

Presbytery of San Francisco

Personal Safety and Well-Being of All Policy and Procedures

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PRESBYTERY OF SAN FRANCISCO POLICY AND PROCEDURES FOR THE PERSONAL SAFETY AND WELL-BEING OF ALL

I. INTRODUCTION

How precious is your steadfast love O God! All people may take refuge in the shadow of your wings. Psalm 36:7 (NRSV)

But let all who take refuge in you rejoice; let them ever sing for joy. Spread your protection over them, so that those who love your name may exalt in you. Psalm 5:11 (NRSV)

Scripture affirms that God is a refuge for all people. Recognizing the spiritual and public trust given to us, the Presbytery of San Francisco, hereafter referred to as Presbytery, wants to be a welcoming community and a safe environment for the people who are employees, members, visitors or participants in any of its programs, events, and ministries.

A. PURPOSE

The Presbytery, so far as it is reasonably possible, will maintain a safe and respectful environment by minimizing opportunities for anyone being subjected to sexual, physical, psychological or mental abuse or harassment. The Presbytery of San Francisco Policy and Procedures for the Personal Safety and Well-Being of All (hereafter referred to as Policy) is written to comply with:

1. The Book of Order (G.3.0106) which mandates each council to adopt and implement a child and youth safety policy.
2. The Presbyterian Church (U.S.A.) Child/Youth/Vulnerable Adult Protection Policy and Its Procedures.

The Policy establishes appropriate and clearly defined procedures regarding:

1. The recruitment, selection, screening and supervision of Presbytery members, employees, and volunteers as it relates to this policy.
2. Limiting any incidents or conduct that might cause physical, emotional, psychological or sexual harm while working for or participating in activities and events of the Presbytery.

3. Safe and appropriate practices for adults working with minors and dependent adults.
4. Training identified members, employees, and volunteers on Presbytery, General Assembly, state and local policies and procedures.
5. Reporting and responding to a violation of this policy.

If anyone has knowledge that a convicted sex offender is attending or participating in events sponsored by the Presbytery, this information must be communicated immediately to the event sponsor and Presbytery Executive Level Staff. Such information must be given to Presbytery Executive Level Staff for discussion before any event/activity planning takes place at that location.

B. SCOPE

This Policy applies to all Presbytery sponsored activities. This includes, but is not limited to all meetings of the Presbytery, workshops, the Presbytery's Triennium delegation, and childcare at Presbytery sponsored events.

This Policy is binding on:

1. All ministers who are members of the Presbytery, all Commissioned Ruling Elders / Commissioned Lay Pastors (hereafter CRE/CLP), temporary ministers, ministers of other denominations serving in pastoral relationships within the Presbytery, tentmakers, Christian educators, seminary students serving in local congregations;
2. Ruling elders, deacons, candidates, inquirers, 1001 New Worshiping Community leaders, officers, employees or contractors of the Presbytery, members of churches who are part of the Presbytery when they are engaged in any activity organized, sponsored, or conducted by the Presbytery and any of its entities (councils, committees, task forces, commissions), and/or any person who works or acts for the Presbytery in any capacity, whether he or she is a volunteer or paid employee or agent of the Presbytery.
3. Caregivers at any Presbytery sponsored event.
4. People who plan, organize, supervise or lead any Presbytery sponsored or co-sponsored event.
5. Parents whose minors attend events.

When an event is co-sponsored by the Presbytery, or if an organization rents space from the Presbytery, the Presbytery shall inform that organization of this Policy, and the Presbytery will require, as a condition of its co-sponsorship or property

use, that the organization sign a Statement of Compliance which states that they will comply with this Policy.

This Policy is to be used along with any and all other related policies of the Presbyterian Church (U.S.A.), the Presbytery, and state, federal, and local laws. Violation of this Policy shall be considered grounds for disciplinary action and/or possible legal action. It is the intention of the drafters of this Policy that it be in compliance with all relevant state, federal, and local laws. If, however, any part of this Policy conflicts with any relevant law, then that portion shall be deemed inoperable and severable from the remainder of this Policy.

While this Policy is not applicable to individual churches, we encourage every church in the Presbytery to adopt their own individual policy for their ministries and events. This policy and its procedures may be used as a guideline.

C. DEFINITIONS

The following is a list of definitions of terms used in this Policy:

Child: A person between the ages of 0–11.

Youth: A person between the ages of 12–17.

Minor: Any child or youth 0–17 years old.

Adult: Anyone 18 years of age or older.

Vulnerable Adult: Any person eighteen-years-old or older without the developmental or cognitive capacity to consent.

Dependent Adult: Any person (18-64) who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights.

Elder Adult: Any person 65 years and older.

Caregiver: Any person, volunteer, paid staff or contractor, who participates at any Presbytery sponsored event or activity to provide childcare for children or youth.

Child/Youth Worker: Any person, volunteer, paid staff or contractor that works with children or youth.

Youth Volunteer/Youth Assistant: Any youth designated to assist a Child/Youth worker.

Leader/Sponsor: Any person, volunteer, paid staff or contractor, including keynote speaker, music leader, who participates at any Presbytery sponsored event as the person in charge of a group of minors, or the primary sponsor of an event.

Stated Clerk: An officer of the presbytery.

Presbytery Executive Level Staff: The chief administrative staff person(s) for the Presbytery.

Offender/Known Offender: A person who has been convicted of a crime against children, vulnerable adults, adults or elders.

Abuse: There are many types of abuse including:

1. **Physical abuse:** Any deliberate act causing bodily injury to a person, this includes unreasonable punishment.
2. **Emotional abuse:** Mistreatment (yelling, insulting, threatening, mocking, ignoring, bullying, or excluding) that affects another person's identity, dignity or self-worth, causing that person to feel fear, anxiety, shame, inept, or unworthy.
3. **Neglect:** Failure to provide food, clothing, shelter, health care, psychological nurturing, education, supervision, safety, or other basic necessities for a person.
4. **Sexual abuse:** Any sexual offense in relation to:
 - any person under the age of eighteen years of age or anyone over the age of eighteen years without the mental capacity to consent.
 - any person when the conduct involves force, threat, coercion, intimidation, or misuse of power including the power associated with ministry or position.

Vulnerable, Dependent Adult, Elder Abuse: Any act or failure to act that results in the physical, sexual, psychological, or emotional mistreatment, neglect, or financial exploitation of a vulnerable dependent or elder adult.

Child Abuse: Any act or failure to act that results in the exploitation of a child.

Reasonable Suspicion: A belief or opinion based on actions (facts or circumstances or drawing from one's training and experience) that are sufficient for a reasonable person to believe that a person may be a victim of abuse or neglect.

Sexual Misconduct: This term covers a wide range of behaviors including rape, sexual malfeasance, inappropriate sexual conduct and sexual harassment.

Pastoral Response Team: A team composed of church members and pastors who have had training, experience, and personalities that uniquely qualify them to respond to allegations of sexual misconduct and/or allegations of child, youth, dependent adult or elder abuse. Their role is to provide confidential care, spiritual support, and emotional encouragement for those impacted by the allegations, including the victim, the accuser, the accused, their families and their congregations.

D. DISTRIBUTION

Copies of this Policy and its procedures will be provided (in hard copy or electronically) to everyone identified in the Scope of this Policy and made available to anyone who participates in activities of the Presbytery and will be provided to all ministers who become members of this presbytery or are approved to serve the presbytery. This Policy and its procedures shall be given to persons who accuse others of misconduct, individuals who report sexual misconduct, and to individuals suspected of sexual misconduct.

II. PREVENTION PROCEDURES

A. STANDARDS OF CONDUCT

Employees, members, volunteers, and visitors are expected to conduct themselves in a manner that is consistent with the discipline, norms and teachings of the Presbytery; expected behaviors:

1. Treat all persons with courtesy and respect.
2. Perform duties and responsibilities in a safe, efficient and competent way.
3. Be a faithful steward of and fully account for funds and property entrusted to them.
4. Be inclusive, we respect diversity and respect the dignity of each person as someone made in the image and likeness of God.
5. Respect the privacy of individuals and only use confidential information for the purposes for which it was given.

Prohibited behaviors include but are not restricted to:

1. Criminal activity.
2. Breach of trust or confidentiality.
3. Abusive verbal behavior (epithets, threats, slurs, use of profanity or off-color jokes).
4. Abusive visual behavior (gestures, the display or circulation of derogatory or sexually explicit posters, cartoons, drawings, gestures).
5. Physical abuse.
6. Theft.
7. Possession, use, or distribution of illegal drugs or controlled substances.
8. Engaging in any form of harassment (harassment can be a single severe incident or a persistent pattern of behavior).
9. Engaging in sexual abuse or sexual misconduct.
10. Possessing sexually oriented materials, including printed or online pornography.
11. Possession of firearms, weapons, and explosive devices of any kind.
12. The consumption of alcoholic beverages except when alcohol is specifically permitted at a Presbytery sponsored social event.

