  - (ii) Unreasonably restraining or confining a child, based on consideration of the method, location, or the duration of the restraint or confinement.
  - (iii) Forcefully shaking a child under one year of age.
  - (iv) Forcefully slapping or otherwise striking a child under one year of age.
  - (v) Interfering with the breathing of a child.
  - (vi) Causing a child to be present at a location while a violation of 18 Pa.C.S. § 7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.
  - (vii) Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
    - (A) Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Ch. 97 Subch. H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed.
    - (B) Has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.24 (relating to assessments) or any of its predecessors.
    - (C) Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. § 9799.12 (relating to definitions).
- (9) Causing the death of the child through any act or failure to act.

b. Child sexual abuse or exploitation includes any of the following:

- (i) Looking at the sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual.
- (ii) Participating in sexually explicit conversation either in person, by telephone, by computer, or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual.
- (iii) Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual.
- (iv) Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting or filming.

**APPENDX B**

*[Insert Congregation Name Here]  
[Insert Congregation Address Here]  
[Insert Congregation Phone Number Here]*

**Child Protection Covenant**

I accept the responsibility to nurture the Christian faith and well being of the children and youth of *[Insert Congregation Name Here]*, and to care for them as Christ cares for me.

“I ... will tend the flock of God that is in my charge... willingly, as God would have me do it...” --I Peter 5:2

I have read, understand and agree to abide by the Child Protection Policy of *[Insert Congregation Name Here]*.

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

\_\_\_\_\_  
*Signature of Witness* \_\_\_\_\_  
*Date*

## APPENDIX C

### DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS

Required by the Child Protective Service Law

23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a clearance through the Federal Bureau of Investigation, as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.)

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.



I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity, or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity, or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity, or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity, or service shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be borne by the employing entity or program, activity, or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

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

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

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

APPENDIX D

[Insert Congregation Name Here]  
[Insert Congregation Address Here]  
[Insert Congregation Phone Number Here]

**Personal Interview Form** [To be completed by interviewer when interviewing an applicant seeking to become an Approved Adult.]

<b>Interview Date:</b> _____ <b>Final Approval Date</b> _____
<b>Interviewed By:</b> _____

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

**[The interviewer should carefully read the application completed by the applicant and ask any relevant questions raised by the applicant’s answers to the questions on the application. If the answers on the application do not raise any questions, the Interviewer, at a minimum, should read each question below to the applicant and mark the appropriate response.]**

Have you read and understand the **[Insert Congregation Name Here]** Child Protection Policy? Yes    No

\_\_\_\_\_

1. Do you have any specific questions regarding that policy?  
(If so, please list below.)

\_\_\_\_\_

\_\_\_\_\_

2. Have you ever been accused of and/or have a previous record of child abuse?

\_\_\_\_\_

3. Concerning your previous experience with children, what would you say have been the highlights of that experience? (Please list specifics.)

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

4. In what specific areas would you particularly like to work with children?  
(i.e. Sunday School, Youth Group, etc.)

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

**APPENDIX E – Permission slips**

**INSTRUCTIONS:**

Event organizers fill out blanks marked by a cross (+).  
Parents fill out the blanks marked by an asterisk (\*).

Event Date: +\_\_\_\_\_

*[Insert Congregation Name Here]*

Return Slip by: +\_\_\_\_\_

*[Insert Congregation Address Here]*

*[Insert Congregation Phone Number Here]*

***Permission Slip***

\*\_\_\_\_\_ has my permission to participate in the following child/youth group activity, +\_\_\_\_\_, on +\_\_\_\_\_. The group will leave from the church at +\_\_\_\_\_ and return at +\_\_\_\_\_.

Supervisors for this event will be: +\_\_\_\_\_  
\_\_\_\_\_

My child is asked to bring +\_\_\_\_\_

In case of emergency, call \*\_\_\_\_\_

\*In am willing to chaperon/drive if needed:    YES    NO

\*\_\_\_\_\_ \*\_\_\_\_\_

Signature of Parent or Guardian

Date

## DRIVER INFORMATION for *Insert Congregation Name Here!*

**Each driver must provide signature. Form applies only to church-owned or rented vehicles.**

By signing this form drivers (employees and volunteers) understand that a Motor Vehicle Record (MVR) may be secured for a record of their driving history. Drivers also give permission for subsequent MVRs to be run, without the need for a new signature.

