

# **BREWSTER BAPTIST CHURCH**

## **SAFETY AND SECURITY MANUAL**

**APPROVED BY  
LEADERSHIP COUNCIL  
2023**

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## **SCOPE AND OBJECTIVES**

These policies and procedures have been developed to help promote the physical safety and security of persons using the Brewster Baptist Church (BBC) building and/or persons involved in church activities. The intent is to provide guidance for handling a variety of situations.



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## **POLICIES AND PROCEDURES**

### **ACCIDENT REPORTS**

Accident reports should be completed and returned to the Executive Pastor whenever an accident involving an injury occurs. Separate forms are available for Staff accidents and non-Staff accidents. Accident forms (See Appendix A and B) are available in the Church office. BBC staff who have been injured may need to file paperwork through Church Mutual, BBC's insurance company. (See Appendix M)

### **ALARM COMPANY AND SURVEILLANCE CAMERAS**

Currently, BBC utilizes the services of Seaside Alarm Company of South Yarmouth, MA, telephone 1-888-277-8808. Seaside Alarm is responsible for the fire/smoke alarms, panic alarms, and the security system alarms on the sound booth in the Sanctuary and the office area. There are several surveillance cameras located on BBC property.

The panic alarms are located in the main office, the Media Booth and at the podium at the front of the Sanctuary. The panic alarms should only be activated when there is an immediate threat of physical violence. Seaside Alarms monitors these alarms, and upon receipt of this alarm, the Brewster Police Department will be immediately notified.

### **ALCOHOL/DRUG/DRUG OVERDOSE POLICY**

No alcohol, marijuana, or illicit drugs are allowed on BBC property.

In the event of a drug overdose, **CALL 911**.

There is to be no purchasing, possessing, or consuming of alcoholic beverages or illicit drugs by those in attendance of BBC sponsored functions on BBC property.

Persons transporting others to or from BBC sponsored activities away from BBC property shall not consume or be under the influence of alcohol, marijuana, or any prescription or non-prescription drug which may impair their ability to safely operate a vehicle or to exercise sound judgment, and shall not stop to purchase alcohol, marijuana, or illicit drugs.

## **ALLERGY MANAGEMENT PLAN**

### **Tree Nut and Peanut Allergies**

Allergic reactions, predominately to peanuts and tree nuts, as well as insect stings, can cause a life-threatening (anaphylactic) reaction for some individuals. To help protect those with peanut allergies, (the most common of severe allergies), BBC has adopted a policy of being as peanut and tree nut free as possible.

Signs will be posted in the kitchen directing that no tree nut or peanut product be prepared in the BBC kitchen or served from the BBC kitchen at any church event. The nursery, children's classrooms and any event that is created for the children will be nut free.

Those adults and parents/guardians of children with peanut allergies will still be responsible for monitoring their food intake, knowing that it is extremely difficult to eliminate all products made in facilities where cross contamination can occur.

### **Notification to Children and Family Ministry Staff Member of Minors with Allergies**

All families are asked to give the Childrens and Family Ministry Staff Member (CFM) written information about any serious or life-threatening allergies that their child has been diagnosed with. This information shall then be given to any adults who interact with the child.

The written information should include a picture of the child, the type of allergy and likely reaction.

## EpiPen Procedure

Children and adults who are prone to anaphylactic reactions should always have an EpiPen with them.

Only the parent, child (if capable) or an adult authorized by the child's parent, may administer the EpiPen, unless there is an extensive emergent situation.

**Minors with EpiPens:** If a minor has an allergy that is significant enough to warrant the use of an EpiPen, the parent will notify the CFM staff member in writing.

- Written documentation should include whether the child always carries an EpiPen and has been trained in its use.
- Include the child's triggers and how they present themselves in terms of reaction.
- They will share the information with all adult volunteers who have contact with that minor.

If a situation should warrant the use of the EpiPen:

- One adult will stay with the child and provide calming support.
- Another adult will call 911 and then attempt to find or call the parent or authorized adult.
- A third individual should be sent to the front parking lot to wait for the emergency squad and direct them to where the child is.

If a child with a severe allergy or a first-time reaction does not carry an EpiPen but appears to be having an anaphylactic reaction:

- One adult will stay with the child.
- Another adult will call 911 and then attempt to find or call the parent.
- A third individual should be sent to the front parking lot to wait for the emergency squad and direct them to where the child is.

## **ACTIVE INTRUDER POLICY**

Having a known plan for dealing with an armed intruder, whether armed with a gun, knife, bomb, etc. is essential in any organization and can minimize the loss of life and injury in the event of an attack. BBC will follow law enforcement recommendations for building safety and offer annual training about our plan. At the writing of this policy the recommendation is a “run, hide, fight” plan.

This plan is based on the video “Run, Hide, Fight. Surviving an Active Shooter Event,” which can be found at <http://www.readyhouston.tx.gov/videos.html> and at <http://www.youtube.com/watch?v=5VcSwejU2D0>.

- **RUN**

- Getting out of harm’s way is your #1 priority.
- If there is an escape path, attempt to evacuate.
- Evacuate whether others agree to or not.
- Leave your belongings behind.
- Help others escape if possible.
- Prevent others from entering the area.
- If you can, get out. Escape and encourage others to go with you.
- Don’t let others encourage you to stay.
- Call 911 when in a safe location.