B. SCREENING AND BACKGROUND CHECK PROCEDURES

Any individual seeking to work in the Presbytery as clergy shall follow the hiring procedures identified by the Committee on Ministry. Anyone seeking employment with the Presbytery shall follow the hiring procedures identified in the Presbytery Employment Handbook. Anyone seeking to work with the Presbytery as a volunteer with minors or vulnerable adults shall:

1. Complete a written application that includes a minimum of two references. A designated Presbytery person or a person/team designated at a local church will:
 - a) Review the application paying specific attention to any unexplained gaps in time or irregular employment patterns, and frequent changes in address. These gaps will be checked on during reference checks or at the subsequent interview.
 - b) Contact at least two of the applicant's references.
2. Be interviewed by Presbytery and/or church leadership.
3. When applying for any position involving contact with minors will provide evidence that he/she has been involved with the Presbytery for a minimum of six (6) months. People transferring into the Presbytery with recommendation of previous presbyteries are exempt from this requirement.
4. Consent to a criminal background check.

5. Complete additional background information (driver's license) as requested.

The following guidelines apply to youth volunteers and youth assistants:

1. Volunteers must be at least eighteen(18) years of age and four years older than the oldest youth whom they are serving.
2. Assistants must be 14-18 years of age.
3. Must complete a youth application form that includes at least two references (teacher, counselor, pastor, etc.). A designated person will review the application and contact references.
4. Must be associated with a church for a minimum of six (6) months prior to applying or come with endorsements from previous churches.
5. Must participate in a face-to- face interview with church leadership.

If an individual discloses information, or, if information of a cautionary nature is revealed through review of the application and/or the reference or background check, the Presbytery will consider the information and decide on a course of action. The decision will be documented in writing and placed in the person's file. The decision on the person's application may be to:

1. Accept unconditionally.
2. Accept with clearly defined restrictions.
3. Deny.

C. DISQUALIFYING OFFENSES

Convictions or deferred adjudications for offenses involving children, sexually motivated offenses and/or offenses involving violence or indecency will exclude someone from being considered for employment. The possession, sale, distribution, manufacturing, or use of illegal substances (within 10 years) or a DUI (within 7 years) may exclude someone from consideration. Failure to disclose a criminal conviction on the application and/or deliberate falsification or untruthfulness on the application will also be disqualifying factors. This list is not comprehensive, other factors may preclude employment.

If the Presbytery becomes aware that a caregiver, child/youth worker or anyone working with minors or dependent adults has a prior conviction for one of the aforementioned crimes or a related crime, the individual shall automatically be removed from his/her position and will be ineligible to attend a child/youth event in any capacity until a review is completed and the Presbytery makes a decision on a course of action.

Anyone, paid or volunteer, subject to the above requirements who is arrested for, or convicted of, an offense that would constitute grounds for denying working with minors, or is named as a perpetrator in the state child abuse database, shall provide written notice within 72 hours to the Presbytery Executive Leadership Staff. This person will be suspended from working with minors until a determination is made regarding the charges.

Upon employment or approval as a volunteer, the individual shall sign and date a Statement of Compliance acknowledging that he/she has read the Policy, understands its meaning, and agrees to abide by it.

D. TRAINING UPON EMPLOYMENT OR APPROVAL FOR VOLUNTEER WORK

The Presbytery will provide training for all individuals listed in the Scope of this Policy. Individuals must sign up to be retrained every five (5) years. The Presbytery may contract with others to provide the training.

Trainings shall cover but are not be limited to the following topics:

1. The Presbytery of San Francisco Policy and Procedures for the Personal Safety and Well-Being of All.
2. The Presbytery of San Francisco Sexual Misconduct Prevention Policy and Procedures.
3. What constitutes minor/elder/dependent adult abuse and neglect.
4. How to recognize signs and symptoms of abuse and neglect.
5. Mandatory criminal background checks and the security of those files.
6. Appropriate boundaries with children and youth, especially regarding adult/child/youth ratios, transportation, use of technology, and boundaries involving appropriate sleeping arrangements and restroom/shower facilities use if an overnight event is planned.
7. Mandated reporter policies:
 - a) The *Book of Order* (G-4.0302) requires teaching elders, ruling elders, deacons, and certified Christian educators to report knowledge of child abuse to civil and ecclesiastical authorities.
 - b) In the State of California, clergy members are mandated reporters for child abuse, elder abuse and dependent adult abuse. While clergy members may be exempt from

some sections of the various codes, they should be aware of mandated reporting requirements in California.

- c) The California Child Abuse and Neglect Reporting Law and the California Penal Code require certain professionals and lay persons, including clergy and Clerks of Sessions, who have a special working relationship or contact with children, to report any knowledge of the abuse of a child, youth or vulnerable adult, any reasonable suspicion that a child, youth, or vulnerable adult is or has been abused, or any suspicion that a child, youth, or vulnerable adult is at the risk of abuse to the proper authorities. (*California Penal Code* §11165.7, *California Penal Code* §11166)

When a mandated reporter has knowledge of or reasonably suspects that a minor has been the victim of child abuse or neglect, *California Penal Code* §11166(a) requires the reporter to:

- (1) Make an initial report immediately or as soon as possible by phone to Child Protective Services (CPS) and/or the police department:

Alameda CPS (510) 259-1800

Contra Costa County CPS (925) 646-1680

San Mateo County CPS (650) 595-7922

San Francisco CPS (800) 856-5553

- (2) Prepare and send, fax, or submit electronically a Suspected Child Abuse Report to CPS within 36 hours.

This report can be downloaded at

[oag.ca.gov › files › agweb › pdfs › childabuse › ss_8572](http://oag.ca.gov/files/agweb/pdfs/childabuse/ss_8572)

- d) The Elder Abuse and Dependent Adult Civil Protection Act identifies clergy as mandated reporters. They are to report an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect. Reporters are required to contact Adult Protective Services (APS) and/or the police as soon as possible and within 24 hours. They are also required to prepare, and send, fax, or submit electronically a Department of Social Services Form (SOC Form 341) within 48 hours. Refer to *California Welfare & Institutions Code* §15630 and comply with all guidelines.

- (1) For APS you can call **1-833-401-0832**.

- (2) SOC Form 341 can be downloaded at

<https://www.cdss.ca.gov/Portals/9/FMUForms/Q-T/SOC341.pdf>

- e) Failure to report child abuse/neglect or elder/dependent adult abuse/neglect is a misdemeanor. (*California Penal Code* §11166(c), *California Welfare & Institutions Code* §15630) Moreover, a failure to report may result in personal civil liability.
- f) Mandated reporters cannot be held liable in civil or criminal court for filing a report unless it can be proven that the mandated reporter knowingly made a false report. (*California Penal Code* §11172a). APS states the same for elder abuse reporting.

Youth volunteers and youth assistants will participate in training that includes but will not be limited to the following topics:

1. The Presbytery of San Francisco Policy and Procedures For Personal Safety and Well-Being of All.
2. Appropriate and inappropriate physical and verbal interactions with minors.
3. The importance of maintaining boundaries.

E. INTERNET AND SOCIAL MEDIA PROCEDURES

The Presbytery reserves the right to access, inspect, monitor and review all computer and internet activity at the Presbytery office. Everyone identified in the scope of this Policy is responsible for using computer and internet systems in an ethical and lawful manner; they are required to observe copyright and licensing agreements.

No minister, employee, contractor, or volunteer of the Presbytery shall create or use a media site (Web, Facebook, YouTube, Twitter, etc.) in the name of or alleging to represent the Presbytery without the explicit written permission of the Presbytery. When clergy or staff, acting in their capacity as a representative of the Presbytery lead or coordinate a group activity using social media, each may use only official Presbytery or presbytery congregational sites. These may include Web pages, Facebook, email, and similar means.

Persons who create public pages on behalf of the Presbytery are responsible to monitor communications and to assure that employees and volunteers do not have private (and possibly inappropriate) conversations with minors or dependent adults.

Persons having Facebook privileges on behalf of the Presbytery shall treat unsolicited private messages from minors or dependent adults as an unauthorized text message. No reply may be given except to indicate that private messaging with a minor or dependent adult is a violation of this Policy.

If a minor or dependent adult reveals abuse or inappropriate interactions with an adult, the person notified must report this information in the manner of any suspected abuse.

Each person ~~who~~ using social media on behalf of the Presbytery shall obey the following guidelines:

1. Never post easily identifiable information online. When posting photos do not use minor's names (make sure nametags are not distinguishable).
2. Prohibit comments that are, or could be construed by any observer, to be harsh, threatening, intimidating, bullying, shaming, derogatory, demeaning, or humiliating.
3. Prohibit sexually oriented conversations or discussions about sexual activities.
4. Prohibit private messages between adults and minors.
5. Prohibit posting inappropriate pictures (for example, sexually suggestive, exploitive, or voyeuristic) or inappropriate comments on pictures.
6. Set privacy settings to limit access to information.
7. Deny participation by individuals who repeatedly violate the code of conduct.

F. HEALTH SAFETY

Each floor of the facility will have a fully equipped First Aid kit. A fully equipped and checked First Aid kit will be available at any off-site sponsored event. The facility must be equipped with working smoke detectors and fire extinguishers.