<i>DRIVER'S NAME</i> As shown on License <<PLEASE PRINT >>	M /F	DATE OF BIRTH	<i>DRIVERS LICENSE</i>		VEHICLE DRIVEN	DRIVER SIGNATURE
			Number	State		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

\*\* If there are more than 10 drivers, please copy this form for use. \*\*

**NOTE:**

1. It is strongly recommended that **ALL** employees/volunteers who drive their personal vehicles for insured activities have minimum liability limits of \$100,000/\$300,000/\$100,000.
2. Personal Vehicles: Drivers must be 18 years of age or older.
3. Rented or church owned vehicles: Drivers must be 25 – 70 years old. Youth Pastor can be 21-70 years old, with **NO** moving violations in the past three years. Drivers must have **NO** major moving violation and **NO MORE THAN ONE** minor moving violation for the prior three years. See list of violations below.

<b>MAJOR</b>	<b>MINOR</b>
Driving while intoxicated or under the influence of drugs.	Speed equal to less than 10 mph over the limit.
Failure to stop and report accident involvement.	Moving violation resulting in filing of evidence of Financial Responsibility.
Homicide/Assault while operating a vehicle.	Altered license or unlawful use of license or permit.
Driver's license suspended, revoked, cancelled, or barred.	Driving on the wrong side of the road or in the wrong direction.
Violation of Open Container Law.	Any passing violation.
Possession of alcohol or drugs.	School bus or school zone.
Motor vehicle theft.	Failures to yield at intersection, stop sign, or traffic device.
Manslaughter or vehicular homicide.	Failure to yield to emergency vehicle.
Carrying a concealed weapon.	
Felony use of a motor vehicle.	
Careless/reckless driving.	
Drag racing or participating in speed contests.	
Speed in excess of 10 mph over the limit.	

APPENDIX G1 - Volunteers

SP 4-164A (7-2015)

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

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

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

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

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

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

SUBJECT OF RECORD CHECK				
(FIRST)	(MIDDLE)	(LAST)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX	RACE
VOLUNTEER'S AGENCY/ORGANIZATION (MANDATORY)		TELEPHONE NUMBER		
<p>The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information <u>contained in the files of the Pennsylvania State Police Central Repository only.</u></p>				
<p>By signing this form, I verify that I am submitting this request for criminal history record information in connection with my status as an unpaid volunteer. I understand that the \$8 fee is being waived because of my status as an unpaid volunteer.</p>				
REQUESTER SIGNATURE (*Signature required for processing*)		DATE		
<p><b>WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.</b></p>				

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919

APPENDIX G2 – Non-Volunteers

SP 4-164 (2-2013)

PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL RECORD CHECK

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

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

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER				
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-3758  1-888-QUERYPA (1-888-783-7372) <b>DO NOT SEND CASH OR PERSONAL CHECK</b>				
CHECK ONE BLOCK				
<input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$15.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE				
<input type="checkbox"/> NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$15.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE				
<input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE				
CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)				
NAME/SUBJECT OF RECORD CHECK (FIRST)		(MIDDLE)	(LAST)	
MAIDEN NAME AND/OR ALIASES		SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	SEX
RACE				
The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information <u>contained in the files of the Pennsylvania State Police Central Repository only</u>				
FEEES FOR REQUESTS - \$10.00. NOTARIZED FEE REQUESTS - \$15.00. ***MAKE ALL MONEY ORDERS PAYABLE TO: <u>COMMONWEALTH OF PENNSYLVANIA</u> *** ◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶				
REASON FOR REQUEST				
<input type="checkbox"/> INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$15.00 FOR REQUEST)				
<input type="checkbox"/> ADOPTION (DOMESTIC)	<input type="checkbox"/> EMPLOYMENT/SCREENING	<input type="checkbox"/> PASSPORT		
<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> FOSTER CARE	<input type="checkbox"/> PRIVATE INVESTIGATIONS		
<input type="checkbox"/> BANKING	<input type="checkbox"/> HEALTHCARE	<input type="checkbox"/> SOCIAL SERVICES		
<input type="checkbox"/> BAR ASSOCIATION	<input type="checkbox"/> HOUSING	<input type="checkbox"/> TENANT CHECK		
<input type="checkbox"/> CHURCH	<input type="checkbox"/> INSURANCE LICENSE	<input type="checkbox"/> VISA		
<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER		
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> NURSE AID TRAINING	<input type="checkbox"/> VOLUNTEER		
<input type="checkbox"/> ELDER CARE	<input type="checkbox"/> OTHER _____			
<input type="checkbox"/> EMERGENCY MANAGEMENT				
<input type="checkbox"/> <u>ACCESS &amp; REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY WITH A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID. SEE TERMS &amp; CONDITIONS)</u>				
AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT AND REQUIRED COPY OF GOVERNMENT PHOTO ID ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.				