III. PROCEDURES FOR WORKING WITH MINORS

When childcare is provided (for example, during a presbytery meeting) the care providers shall be supplied, supervised, and checked by the host church. Their policy must be in alignment with this policy including background checks and caregiver-to-child ratios. When childcare is not provided, the child's parent/legal guardian is responsible for child supervision at all times.

Presbytery responsibility begins when individuals sign-in and/or register at the time of the event and ends with their signing out. Minors will only be released to the parent/guardian or authorized adult that signed them in unless written directions were left by the person that signed them in.

The Presbytery shall ensure that the following guidelines and procedures are in place for each event or activity involving minors.

A. SUPERVISION

All caregivers, child/youth workers, youth volunteers/assistants, leaders and supervisors will have completed background checks and training. Volunteers and employees who work with youth are encouraged to obtain current training in first aid and CPR.

Youth volunteers/assistants must at all times be supervised by adults, and must not be left alone with minors. They will wear clothing, lanyards, or nametags that clearly differentiate them from other participants.

B. REGISTRATION

The parent/legal guardians of each minor must provide the appropriate written permission and medical forms for each activity/event. The permission forms should include all contacts for legal guardians and the medical form must include a copy of the minor's health insurance card. Parent/legal guardians will sign additional consent forms for off-site events. The parent/legal guardian of a participant must complete a consent form to release any photos at the event that are used in social media or published material by the Presbytery. When the parent or legal guardian is physically onsite for the duration of the event (such as a Presbytery meeting), he/she registers the minor on a sign-in slip.

All forms will be stored at the Presbytery office in a secure place with restricted access. Forms should ordinarily be kept for at least seven years.

As a part of the registration process, minor participants may be required to sign a Code of Conduct form.

C. RULES FOR PARTICIPANTS

At each event/activity rules are to be reviewed with the participants. These rules should include but are not limited to a code of conduct specific to the

event/activity, as well as a prohibited and expected behaviors for the specific event/activity. The code of conduct and prohibited and expected behaviors list should be given in written form to each participant and parent/legal guardians prior to the event.

D. TWO-ADULT RULE

Two non-related adults must always be present when working with minors. Conversations where privacy is helpful, such as counseling or pastoral care, must still be held in public spaces in sight of another adult leader.

E. RATIOS

The adult to child ratio for all Presbytery events/activities, including online events, is 2:10; the adult to youth ratio is 2:20. For minors over five, mixed-gender groups shall have mixed-gender adult supervision, reflecting the genders of the minors under supervision.

F. VISIBILITY

When adults are in a room with minors, if the door is closed, the door must have a view window. If the door does not have a view window the door must remain open at all times. If the activity is an outdoor program, the persons in charge will take appropriate measures to ensure that minors are properly supervised.

G. PRIVACY

Adults and youth volunteers must respect the privacy of the minors to whom they provide care. Responsible use of digital devices and cell phones by staff, volunteers, and participants, is required in all situations (ex. taking age-appropriate photographs and movies, not taking photographs of minors who are not fully clothed).

H. RESTROOM SUPERVISION

Observe the following guidelines:

1. Quickly scan the bathroom before allowing participants to enter. Only send as many minors as there are stalls. The adult should remain outside by the bathroom door.

2. Young children and dependent individuals should be accompanied to the restroom. Older minors should go to the bathroom in groups or pairs.
3. Adults should avoid using restrooms or changing rooms at the same time as minors whenever possible, and should always give privacy to minors.

I. PHYSICAL CONTACT

Respect and appropriate boundaries are the guiding principles for physical contact between adults, youth volunteers/assistants and program participants. A child's preference not to be touched should be respected. Physical affection should always be appropriate to the age of the child or youth and should be in response to the participant's need for comfort or encouragement. Some examples of appropriate contact, with permission from the participants, are pats on the shoulder or back, handshakes, side hugs, and "High-fives".

J. CODE OF CONDUCT FOR INDIVIDUALS WORKING WITH MINORS

All volunteers and employees at any Presbytery sponsored event shall respond to minors and dependent adults with respect and consideration and treat all of them equally, regardless of race/ethnicity, color, national origin, gender, age, marital status, sexual orientation, gender identity/expression, creed, protected disability status, citizenship status, genetic information, uniformed service or veteran status or religious affiliation. They shall act as a positive role model for minors and dependent adults by maintaining an attitude of respect, patience, and maturity. They must conduct themselves appropriately in all aspects of their behavior, speech, dress, and personal and online interactions. They will abide by all event-specific codes of conduct. They must abide by a code of conduct that emphasizes prohibited behaviors. Some of these prohibited behaviors include but are not restricted to:

1. Displaying sexual affection toward a child.
2. Discussing of sexual encounters with or around minors
- 3.. Involving minors in your personal problems or issues.
4. Dating or becoming "romantically" involved with a minor.
5. Having secrets with minors.
6. Staring at or commenting on a minor's body.
7. Wearing attire inappropriate to the activity planned.
8. Wrestling with a minor or dependent adult.
9. Giving personal gifts or money to individual minors.
10. Displaying any form of unwanted affection.

11. Giving lengthy embraces.
12. Abusing minors in anyway, including, but not limited to:
 - a) Physical abuse – hit, spank, slap, shake, unnecessary restraint.
 - b) Verbal abuse – degrade, threaten, or curse.
 - c) Sexual abuse – inappropriate touch, expose oneself, or engage in sexually oriented conversations.
 - d) Mental abuse – shame, humiliate.
 - e) Neglect – withhold basic needs (food, water, shelter).
 - f) Permitting minors to engage in activities such as: hazing, bullying, bullying, or derogatory language.

K. DISCIPLINE

No person shall be disciplined by the use of corporal punishment. Verbal reprimands must not include destructive criticism, insults, offensive behavior or language. The minimal amount of physical restraint will be used only when absolutely necessary to protect someone from harm.

L. TRANSPORTATION

Drivers are to observe the following guidelines when traveling with minors or dependent adults:

1. All drivers transporting minors and dependent adults be over the age of twenty-five. If their personal vehicle is used, they must be informed that their insurance would be primary if an accident occurs.
2. Drivers must have their current license and insurance documents on file with the Presbytery.
3. If a charter bus is rented, or any outside carrier is contracted, the company hired must ensure criminal background checks on their drivers.
4. All vehicles used must have seat belts for the driver and each passenger and be able to pass a safety inspection.
5. Children under 8 years old, or who are less than 4 feet 9 inches tall, must be properly secured in a back seat federally-approved child passenger restraint system. (*California Vehicle Code* §27360)
6. Children under 8 years old may ride in the front seat of a vehicle only in situations identified in the exemptions cited in *California Vehicle Code* §27363 (such as, there is no rear seat, all rear seats are already occupied by children 7 years old or younger, etc.).
7. At least two adults must transport a single minor or at least two minors must be present if transported by a single adult.

8. Drivers are to have a charged cell phone, a first-aid kit, emergency supplies, and emergency contact and medical release forms for each minor or dependent adult.
9. Drivers must not use the cell phone when driving.
10. Drivers are not allowed to make unauthorized stops.
11. Supervisors are to take roll call immediately after entering and leaving a bus.
12. No minor may be a driver at any event or activity (this includes golf carts at events).

M. FIELD TRIP AND OVERNIGHT ACTIVITIES

When a Presbytery event is held at a site that is not owned by the Presbytery or one of its entities, observe the following guidelines:

1. One supervisor must have a charged cell phone and a copy of the completed Permission and Medical information forms for each participant.
2. At least two non-related adults must supervise. See ratios (Page 13) to determine the number and gender of required supervisors.
3. Any building used for overnight accommodations must be equipped with working smoke detectors and fire extinguishers.
4. Minors and adults must maintain different showering and grooming hours at events in which bathrooms, changing rooms, and showers are shared in housing.
5. Adults should not share sleeping quarters with minors. The exception to this rule is for the occasional parent, caregiver, or legal guardian/child situation. If a minor/dependent adult requires a caregiver, written permission must be given (and kept on file) by the minor's or dependent adult's parent/legal guardian. Occasional open-space sleeping quarters (large groups on the floor of a church gym for example) may be permitted with proper oversight.
6. Leaders should always be in pairs when performing room checks.

N. ADDITIONAL HEALTH PROCEDURES

The following guidelines will be implemented to provide a healthy and safe environment for individuals:

1. As a part of the registration form, parents/guardians agree not to send their children/youth to programs or activities when the minor has symptoms of communicable or infectious diseases. If a minor appears to be ill with an infectious disease that minor will be separated from

- other minors and the parent/guardian will be contacted to pick up or make arrangements for the minor to be sent home at the expense of the parent or guardian.
2. Snacks and food will only be provided to minors who have a complete permission slip that notes allergy information. Foods with peanuts will be eliminated unless all participants present have no peanut allergy as confirmed by information on their medical information form.
 3. It is the policy of the Presbytery not to administer either prescription or non-prescription medication to minors. Exceptions to the medication policy may be granted in the case of life-saving medications such as an Epi-Pen, inhaler, or glucose tab when a documented plan signed by a parent/guardian is on file. Medication will be stored in a safe and appropriate location. In the case of overnight events the medication policy will be modified so that minors can receive their medication.

O. ADDITIONAL INTERNET AND SOCIAL MEDIA PROCEDURES

When using social media to communicate with a minor or dependent adult, clergy, staff or volunteers:

1. Must provide their parents or guardians with all information related to this Policy's Internet, Social Media and Social Networking Code of Conduct.
2. Shall inform and receive written permission from the parent/guardian of each minor or dependent adult that he/she is communicating with and provide that parent/guardian the opportunity to participate in group messaging.
3. Shall receive written permission from the parent/legal guardian of a minor or dependent adult prior to:
 - a) Posting or sending photos of participants on any website or social media platform, email, or video.
 - b) Emailing, messaging, calling, texting, or sending data to a child or youth by computer, tablet, cell phone, or another media device.
 - c) Sharing the full name or contact information of a minor or dependent adult.
4. Will encourage parents to play a role in monitoring the interactions between their minor(s) or dependent adult(s) with clergy, staff, and volunteers.

5. Will continuously remind minors and ~~vulnerable~~ dependent adults how to interact appropriately through social networking sites.

IV. POLICY VIOLATION PROCEDURES

Anyone with a reasonable belief that a violation of this Policy has occurred is required to report and/or document what was witnessed.

Anyone who suspects or has knowledge of any type of child/youth/dependent adult or elder abuse must report that knowledge with any adult leader of the presbytery sponsored event. Mandated reporters shall report any concerns or complaints to the required agency. The event leader shall share that information immediately with the appropriate authority. Refer to the Presbytery of San Francisco Sexual Misconduct Prevention Policy and Procedures document for complete, detailed requirements and information.

All concerns and allegations will be taken seriously and will receive some form of investigation, action or response.

A. INITIAL RESPONSE STEPS

For minor injuries, staff will provide First Aid (Band-Aids, etc.). The parent or guardian will be informed of the injury and the steps taken upon pick-up. For injuries requiring medical treatment, if the injured person is a minor or dependent adult, the parent or guardian will be informed immediately or as soon as possible. If warranted, an ambulance will be called. After the appropriate medical attention has been provided, an incident report will be completed.

The following steps will take place when abuse or sexual misconduct is witnessed or reported:

1. The person receiving the report should immediately secure the safety of the accuser. If the accuser is a minor, or dependent adult, someone needs to stay with that minor or dependent adult until his/her parent or guardian arrives. The parent or guardian will be notified immediately or as soon as possible.
2. Make decisions concerning the immediate temporary removal of the person accused. If the removal of a person from an activity

is required, care should be taken to handle this in a discreet manner. If the alleged perpetrator is a minor, someone needs to stay with the minor until his/her parents/guardians arrive

3. The accuser(s) and/or the person who was initially contacted by the accuser should complete an Allegation Report within 48 hours. If the accuser(s) is unable to complete the report, the event supervisor should provide a detailed record of everything the accuser reports. If you are recording information from an accuser, **remember, you may ask questions to clarify facts if necessary, but do not to ask questions to investigate or verify the allegation.** If there are multiple witnesses each should complete a separate form.
4. The supervisor or leader of the event is to immediately or as soon as possible notify the Presbytery.
5. If required, the supervisor or leader will make a report to the police, CPS, or APS.
6. The supervisor will complete the Receipt of Allegation section of the Allegation Report and will complete an Incident Report.

B. REPORTING

Minor violations of this Policy are to be reported on an Incident Report form.

The supervisor or event leader sends reports to the appropriate authority. Incident Forms are submitted to the event leader or supervisor. Allegation and Incident Reports having to do with abuse are submitted together as a packet to the appropriate person accordingly:

1. A report on an employee of the Presbytery is submitted to the person's supervisor or the personnel committee chairperson.
2. A report on a church member, ruling elder, deacon, volunteer, or employee of a congregation is submitted to the minister or Clerk of Session of the church where the accused holds membership.
3. A report on a CRE/CLP is submitted to the Clerk of Session of the church where they hold membership if the accusation has nothing to do with the person's service as a CRE/CLP. If the accusation is related to their service as a CRE/CLP submit the report to Presbytery Executive-Level Staff and/or the Stated Clerk of the Presbytery with awareness that if given to the Stated Clerk it immediately initiates the disciplinary process.
4. A report on a minister is submitted to the Presbytery Executive-Level Staff and/or the Stated Clerk of the Presbytery with awareness that if

- given to the Stated Clerk it immediately initiates the disciplinary process.
5. A report on the Stated Clerk of the Presbytery or Executive-level Presbytery Staff is submitted to the Committee on Ministry and the Stated Clerk of the Synod.
 6. A report on a person that does not fall under the categories of 1, 2, 3, 4, or 5 above, but is acting on behalf of the Presbytery or one of its entities, is submitted to the Stated Clerk.
 7. A report on a minor is submitted to the Presbytery Executive-Level Staff.

Reports will be sent to CPS, APS, and/or law enforcement authorities if/as required. When making reports to CPS, APS, or the police, be sure to get a case number and the name and contact information for the person with whom you speak at the reporting agency.

C. ADDITIONAL RESPONSE STEPS AND CONFIDENTIALITY

When an accusation of sexual misconduct is filed with the Presbytery, Presbytery will seek to uphold the dignity of all persons involved, including persons who are alleging harm, persons who are accused of sexual misconduct, and the families and communities of each when responding to allegations of sexual misconduct.

The accuser and/or the person reporting the allegation and the person accused will be given both The Presbytery of San Francisco Sexual Misconduct Prevention Policy and The Presbytery of San Francisco Policy and Procedures for the Personal Safety and Well-Being of All. These documents contain the guidelines and procedures that will be followed.

The Presbytery Executive-Level Staff may activate a Pastoral Response Team. While an allegation is being investigated, all persons with knowledge of the incident shall maintain strict confidentiality and shall share information with others only as requested or permitted by the Presbytery Executive-Level Staff and the investigating committee. The Presbytery Executive-Level Staff will share information with the PRT, the Committee on Ministry and others on a strict need-to-know basis. All reports and other written materials related to the incident will be kept in locked files maintained by the Presbytery.

Inquiries from the public or media for information about any allegation of sexual misconduct should be referred to the Presbytery Executive Level Staff. The Presbytery Executive Level Staff is/are the **SOLE** spokesperson(s) for the Presbytery.

D. INVESTIGATION AND CONSEQUENCES

Only the council (session, presbytery, synod) with jurisdiction over the accused person, law enforcement, or legal agencies are responsible for the investigation and resolution of a sexual misconduct allegation.

All members of the Presbyterian Church (U.S.A.) are under the jurisdiction of the church session where they hold membership; they are subject to the Rules of Discipline in the *Book of Order*. All ministers are under the jurisdiction of the presbytery where they hold membership; they are subject to the Rules of Discipline in the *Book of Order*. The Presbytery or identified council will conduct a thorough investigation, and determine the appropriate action. Refer to the Rules of Discipline in the *Book of Order* for specific details.

When a sexual misconduct allegation is filed against someone that is neither an employee of the Presbytery nor a member of a church but is acting on behalf of the Presbytery or one of its entities, that person is subject to the discipline of the particular church and denomination where he/she holds membership.

Criminal, CPS and APS investigations and determinations are handled by the agency involved.

E. RESTORATION AND HEALING

The Presbytery takes every precaution it can to protect its members, however it has to recognize that incidents may occur. These situations can have a tremendous impact on individuals and congregations. To help the community of faith deal with betrayals of trust, guidance can be found in The Presbytery of San Francisco Sexual Misconduct Prevention Policy.

F. INCLUSION OF A KNOWN OFFENDER

At no time will a known offender of minors or a dependent adult be permitted to participate in ministries with children or youth, congregate with children or youth, or enter areas of the Presbytery dedicated to children or youth. Additional guidance can be found in Presbytery procedures.

V. POLICY OVERSIGHT

The Presbytery's Committee on Ministry will oversee the monitoring, implementation, and enforcement of this policy. This committee shall review these policies and procedures and recommend changes, as necessary, to the Presbytery. Editorial revisions and non-substantive edits based on General Assembly decisions (ex. changes in terms such as commissioned lay pastor to commissioned ruling elder) may be approved by the Committee on Ministry. Any substantive changes to the Policy must be approved by the Presbytery.

A designated Presbytery employee will maintain documentation, including but not limited to:

1. Applications, references, background checks.
2. Attendance lists at training sessions.
3. Lists from participating churches of adults who have been approved to serve as a leader, supervisor, or driver for Presbytery events. It is the local church's responsibility to send a list of their approved volunteers to the Presbytery.

All records will be kept on file in a secure location with restricted access.