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

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919

**APPENDIX H: Application for Child Abuse History Certification**

**PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION**

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**  
 Certifications for the purpose of "volunteer having contact with children" may be obtained free of charge once every 57 months.  
 Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.  
**APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.**

PURPOSE OF CERTIFICATION (Check one box only)	
<input type="checkbox"/> Foster parent <input type="checkbox"/> Prospective adoptive parent <input type="checkbox"/> Employee of child care services <input type="checkbox"/> School employee governed by the Public School Code <input type="checkbox"/> School employee not governed by the Public School Code <input type="checkbox"/> Self-employed provider of child-care services in a family child-care home <input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee <input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program <input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent, licensed child-care home, family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year	<input type="checkbox"/> Volunteer having contact with children If purpose is volunteer having contact with children, choose SUB PURPOSE: <input type="checkbox"/> Big Brother/Big Sister and/or affiliate <input type="checkbox"/> Domestic violence shelter and/or affiliate <input type="checkbox"/> Rape crisis center and/or affiliate <input type="checkbox"/> Other: _____  <input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">SIGNATURE OF CIM/CAO REPRESENTATIVE</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">CIM/CAO PHONE NUMBER</div> </div>
AGENCY/ORGANIZATION NAME:	PAYMENT AUTHORIZATION CODE, IF APPLICABLE:
<input type="checkbox"/> Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.	

APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)			
FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

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

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

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

## PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

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

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

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

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

APPLICANT'S SIGNATURE

DATE

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



## INSTRUCTIONS TO COMPLETE THE PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION APPLICATION:

### General:

- Type or print clearly and neatly in ink only.
- If obtaining this certification for non-volunteer purposes or if, as a volunteer having contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check for each application. No cash will be accepted. Personal, agency, or business checks are acceptable. Certifications for the purpose of "volunteer having contact with children" may be obtained free of charge once every 57 months. If no payment is enclosed for a non-volunteer purpose, you must provide a payment authorization code, otherwise your application will be rejected and returned to you.
- **DO NOT SEND POSTAGE PAID RETURN ENVELOPES** for us to return your results. Results are issued through an automated system generated mailing process.
- Certification results will be mailed to you within 14 days from the date the certification application is received at the ChildLine and Abuse Registry.
- Failure to comply with the instructions will cause considerable delay in processing the results of an applicant's child abuse history certification application.

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

- Check the **foster parent** box if applying for purposes of providing foster care.
- Check the **prospective adoptive parent** box if applying for the purpose of adoption.
- Check the **employee of child care services** box if applying for the purpose of child care services in the following:
  - Child day care centers; group day care homes; family day care homes; boarding homes for children; juvenile detention center services or programs for delinquent or dependent children; mental health services for children; services for children with intellectual disabilities; early intervention services for children; drug and alcohol services for children; and day care services or other programs that are offered by a school.
- Check the **school employee governed by the Public School Code** box if you are a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code and will continue to be required to obtain background checks prior to employment in accordance with that section and on the periodic basis required by Act 153.
- Check the **school employee not governed by the Public School Code** box if you are a school employee not governed by Section 111 of the Public School Code, but covered by Act 153 (pertaining to school employees in institutions of higher education).
  - Definition of school employee: A school employee is defined as an individual who is employed by a school or who provides a program, activity or service sponsored by a school. The term does not apply to administrative or other support personnel unless they have direct contact with children.
  - Definition of school: A facility providing elementary, secondary or postsecondary educational services. The term includes the following:
    - (1) Any school of a school district.
    - (2) An area vocational-technical school.
    - (3) A joint school.
    - (4) An intermediate unit.
    - (5) A charter school or regional charter school.
    - (6) A cyber charter school.
    - (7) A private school licensed under the act of January 28, 1988 (P.L.24, No. 11), known as the Private Academic Schools Act.
    - (8) A private school accredited by an accrediting association approved by the state Board of Education.
    - (9) A non-public school.
    - (10) An institution of higher education.
    - (11) A private school licensed under the act of December 15, 1986 (P.L. 1585, No. 174), known as the Private Licensed Schools Act.
    - (12) The Hiram G. Andrews Center.
    - (13) A private residential rehabilitative institution as defined in section 914.1-A(c) of the Public School Code of 1949.
- Check the **self-employed provider of child-care services in a family child-care home** if providing child care services in one's home (other than the child's own home) at any one time to four, five, or six children who are not relatives of the caregiver.
- Check the **individual 14 years of age or older who is applying for or holding a paid position as an employee** box if the employment is with a program, activity, or service, as a person responsible for the child's welfare or having direct contact with children.
- Check the **individual seeking to provide child care services under contract with a child care facility or program** box if you are providing child care services as part of a contract or grant funded program.
- Check the box for **individual 18 years or older who resides in the home of a foster parent, licensed child-care home, family living home, community home for individuals with an intellectual disability or host home for children for at least 30 days in a calendar year** if you are an adult household member, excluding an individual with an intellectual disability or chronic psychiatric disability receiving services, in one of these types of settings and require certification.
- Check the box for **individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year** if you are an adult household member in this setting and require certification.
- Check the **volunteer having contact with children** box if applying for the purpose of volunteering as an adult for an unpaid position as a volunteer with a child-care service, a school, or a program, activity or service as a person responsible for the child's welfare or having direct