APPENDICES

**PSF Youth Volunteer/Assistant Application Form (8/2020 version,
2 pages)**

Contact Information:

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____

E-mail: _____

In case of an emergency notify

Name _____

Relationship _____

Phone Number _____

Church Information:

Are you a member of church in the Presbytery of San Francisco? Yes _____ No _____

If yes, name of church and how long have you been a member? _____

If no, is there a church where you are currently a member _____

Personal Disclosure Information:

Are there any circumstances in your life which would make it inappropriate for you to work with minors or would compromise the integrity of the Presbytery of San Francisco? Yes ____ No ____

If yes, please explain: _____

Do you have any medical training (CPR, lifeguard, first aid, EMT, etc.)?

References: List 3 adults you have known for at least 2 years, who are not related to you, who have specific knowledge of your character and ability to work with children and who fit the classifications set forth below.

1. Church (or previous church) member or staff person:

Name: _____ Nature of association: _____

Length of time known: _____ Phone: _____

2 Teacher, coach or another church member:

Name: _____ Nature of association: _____

Length of time known: _____ Phone: _____

3. Social friend or neighbor:

Name: _____ Nature of association: _____

Length of time known: _____ Phone: _____

The information contained in this application is correct to the best of my knowledge. I authorize any reference or church on this application to give the Presbytery of San Francisco any information (including opinions) they may have regarding my character. I waive any right that I may have to inspect any information provided about me by any person or organization.

Signature Of Applicant

Date

I give _____ permission to assist as a Youth Volunteer.

Parent/Guardian Signature _____ Date _____

PSF Driver Form (8/2020 version)

Name (as shown on driver's license): _____
Home phone: _____ Cell: _____
Address: _____
City: _____ State: _____ Zip: _____
Driver's license number: _____ expiration date: _____
Year, make, and model of automobile: _____
Owner of Vehicle _____
License plate number of automobile: _____

Insurance company: _____
Insurance policy number: _____
Insurance expiration date: _____
Liability Limits of Policy: _____

Have you had a moving violation in the past 2 years? _____
If yes, give details _____

Have you ever had a Driver's License revoked or suspended? _____
If yes, give details _____

Have you been convicted or cited for DWI (driving while impaired) in the last 7 years?

If yes, give details as to where and when each such charge was made and
Describe the outcome. _____

By signing this form I:

- have read and agree to the Presbytery's driver's guidelines.
- agree that the information provided is true.
- affirm that I am at least 21 years of age.
- understand that my own automobile insurance is primary and that the church does not provide any additional coverage for my vehicle.

Signature

Date

Statement of Compliance

Employee/Volunteer (8/2020 version)

I acknowledge that I have received a full and complete copy of the PSF Safety and Well-Being Policy and have received training in PSF Safety procedures. I also understand that I am a “mandated reporter” as that term is defined in the California Child Abuse and Neglect Reporting Law

I have read and understand the Safety and Well-Being Policy. I agree to abide by the Policy while serving the Presbytery as a member, employee or volunteer. I am aware of the consequences of violating the procedures in the Policy.

I hereby affirm that I have never been convicted of child abuse or sexual misconduct, as defined in this policy; nor have I resigned from, or been terminated from a position for reasons relating to child abuse or sexual misconduct, as defined in this policy.

Print Name

Signature

Date

Note: If you are unable to make the above certifications, you may provide, in the space provided below, a description of the complaint, termination, or course of treatment you have been involved in, giving dates, the outcome of the situation, and any explanatory comments you care to add:

Statement of Compliance Outside Organizations (8/2020 version)

I acknowledge that as a representative of the organization below I have read and understand the **PSF Policy for the Safety and Well-Being of All**, and agree to comply with all conditions set forth in it.

Specifically, as a guest of the Presbytery:

- ☐ I understand that if I believe that a youth or child has been abused and/or neglected, or I have witnessed behaviors of concern I must immediately notify CPS and a Presbytery representative and that I must file a Suspected Child Abuse Report within 36 hours.
- ☐ No adult will be alone in any room or secluded area on Presbytery property at any time, with a youth or child that is not his/her own or a relative.
- ☐ I understand that failure to follow the policy may result in the termination of my right and that of the organization that I represent to use Presbytery facilities.
- ☐ I understand that when the activity that I am supervising has ended, if I am the last person in the building, I will follow all steps to ensure the safety of the building.

I have been authorized to sign on behalf of _____
Name of the organization (print)

Print Name

Date

Signature _____

SUSPECTED CHILD ABUSE REPORT
(Pursuant to Penal Code section 11166)

Print Form

Clear Form

To Be Completed by Mandated Child Abuse Reporters
PLEASE PRINT OR TYPE

CASE NAME: _____

CASE NUMBER: _____

A. REPORTING PARTY	NAME OF MANDATED REPORTER				TITLE				MANDATED REPORTER CATEGORY											
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS								Street		City		Zip		DID MANDATED REPORTER WITNESS THE INCIDENT?					
	<input type="checkbox"/> YES		<input type="checkbox"/> NO		REPORTER'S TELEPHONE (DAYTIME)				SIGNATURE				TODAY'S DATE							
B. REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT				<input type="checkbox"/> COUNTY PROBATION				AGENCY											
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)				ADDRESS				Street		City		Zip		DATE/TIME OF PHONE CALL					
OFFICIAL CONTACTED - NAME AND TITLE				TELEPHONE																
C. VICTIM One report per victim	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE				SEX		ETHNICITY									
	ADDRESS				Street		City		Zip		TELEPHONE									
	PRESENT LOCATION OF VICTIM				SCHOOL				CLASS		GRADE									
	PHYSICALLY DISABLED?		DEVELOPMENTALLY DISABLED?		OTHER DISABILITY (SPECIFY)				PRIMARY LANGUAGE SPOKEN IN HOME											
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO																	
	IN FOSTER CARE?		IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:				TYPE OF ABUSE (CHECK ONE OR MORE):													
<input type="checkbox"/> YES		<input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME				<input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL														
<input type="checkbox"/> NO		<input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME				<input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT														
								<input type="checkbox"/> OTHER (SPECIFY)												
RELATIONSHIP TO SUSPECT				PHOTOS TAKEN?				DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH?												
				<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK												
VICTIMS SIBLINGS	NAME				BIRTHDATE		SEX		ETHNICITY		NAME				BIRTHDATE		SEX		ETHNICITY	
	1. _____										3. _____									
	2. _____										4. _____									
D. INVOLVED PARTIES VICTIMS PARENTS/GUARDIANS	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE				SEX		ETHNICITY									
	ADDRESS				Street		City		Zip		HOME PHONE		BUSINESS PHONE							
	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE				SEX		ETHNICITY									
	ADDRESS				Street		City		Zip		HOME PHONE		BUSINESS PHONE							
D. INVOLVED PARTIES SUSPECT	SUSPECT'S NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE				SEX		ETHNICITY									
	ADDRESS				Street		City		Zip		TELEPHONE									
	OTHER RELEVANT INFORMATION																			
E. INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____																			
	DATE/TIME OF INCIDENT				PLACE OF INCIDENT															
NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incident(s) involving the victim(s) or suspect)																				

DO NOT submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code section 11169 to submit to DOJ a Child Abuse or Severe Neglect Indexing Form BCIA 8583 if (1) an active investigation was conducted and (2) the incident was determined to be substantiated.

SUSPECTED CHILD ABUSE REPORT (Pursuant to Penal Code section 11166)

DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM BCIA 8572

All Penal Code (PC) references are located in Article 2.5 of the California PC. This article is known as the Child Abuse and Neglect Reporting Act (CANRA). The provisions of CANRA may be viewed at: <http://leginfo.ca.gov/faces/codes.xhtml> (specify "Penal Code" and search for sections 11164-11174.3). A mandated reporter must complete and submit form BCIA 8572 even if some of the requested information is not known. (PC section 11167(a).)

I. MANDATED CHILD ABUSE REPORTERS

Mandated child abuse reporters include all those individuals and entities listed in PC section 11165.7.

II. TO WHOM REPORTS ARE TO BE MADE ("DESIGNATED AGENCIES")

Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff's department (not including a school district police or security department), the county probation department (if designated by the county to receive mandated reports), or the county welfare department. (PC section 11165.9.)

III. REPORTING RESPONSIBILITIES

Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof **within 36 hours** of receiving the information concerning the incident. (PC section 11166(a).)

No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by CANRA. Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC section 11172(a).)

IV. INSTRUCTIONS

SECTION A – REPORTING PARTY: Enter the mandated reporter's name, title, category (from PC section 11165.7), business/agency name and address, daytime telephone number, and today's date. Check yes/no whether the mandated reporter witnessed the incident. The signature area is for either the mandated reporter or, if the report is telephoned in by the mandated reporter, the person taking the telephoned report.

IV. INSTRUCTIONS (continued)

SECTION B – REPORT NOTIFICATION: Complete the name and address of the designated agency notified, the date/time of the phone call, and the name, title, and telephone number of the official contacted.