volunteer contact with children. In addition, check the box of one of the organizations listed, i.e. Big Brother/Big Sister, domestic violence shelter, rape crisis center. If you are **NOT** applying for a volunteer in one of the organizations listed, please check the other box and write the name of the organization in the space provided.

- Check the **PA Department of Human Services employment & training program participant** box if you are applying for the purpose of participating in a PA Department of Human Services employment and training program through a county assistance office (CAO) or the Office of Income Maintenance (OIM). The signature **AND** phone number of the CAO or OIM representative is required. If there is no signature and no phone number, your application will be rejected and returned to you.
- If you were provided a **"PAYMENT AUTHORIZATION CODE"** by an organization, please provide the **agency/organization name** in the space provided and the **payment authorization code** in the space provided.
- Please check the **CONSENT/RELEASE OF INFORMATION** box if you included a payment code in the space above and attached the completed Consent/Release of Information Authorization form to your Pennsylvania Child Abuse History Certification application when you mail it to our office. The Consent/Release of Information Authorization form allows the department to send your results to a third party. If the Consent/Release of Information Authorization form is **NOT** attached to the certification application, the results **WILL** be mailed to the applicant's home address and not to the third party.

**Applicant Demographic Information:**

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

**Address:**

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

**Contact Information:**

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

**Previous Names Used Since 1975:**

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

**Previous Addresses Since 1975:**

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

**Household Members:**

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

**Signature:**

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

**CHILDLINE USE ONLY:**

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

**Additional Information:**

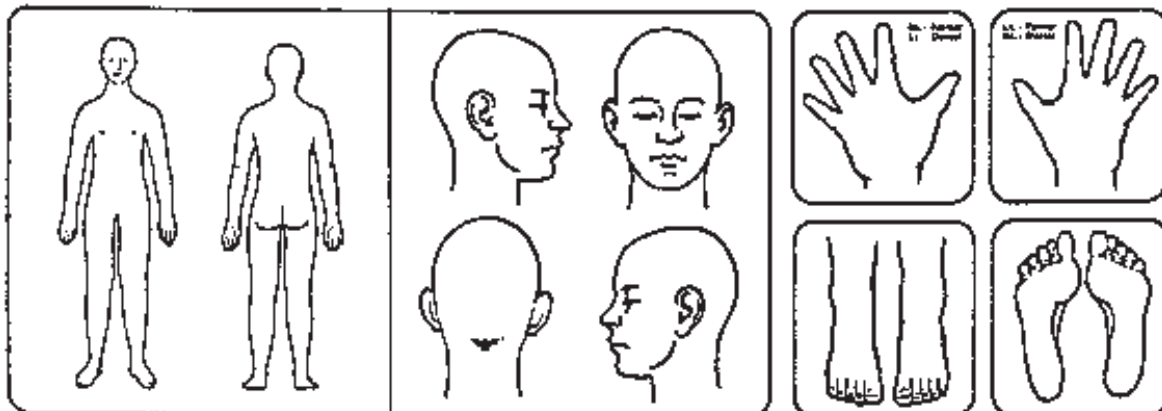
Applicants can visit <https://www.compass.state.pa.us/CWIS> for more information about submitting the child abuse certification online or to register for a business/organization account.

**APPENDIX I: State form CY47 to report suspected child abuse**

**REPORT OF SUSPECTED CHILD ABUSE  
(CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA CSA CHAPTER 63)**

PLEASE REFER TO INSTRUCTIONS ON REVERSE SIDE. EXCEPT FOR SIGNATURE, PLEASE PRINT OR TYPE

1. NAME OF CHILD (Last, First, Initial)		SSN	BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (State, City, State & ZIP Code)			COUNTY	
1A. PRESENT LOCATION IF DIFFERENT THAN ABOVE			COUNTY	
2. BIOLOGICAL/ADOPTIVE MOTHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
3. BIOLOGICAL/ADOPTIVE FATHER (Last, First, Initial)		SSN	BIRTHDATE	TELEPHONE NO.
ADDRESS (City, State & ZIP Code)			COUNTY	
4. OTHER PERSON RESPONSIBLE FOR CHILD		SSN	BIRTHDATE	RELATIONSHIP TO CHILD SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (City, State & ZIP Code)			COUNTY	TELEPHONE NO.
5. ALLEGED PERPETRATOR (Last, First, Initial)		SSN	BIRTHDATE	RELATIONSHIP TO CHILD SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS (City, State & ZIP Code)			COUNTY	TELEPHONE NO.
NAME OF ALLEGED PERPETRATOR'S EMPLOYER AND EMPLOYER'S ADDRESS				
<b>6. FAMILY HOUSEHOLD COMPOSITION (Excluding Above Names)</b>				
NAME (Last, First, Initial)		RELATIONSHIP TO CHILD	NAME (Last, First, Initial)	
RELATIONSHIP TO CHILD				
A.		D.		
B.		E.		
C.		F.		
ADDRESS WHERE THE SUSPECTED ABUSE OCCURRED			COUNTY	
DESCRIBE THE NATURE AND EXTENT OF THE SUSPECTED CHILD ABUSE, INCLUDING ANY EVIDENCE OF PRIOR ABUSE TO THE CHILD OR ANY SIBLING OF THE CHILD. ALSO INCLUDE ANY EVIDENCE OF PRIOR ABUSE BY THE ALLEGED PERPETRATOR(S) TO OTHER CHILDREN. PLEASE NOTE EXACT LOCATION OF THE INJURY(S) ON MODEL BELOW.			DATE OF INCIDENT	