SECTION C – VICTIM (One Report per Victim): Enter the victim's name, birthdate or approximate age, sex, ethnicity, address, telephone number, present location, and, where applicable, enter the school, class (indicate the teacher's name or room number), and grade. List the primary language spoken in the victim's home. Check the appropriate yes/no box to indicate whether the victim may have a developmental disability or physical disability and specify any other apparent disability. Check the appropriate yes/no box to indicate whether the victim is in foster care, and check the appropriate box to indicate the type of care if the victim was in out-of-home care. Check the appropriate box to indicate the type of abuse. List the victim's relationship to the suspect. Check the appropriate yes/no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in the victim's death.

SECTION D – INVOLVED PARTIES: Enter the requested information for Victim's Siblings, Victim's Parents/Guardians, and Suspect. Attach extra sheet(s) if needed (provide the requested information for each individual on the attached sheet(s)).

SECTION E – INCIDENT INFORMATION: If multiple victims, indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

V. DISTRIBUTION

Reporting Party: After completing form BCIA 8572, retain a copy for your records and submit copies to the designated agency.

Designated Agency: **Within 36 hours** of receipt of form BCIA 8572, the initial designated agency will send a copy of the completed form to the district attorney and any additional designated agencies in compliance with PC sections 11166(j) and 11166(k).

ETHNICITY CODES

1 Alaskan Native	6 Caribbean	11 Guamanian	16 Korean	22 Polynesian	27 White-Armenian
2 American Indian	7 Central American	12 Hawaiian	17 Laotian	23 Samoan	28 White-Central American
3 Asian Indian	8 Chinese	13 Hispanic	18 Mexican	24 South American	29 White-European
4 Black	9 Ethiopian	14 Hmong	19 Other Asian	25 Vietnamese	30 White-Middle Eastern
5 Cambodian	10 Filipino	15 Japanese	21 Other Pacific Islander	26 White	31 White-Romanian

ELDER ABUSE REPORTING

State of California – Health and Human Services Agency

California Department of Social Services

REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE

Date Completed

CONFIDENTIAL REPORT - NOT SUBJECT TO PUBLIC DISCLOSURE

TO BE COMPLETED BY REPORTING PARTY. PLEASE PRINT OR TYPE.
SEE GENERAL INSTRUCTIONS.

A. VICTIM ☐ Check box if victim consents to disclosure of information
(Ombudsman use only - WIC 15636(a))

Name (Last Name, First Name)		Age	Date of Birth	SSN
Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other/Nonbinary <input type="checkbox"/> Unknown/Not Provided	Sexual Orientation <input type="checkbox"/> Straight <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Unknown/Not Provided	Ethnicity	Race	
		Language (Check one) <input type="checkbox"/> Non-Verbal <input type="checkbox"/> English <input type="checkbox"/> Other (Specify) _____		
Address (If facility, include name and notify ombudsman)		City	Zip Code	Telephone
Present Location (If different from above)		City	Zip Code	Telephone
<input type="checkbox"/> Elderly (65+) <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Mentally Ill/Disabled <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Unknown/Other			<input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives with Others	

B. SUSPECTED ABUSER Check if ☐ Self-Neglect

Name of Suspected Abuser				
Address		City	Zip Code	Telephone
<input type="checkbox"/> Care Custodian (Type) _____ <input type="checkbox"/> Parent <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other _____ <input type="checkbox"/> Health Practitioner (Type) _____ <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relation _____				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity	Age	D.O.B	
Height	Weight	Eyes	Hair	

- C. REPORTER'S OBSERVATIONS, BELIEFS, AND STATEMENTS BY VICTIM IF AVAILABLE. DOES ALLEGED PERPETRATOR STILL HAVE ACCESS TO THE VICTIM? DOES THE ALLEGATION INVOLVE A SERIOUS BODILY INJURY (see definition in section "Reporting Responsibilities and Time Frames" within the General Instructions)? PROVIDE ANY KNOWN TIME FRAME (2 days, 1 week, ongoing, etc.). LIST ANY POTENTIAL DANGER FOR INVESTIGATOR (animals, weapons, communicable diseases, etc.) or concerns about the client's mental health.**
- ☐ CHECK IF MEDICAL, FINANCIAL (ACCOUNT INFORMATION, ETC.), PHOTOGRAPHS, OR OTHER SUPPLEMENTAL INFORMATION IS ATTACHED.

D. REPORTING PARTY Check appropriate box if reporting party waives confidentiality to
☐ All ☐ All but victim ☐ All but perpetrator

Name	Signature	Occupation	Agency/Name of Business	
Relation to Victim/How Abuse is Known	Street	City	Zip Code	
Telephone	E-mail Address			

E. INCIDENT INFORMATION - Address where incident occurred

Date/Time of Incident(s)
Place of Incident (Check One) <input type="checkbox"/> Own Home <input type="checkbox"/> Community Care Facility <input type="checkbox"/> Hospital/Acute Care Hospital <input type="checkbox"/> Home of Another <input type="checkbox"/> Nursing Facility/Swing Bed <input type="checkbox"/> Other (Specify) _____

F. REPORTED TYPES OF ABUSE (Check All that Apply)

1. Perpetrated by Others (WIC 15610.07 & 15610.63)	
a. <input type="checkbox"/> Physical (e.g. assault/battery, constraint or deprivation, chemical restraint, over/under medication)	e. <input type="checkbox"/> Abandonment
b. <input type="checkbox"/> Sexual	f. <input type="checkbox"/> Isolation
c. <input type="checkbox"/> Financial	g. <input type="checkbox"/> Abduction
d. <input type="checkbox"/> Neglect (including Deprivation of Goods and Services by a Care Custodian)	h. <input type="checkbox"/> Psychological/Mental
	i. <input type="checkbox"/> Other _____
2. Self-Neglect (WIC 15610.57 (b)(5))	
a. <input type="checkbox"/> Neglect of Physical Care (e.g. personal hygiene, food, clothing, malnutrition/dehydration)	c. <input type="checkbox"/> Financial Self-Neglect (e.g. inability to manage one's own personal finances)
b. <input type="checkbox"/> Self-Neglect of Residence (unsafe environment)	
Abuse Resulted In (Check All that Apply)	
<input type="checkbox"/> No Physical Injury <input type="checkbox"/> Minor Medical Care <input type="checkbox"/> Hospitalization <input type="checkbox"/> Care Provider Required	
<input type="checkbox"/> Death <input type="checkbox"/> Mental Suffering <input type="checkbox"/> Serious Bodily Injury* <input type="checkbox"/> Other (Specify) _____	
<input type="checkbox"/> Unknown <input type="checkbox"/> Health & Safety Endangered	

G. OTHER PERSON BELIEVED TO HAVE KNOWLEDGE OF ABUSE

(Family, significant others, neighbors, medical providers, agencies involved, etc.)

Name	Relationship
Address	Telephone
Name	Relationship
Address	Telephone

H. FAMILY MEMBER OR OTHER PERSON RESPONSIBLE FOR VICTIM'S CARE*(If known, list contact person)* If Contact person check ☐

Name		Relationship	
Address	City	Zip Code	Telephone

I. TELEPHONE REPORT MADE TO ☐ APS ☐ Law Enforcement ☐ Local Ombudsman
☐ Calif. Dept. of State Hospitals ☐ Calif. Dept. of Developmental Services

Name of Official Contacted by Phone	Telephone	Date/Time
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J. WRITTEN REPORT Enter information about the agencies receiving this report. If the abuse occurred in a LTC facility and resulted in Serious Bodily Injury*, please refer to "Reporting Responsibilities and Time Frames" in the General Instructions. Do not submit report to California Department of Social Services Adult Programs Division.

Agency Name	Address or Fax	<input type="checkbox"/> Date Mailed	<input type="checkbox"/> Date Faxed
Agency Name	Address or Fax	<input type="checkbox"/> Date Mailed	<input type="checkbox"/> Date Faxed
Agency Name	Address or Fax	<input type="checkbox"/> Date Mailed	<input type="checkbox"/> Date Faxed

K. RECEIVING AGENCY USE ONLY ☐ Telephone Report ☐ Written Report

1. Report Received By	Date/Time
2. Assigned <input type="checkbox"/> Immediate Response <input type="checkbox"/> Ten-Day Response <input type="checkbox"/> No Initial Response (NIR) <input type="checkbox"/> Not APS <input type="checkbox"/> Not Ombudsman <input type="checkbox"/> No Ten-Day (NTD)	
Approved By	Assigned To (optional)
3. Cross-Reported to <input type="checkbox"/> CDPH-Licensing & Cert.; <input type="checkbox"/> CDSS-CCL; <input type="checkbox"/> Local Ombudsman; <input type="checkbox"/> Bureau of Medi-Cal Fraud & Elder Abuse; <input type="checkbox"/> Calif. Dept. of State Hospitals; <input type="checkbox"/> Law Enforcement; <input type="checkbox"/> Professional Licensing Board; <input type="checkbox"/> Calif. Dept. of Developmental Services; <input type="checkbox"/> APS; <input type="checkbox"/> Other (Specify) _____ Date of Cross-Report _____	
4. APS/Ombudsman/Law Enforcement Case File Number	

**REPORT OF SUSPECTED DEPENDENT ADULT/ELDER ABUSE
GENERAL INSTRUCTIONS**

PURPOSE OF FORM

This form, as adopted by the California Department of Social Services (CDSS), is required under Welfare and Institutions Code (WIC) Sections 15630 and 15658(a)(1). This form documents the information given by the reporting party on the suspected incident of abuse or neglect of an elder or dependent adult. **Abuse** means any treatment with resulting physical harm, pain, or mental suffering or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering. **Neglect** means the negligent failure of an elder or dependent adult or of any person having the care or custody of an elder or a dependent adult to exercise that degree of self-care or care that a reasonable person in a like position would exercise. **Elder** means any person residing in this state who is 65 years of age or older (WIC Section 15610.27). **Dependent Adult** means any person residing in this state, between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age (WIC Section 15610.23). Dependent adult includes any person between the ages of 18 and 64 who is admitted as an inpatient to a 24-hour health facility (defined in the Health and Safety Code Sections 1250, 1250.2, and 1250.3).

COMPLETION OF THE FORM

1. This form may be used by the receiving agency to record information through a telephone report of suspected dependent adult/elder abuse.
2. If any item of information is unknown, enter "unknown."
3. Item A: Check box to indicate if the victim waives confidentiality.
4. Item C: Check box if the reporting party waives confidentiality. Please note that mandated reporters are required to disclose their names, however, non-mandated reporters may report anonymously.

REPORTING RESPONSIBILITIES AND TIME FRAMES:

Any mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be abuse or neglect, or is told by an elder or dependent adult that he or she has experienced behavior constituting abuse or neglect, or reasonably suspects that abuse or neglect has occurred, shall complete this form for each report of known or suspected instance of abuse (physical abuse, sexual abuse, financial abuse, abduction, neglect (self-neglect), isolation, and abandonment) involving an elder or dependent adult.

***Serious bodily injury** means an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation (WIC Section 15610.67).

Reporting shall be completed as follows:

- If the abuse occurred in a Long-Term Care (LTC) facility (as defined in WIC Section 15610.47) and resulted in serious bodily injury, report by telephone to the local law enforcement agency immediately and no later than two (2) hours after observing, obtaining knowledge of, or suspecting physical abuse. Send the written report to the local law enforcement agency, the local Long-Term Care Ombudsman Program (LTCOP), and the appropriate licensing agency (for long-term health care facilities, the California Department of Public Health; for community care facilities, the California Department of Social Services) within two (2) hours of observing, obtaining knowledge of, or suspecting physical abuse.
- If the abuse occurred in a LTC facility, was physical abuse, but did not result in serious bodily injury, report by telephone to the local law enforcement agency within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse. Send the written report to the local law enforcement agency, the local LTCOP, and the appropriate licensing agency (for long-term health care facilities, the California Department of Public Health; for community care facilities, the California Department of Social Services) within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse.
- If the abuse occurred in a LTC facility, was physical abuse, did not result in serious bodily injury, and was perpetrated by a resident with a physician's diagnosis of dementia, report by telephone to the local law enforcement agency or the local LTCOP, immediately or as soon as practicably possible. Follow by sending the written report to the LTCOP or the local law enforcement agency within 24 hours of observing, obtaining knowledge of, or suspecting physical abuse.
- If the abuse occurred in a LTC facility, was abuse other than physical abuse, report by telephone to the LTCOP or the law enforcement agency immediately or as soon as practicably possible. Follow by sending the written report to the local law enforcement agency or the LTCOP within two working days.
- If the abuse occurred in a state mental hospital or a state developmental center, mandated reporters shall report by telephone or through a confidential Internet reporting tool (established in WIC Section 15658) immediately or as soon as practicably possible and submit the report within two (2) working days of making the telephone report to the responsible agency as identified below:
 - If the abuse occurred in a State Mental Hospital, report to the local law enforcement agency or the California Department of State Hospitals.
 - If the abuse occurred in a State Developmental Center, report to the local law enforcement agency or to the California Department of Developmental Services.
- For all other abuse, mandated reporters shall report by telephone or through a confidential Internet reporting tool to the adult protective services agency or the local law enforcement agency immediately or as soon as practicably possible. If reported by telephone, a written or an Internet report shall be sent to adult protective services or law enforcement within two working days.

REPORTING PARTY DEFINITIONS

Mandated Reporter (WIC Section 15630 (a)) Any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation, including administrators, supervisors, and any licensed staff of a public or private facility that provides care or services for elder or dependent adults, or any elder or dependent adult care custodian, health practitioner, clergy member, or employee of a county adult protective services agency or a local law enforcement agency, is a mandated reporter.

Care Custodian (WIC Section 15610.17) means an administrator or an employee of any of the following public or private facilities or agencies, or persons providing care or services for elders or dependent adults, including members of the support staff and maintenance staff: (a) Twenty-four hour health facilities, as defined in Sections 1250, 1250.2, and 1250.3 of the Health and Safety Code; (b) Clinics; (c) Home health agencies; (d) Agencies providing publicly funded in-home supportive services, nutrition services, or other home and community-based support services; (e) Adult day health care centers and adult day care; (f) Secondary schools that serve 18- to 22-year-old dependent adults and postsecondary educational institutions that serve dependent adults or elders; (g) Independent living centers; (h) Camps; (i) Alzheimer's Disease Day Care Resource Centers; (j) Community care facilities, as defined in Section 1502 of the Health and Safety Code, and residential care facilities for the elderly, as defined in Section 1569.2 of the Health and Safety Code; (k) Respite care facilities; (l) Foster homes; (m) Vocational rehabilitation facilities and work activity centers; (n) Designated area agencies on aging; (o) Regional centers for persons with developmental disabilities; (p) State Department of Social Services and State Department of Health Services licensing divisions; (q) County welfare departments; (r) Offices of patients' rights advocates and clients' rights advocates, including attorneys; (s) The Office of the State Long-Term Care Ombudsman; (t) Offices of public conservators, public guardians, and court investigators; (u) Any protection or advocacy agency or entity that is designated by the Governor to fulfill the requirements and assurances of the following: (1) The federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, contained in Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, for protection and advocacy of the rights of persons with developmental disabilities; or (2) The Protection and Advocacy for the Mentally Ill Individuals Act of 1986, as amended, contained in Chapter 114 (commencing with Section 10801) of Title 42 of the United States Code, for the protection and advocacy of the rights of persons with mental illness; (v) Humane societies and animal control agencies; (w) Fire departments; (x) Offices of environmental health and building code enforcement; or (y) Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults.

Health Practitioner (WIC Section 15610.37) means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, licensed clinical social worker or associate clinical social worker, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or II, paramedic, or person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code, a psychological assistant registered pursuant to Section 2913 of the Business and Professions Code, a marriage, family, and child counselor trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code, or an unlicensed marriage, family, and child counselor intern registered under Section 4980.44 of the Business and Professions Code, state or county public health or social service employee who treats an elder or a dependent adult for any condition, or a coroner.

Any officer and/or employee of a financial institution is a mandated reporter of suspected financial abuse and shall report suspected financial abuse of an elder or dependent adult on form SOC 342, "Report of Suspected Dependent Adult/Elder Financial Abuse".

MULTIPLE REPORTERS

When two or more mandated reporters are jointly knowledgeable of a suspected instance of abuse of a dependent adult or elder, and when there is agreement among them, the telephone report may be made by one member of the group. Also, a single written report may be completed by that member of the group. Any person of that group, who believes the report was not submitted, shall submit the report.

IDENTITY OF THE REPORTER

The identity of all persons who report under WIC Chapter 11 shall be confidential and disclosed only among APS agencies, local law enforcement agencies, LTCOPs, California State Attorney General Bureau of Medi-Cal Fraud and Elder Abuse, licensing agencies or their counsel, Department of Consumer Affairs Investigators (who investigate elder and dependent adult abuse), the county District Attorney, the Probate Court, and the Public Guardian. Confidentiality may be waived by the reporter or by court order.

FAILURE TO REPORT

Failure to report by mandated reporters (as defined under "Reporting Party Definitions") any suspected incidents of physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect) of an elder or a dependent adult is a misdemeanor, punishable by not more than six months in the county jail, or by a fine of not more than \$1,000, or by both imprisonment and fine. Any mandated reporter who willfully fails to report abuse of an elder or a dependent adult, where the abuse results in death or great bodily injury, may be punished by up to one year in the county jail, or by a fine of up to \$5,000, or by both imprisonment and fine (WIC Section 15630(h)).

No one, including a supervisor, employer, or lawyer, can excuse a mandated reporter from his or her personal legal duty to report known or suspected abuse. Anyone who attempts to impede or inhibit a mandated reporter from reporting may be prosecuted for a misdemeanor punishable by a fine, imprisonment, or both. Mandated reporters are therefore expected to report any such efforts to law enforcement, as well as any other responsible agency (see Welfare and Institutions Code Section 15630(f) and (h)).

Officers or employees of financial institutions are mandated reporters of financial abuse (effective January 1, 2007). These mandated reporters who fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$1,000. Individuals who willfully fail to report financial abuse of an elder or dependent adult are subject to a civil penalty not exceeding \$5,000. These civil penalties shall be paid by the financial institution, which is the employer of the mandated reporter, to the party bringing the action.