CY 47 12/14

<b>7. ACTIONS TAKEN OR ABOUT TO BE TAKEN BY THE PERSON MAKING THE REPORT:</b>			
<input type="checkbox"/> NOTIFICATION OF CORONER OR MEDICAL EXAMINER	<input type="checkbox"/> X-RAYS	<input type="checkbox"/> PHOTOGRAPHS	<input type="checkbox"/> HOSPITALIZATION
<input type="checkbox"/> POLICE NOTIFIED	<input type="checkbox"/> MEDICAL TEST(S)	<input type="checkbox"/> TAKEN INTO PROTECTIVE CUSTODY	<input type="checkbox"/> OTHER (Specify) _____
<b>8. SAFETY CONCERNS AND RISK FACTORS:</b>			
A. DESCRIBE THE CHILD(REN)'S PHYSICAL AND BEHAVIORAL HEALTH, GOOD MOOD AND TEMPERAMENT. DESCRIBE CHILD(REN)'S INTELLECTUAL FUNCTIONING, COMMUNICATION AND SOCIAL SKILLS, SCHOOL PERFORMANCE AND PEER RELATIONS. INCLUDE WHETHER THE CHILD(REN) HAS EXPRESSED ANY SUICIDAL/HOMICIDAL IDEATION OR PLANS.			<input type="checkbox"/> INFORMATION UNKNOWN
B. DESCRIBE HOW THE ADULT CAREGIVERS FUNCTION COGNITIVELY, EMOTIONALLY, BEHAVIORALLY, PHYSICALLY AND SOCIALLY. INCLUDE WHETHER THE ADULTS HAVE ANY MENTAL HEALTH, SUBSTANCE USE ISSUES AND/OR CRIMINAL HISTORY. DOCUMENT ANY PAST OR PRESENT DOMESTIC VIOLENCE. RECORD THE EMPLOYMENT STATUS/SOURCE OF INCOME AND WHETHER THERE ARE ANY FINANCIAL STRESSORS IN THE HOME. INCLUDE ANY SAFETY OR SANITARY CONCERNS REGARDING THE CONDITIONS OF THE HOME AND WHETHER THERE ARE WORKING UTILITIES. WHAT IS THE PRIMARY LANGUAGE OF THE HOUSEHOLD?			<input type="checkbox"/> INFORMATION UNKNOWN
C. DESCRIBE WHETHER THE CAREGIVERS HAVE THE APPROPRIATE KNOWLEDGE, EXPECTATIONS AND SKILLS TO PARENT THE CHILD(REN) ADEQUATELY. DOES THE CAREGIVER ADEQUATELY SUPERVISE THE CHILD(REN)? ARE THEY WILLING AND ABLE TO PROTECT THE CHILD(REN)? DESCRIBE THE ABILITY OF THE CAREGIVER TO EMPATHIZE, NURTURE AND ADVOCATE FOR THE CHILD(REN).			<input type="checkbox"/> INFORMATION UNKNOWN
D. DESCRIBE THE CAREGIVERS' APPROACH/METHODS OF DISCIPLINING THE CHILD(REN). DESCRIBE WHEN DISCIPLINE OCCURS AND WHETHER DISCIPLINARY METHODS ARE AGE-APPROPRIATE? ARE THERE ANY CULTURAL PRACTICES IN THE HOME THAT WOULD INFLUENCE THE DISCIPLINARY METHODS USED?			<input type="checkbox"/> INFORMATION UNKNOWN
E. PLEASE PROVIDE ANY ADDITIONAL INFORMATION RELEVANT TO THE INVESTIGATION PROCESS THAT HAS NOT ALREADY BEEN ENTERED IN THIS REFERRAL. THIS MAY INCLUDE ADDITIONAL ADDRESSES TO LOCATE THE CHILD OR PERPETRATOR, ADDITIONAL RESOURCES FOR THE CHILD, EMAIL ADDRESSES, INFORMATION ABOUT ANY WEAPONS IN THE HOME OR CONCERNS YOU MAY HAVE FOR THE CASEWORKER'S SAFETY.			<input type="checkbox"/> INFORMATION UNKNOWN

**INSTRUCTIONS TO MANDATED PERSONS:**

A mandated reporter making an oral report of suspected child abuse to the department via the Statewide toll-free telephone number (800-932-0313) must also make a written report, which may be submitted electronically, within 48 hours to the department or county agency assigned to the case by using this form. If needed, attach additional sheet(s) of paper to provide all of the requested information on this form.

**NOTE:**

If the child has been taken into custody, you must immediately contact the county children and youth agency where the abuse occurred.

<b>REPORTING SOURCE:</b>			
PRINTED NAME AND SIGNATURE:		DATE OF REPORT:	
ADDRESS:			
TITLE OR RELATIONSHIP TO CHILD:	FACILITY OR ORGANIZATION:	TELEPHONE NUMBER:	EMAIL ADDRESS:

## APPENDIX J: Educational and other resources

### Education and Policy Resources

**Online Training:** A free three-hour course developed by the University of Pittsburgh and the Department of Human Services covers how to recognize and report suspected child abuse. Registration is required. Participants can then print out a certificate signifying their completion of the course: [www.reportabusepa.pitt.edu/](http://www.reportabusepa.pitt.edu/)

Similarly, the **Center for Child Protection at Penn State** also has a free state-approved online training module that takes about two hours and offers a completion certificate: [www.ilookoutforchildabuse.com/](http://www.ilookoutforchildabuse.com/)

**Keep Kids Safe PA:** [keepkidssafe.pa.gov](http://keepkidssafe.pa.gov) is designed to serve as the hub for information related to critical components impacting child protection including a link for mandated reporters to make reports of suspected child abuse electronically, training on child abuse recognition and reporting, information related to certifications and general information related to child protection.

**Center for Children's Justice:** This advocacy group's reports and websites can help you're your congregation informed about the Child Protection Services Laws. [www.c4cj.org](http://www.c4cj.org).

**Lutheran Advocacy Ministry in Pennsylvania:** LAMPa is the ELCA-affiliated office that provides insight and updates on state law, including CPSL.  
[www.lutheranadvocacypa.org/issues/child-sexual-abuse-protection/](http://www.lutheranadvocacypa.org/issues/child-sexual-abuse-protection/)

**ELCA Legal Counsel:**  
<http://www.elca.org/legal/riskmanagement.html>