DISTRIBUTION OF SOC 341 COPIES

Mandated reporter: After making the telephone report to the appropriate agency or agencies, the reporter shall send the written report to the designated agencies (as defined under "Reporting Responsibilities and Time Frames"); and keep one copy for the reporter's file.

Receiving agency: Place the original copy in the case file. Send a copy to a cross-reporting agency, if applicable.

DO NOT SEND A COPY TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ADULT PROGRAMS DIVISION.

PSF REGISTRATION & CONSENT FORM (8/2020 version)

Last Name _____ First: _____

Gender: _____ Date of Birth: _____ Grade: _____

Name(s) of Parent/Guardian(s): _____

Address: _____ City, State. Zip _____

Phone: Home _____ Work _____ Cell _____

Email: _____

Emergency Contact Name _____ Address: _____ Phone: _____
Home _____ Work _____ Cell _____

Alternate Pick-up Person _____

I give permission for my child/youth to participate in the _____ program sponsored by the Presbytery of San Francisco. Authorization and permission is all given to furnish any necessary transportation, food and lodging for this participant. I grant permission to use photographs or audio/visual recordings of my child/youth in print or online materials designated for news, information, or educational purposes related to the Presbytery.

I acknowledge that by participating in this program my child/youth may be involved in activities that: 1) occur both on and off property, 2) require transportation by motorized vehicle, and 3) involve the preparation and/or consumption of food. Accordingly, I acknowledge that participation in this program involves certain dangers/risks and may expose my child to hazards of bodily injury (for example, physical injury due to activity-related accidents or transportation-related accidents) or property damage. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

I agree that the Presbytery supervisors have the right to terminate the participation of my child for failure to behave or act in accordance with Presbytery regulations. I will not send my child to program activities when he/she has symptoms or diseases that are known to be infectious.

In recognition of these risks I release the Presbytery from any and all liability for accidents, illness, injuries, or damages of any kind that arise out of or relate to my child/youth's participation in Presbytery activities. I agree to reimburse the Presbytery, its employees, volunteers or host facility for any liability caused by the negligent, willful or intentional act of my child/youth. I agree to indemnify and hold harmless the Presbytery, its employees and volunteers from any and all claims, demands, or causes of action that are brought by myself, my child/youth, or our heirs on behalf of my child against the Presbytery.

Parent's Printed Name

Parent Signature

Date

PSF Medical Information and Release Form (8/2020 version)

Name: _____ Date of Birth: _____

Parent/Guardian: _____

Home Address: _____

Phone (h): _____ Work: _____ Cell: _____

Phone (h): _____ Work: _____ Cell: _____

Alternate Emergency Contact Person: _____

Phone (h): _____ Work: _____ Cell: _____

Primary Health Care Provider _____

Family Physician: _____

Phone: _____ Address: _____

Medical Insurance Company & Number _____

Please also send photos or photocopies of the insurance card, both sides.

Diet Restrictions: Vegetarian ☐ No Dairy ☐ No Eggs ☐ No Peanuts ☐ No Tree Nuts ☐

Other restrictions: _____

Activity/Physical Restrictions: _____

Allergies/Food Allergies _____

Description of Reaction _____

How to Manage Reaction _____

Medication Allergies _____

Medical Condition(s) or Concerns:

Medications (*Medications should ordinarily be given to, and safely stored by, the event leader. Exceptions can be made for emergency meds such as asthma inhalers, epipens, and other identified medications*). **Prescription(s)** must be in their original containers bearing the pharmacy label and have specific instructions for use. **Over-the Counter medications** must be in their original containers containing the original label and directions for use, accompanied by the original printed instructions, and within expiration dates. Label with participant's name and dose. Include storage instructions. Attach additional instructions if needed.

Medication #1: _____ Dose: _____ Time(s) administered: _____ Reason for taking: _____ Special precautions: _____

Medication #2: _____ Dose: _____ Time(s) administered: _____ Reason
for taking: _____ Special precautions: _____

Medication #3: _____ Dose: _____ Time(s) administered: _____ Reason
for taking: _____ Special precautions: _____

Medication #4: _____ Dose: _____ Time(s) administered: _____ Reason
for taking: _____ Special precautions: _____

SIGN IF APPLICABLE FOR SELF-ADMINISTERED MEDICATIONS: My child has been instructed in and understands the purpose, appropriate method, dosage, frequency and use of his/her medication. My child is able to self-administer this medication without supervision and knows what to do in an emergency. My child acknowledges and agrees that the medication is for his/her use alone, that he/she will not share it or otherwise allow it to be used by any other student(s).

SIGNATURE _____ DATE _____

- The health history provided is correct and complete to the best of my knowledge.
- I give permission to the Presbytery or its designees to administer or supervise my child taking medications as described above.
- I give permission for the Presbytery to provide simple first aid treatment to my child.
- In case of a medical emergency, every reasonable effort will be made to contact the parent/guardian/emergency contact person. In the event that none of the contact persons can be reached, I give permission for my child to be transported to a hospital to receive emergency medical treatment. I authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted; I shall be responsible and agree to pay any charges.
- I release and indemnify the Presbytery, its staff, officers, volunteers, and members from all claims, actions, and causes of action arising from the medication, medical treatment or failure to give medication or obtain medical treatment for my child.

Parent's/Guardian's signature

Date

Code of Conduct for Minors (8/2020 version)

As a participant in Presbytery sponsored activities, I agree to help build a community characterized by respect, trust, concern, and dignity.

- (1) I will conduct myself as a representative of my family, my church, and the Presbytery of San Francisco at all times.
- (2) I promise to respect God, respect myself, respect other people, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.
- (3) I understand that I am not allowed to go anywhere alone, and that all groups shall have an adult with them at all times when they are off church property.
- (4) I covenant to accept responsibility for my part in all behavioral actions or property damage.
- (5) I understand that bringing or using illegal drugs, weapons, tobacco or alcohol will not be tolerated.

I accept the responsibility of keeping this covenant.

Youth Participant Signature

Date

I have read and discussed this covenant with my child/youth and understand that noncompliance with any part of this covenant will result in my child/youth being sent home, at my expense if there is any, from any Presbytery activity

Parent/Guardian Signature

Date

PSF Photo/Video Release Form (8/2020 version)

I hereby grant and authorize the Presbytery of San Francisco the right to use my likeness, the likeness of my child, or the likeness of my child's work in any of its publications or in any media or format, including its website, without payment, royalties, or any other compensation.

I understand and agree that the actual material involved is and shall continue to be the property of the Presbytery of San Francisco; it will not be returned. I authorize the Presbytery to edit, alter, copy, publish or distribute the likeness. Furthermore, I waive the right to inspect or approve the finished product.

I hereby hold harmless, release, and forever discharge the Presbytery of San Francisco and its volunteers, employees and representatives from all claims, demands, and causes of action which I, my heirs, representatives or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ THIS PHOTO RELEASE FORM BEFORE SIGNING BELOW AND I FULLY UNDERSTAND THE CONTENTS, MEANING, AND IMPACT OF THIS PHOTO/VIDEO RELEASE FORM.

Parent/Guardian Name: (Please Print) _____

Signature: _____

Date: _____

PSF Incident Report Form (8/2020 version)

Date: _____

Time of report: _____

Is this an injury ____ incident ____ sexual harassment/ misconduct ____ other ____?
(if other, specify)

Reporter's Name (Print): _____

Phone Number: _____

Injured person's Name(s) (Print): _____

Phone Number: _____

If minor, Name of Parent/Guardian: _____

Notified: Y N If yes, date/time of notification: _____

Date of incident: _____ Time: _____

Location of incident: _____

Description of incident:

Names/phone numbers of witnesses: (Have at least one witness complete an Incident Witness Report)

Were there visible injuries? If yes, describe injuries sustained:

How were the injuries treated?

Who treated the injuries?

Additional information:

Signature

Date

Person receiving report (please print):

Signature of Person receiving report

Date

Allegation Report Form (8/2020 version)

I. Complainant Information

1. Name of Complainant:
2. Address:
City/State/Zip Code:
3. Phone Number:
4. Email Address:

II. Allegation Information

1. Name of person(s) the complaint is filed against (if known):
2. Date and Time of incident: Location:
3. Describe in your own words, the basis for your allegation. Be as specific as possible regarding the incident, behavior(s) and all information that will be helpful in resolving your complaint. Attach additional sheets, as needed.

4. Name and contact information for any witness(es):
5. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you provide information?

Printed Name of Complainant

Signature of Complainant

Date

Name of Complainant: _____

If a minor: Age:

Time parent/guardian was called:

Who did you speak with and what was said?

Observer Notes (*remember, this is a description, not an investigation: just the facts*)

Date and time incident was reported to event leader:

Date and time reported to Presbytery:

Date and time called CPC/APS (if required)

Who did you speak with and what was said?

Date and time police were notified (if required)

Who did you speak with and what was said?

Reporter's Name (Print):

Reporter's Signature:

Date: _____