- **HIDE**

- If you cannot get out safely, you need to find a place to hide.
- Act quickly.
- Secure your hiding place the best you can.
- Lock and/or blockade the door if possible.
- Make the room dark.
- Conceal yourself. Be quiet and calm.
- Silence your cell phone.
- Stay out of shooter’s view.
- Look for protection if shots are fired in your direction.
- Look for a spot that is not a trap or restricts your options for movement.

- **FIGHT**
  - This is a last resort.
  - Attempt to incapacitate the shooter.
  - Act with physical aggression.
  - Improvise weapons.
  - Commit to your actions.
  
- **When the responders arrive**
  - Remain calm and follow directions.
  - Keep your hands visible at all times.
  - Avoid yelling and pointing.
  - Know that help for the injured is on the way.

## **BACKGROUND CHECKS ON EMPLOYEES AND VOLUNTEERS**

A name-based criminal record check (CORI) returns information on available Massachusetts arraignments. This type of criminal record check is done by submitting the name and date of birth for a person which is then searched through criminal databases.

Churches and religious organizations conduct CORI checks for employment and volunteers at Category Level-Required 2, which includes all adult/youthful offender convictions, non-convictions and pending offenses.

All BBC employees and volunteers who are involved in activities or programs that include contact with children, the disabled, or the elderly must submit to a CORI check. CORI checks will be conducted every three years and it is the responsibility of a Pastor to designate the CORI administrator.

Volunteers who are involved in activities or programs that include contact with children, the disabled or the elderly must also submit to a Sexual Offender record check, known as SORI.

### **Transportation Volunteers**

All volunteers who use their personal motor vehicle for visitation or transport of BBC members assume all legal responsibilities while transporting, and their motor vehicle insurance becomes the primary insurance in case of accident or injury. All transportation volunteers must also undergo a CORI check, SORI check and a Motor Vehicle Driver's License check. Drivers must have a valid Massachusetts Driver's License, current registration, and insurance, and MUST provide a copy of each of these documents to the CORI Administrator.

The following are a set of criteria that will disqualify an individual from transporting others:

Driving violations within the past 5 years:

Driving under the influence of alcohol or drugs  
Driving with an open container (alcohol)  
Reckless/careless driving  
Three or more instances of speeding in excess of 15 mph over the speed limit  
Hit and Run  
Eluding a Police Officer  
Driving with a suspended/revoked license  
Vehicular assault, manslaughter, or homicide  
Operating vehicle without the owner's permission  
Speed contest/racing  
Use of a vehicle to commit a felony  
Passing a stopped school bus

Two or more of the following violations within the past 3 years:

All other speeding violations  
Distracted driving (texting, calling, etc.,)  
Improper lane changes  
Failure to Yield  
At-fault accidents  
Tailgating  
Running a stop sign or red light

All transportation volunteers must ensure that their vehicles are maintained properly, are safe, and road worthy. Drivers must obey all Massachusetts traffic and safety laws, including speed limits, traffic signs and signals, etc. Drivers must obey all Massachusetts laws regarding texting and cell phone use. Seat belts must be worn by everyone in the vehicle. When transporting minors, two unrelated adults must be present. In case of an accident, notification must be made to the police, church leaders and the driver's insurance company.



# **BAPTISTRY**

Procedures for the Baptistry are composed in three sections- 1- Preparation of the Baptistry, 2 – Use of the Baptistry, and 3 – Securing the Baptistry.

1. Preparation  
The preparation of the Baptistry for use is done by the Facility Manager and the Sextons, usually on the Friday preceding the Baptism Sunday, as follows:
  - A. Steps and Baptistry should be unlocked and relocked when no one is in the immediate area.
  - B. Tank should be thoroughly cleaned and sanitized using appropriate materials (as recommended by manufacturer).
  - C. Tank may then be filled.
  - D. All steps should be cleaned and sanitized before replacing them.
  - E. Heating should be turned on 24 hours before use. ( Option to place the insulating panels over the tank)
  - F. At the completion of the Baptism, the tank should be drained, and tank and stairs cleaned and sanitized.
  - G. Runner and bathroom mats should be cleaned, sanitized, and stored for drying.
2. Use of Baptistry  
Members of the Deacons are responsible for the time leading up to the baptism, and the care/support for those individuals being baptized.
  - A. A minimum of two Deacons should be available for the baptism-this number may increase based on the number of baptisms being performed.
  - B. Male deacons will be assigned to male candidates and female deacons will be assigned to female candidates.
  - C. A minimum of one deacon should remain the entry side and one deacon on the exit side of the baptistry.
  - D. On the morning of the baptism, the Deacons should place the mat(s) in the bathroom(s) that will be used and place the runner at the exit area of the baptistry in front of the bathrooms. Also towels used to dry the steps should be made available.

- E. On the morning of the baptism, the Deacons must unlock the stairs, roll them out, unlock the baptistry doors, ensure the water has been heated and the power to the pumps should be turned off.
- F. Baptism candidates should be assisted up and down the steps at all times.
- G. On the exit side of the baptistry, the deacon should dry off the steps as completely as possible before the next candidate exits the baptistry.
- H. After the last baptism, the steps must be thoroughly dried before rolling them into storage.
- I. The baptistry doors and the stair storage doors should be locked.
- J. The runner mat should be hung to dry before being stored in the baptistry.
- K. Bathroom mats and towels that were used should be washed, dried, and returned to storage by the deacons.

## **BLOOD-BORNE PATHOGEN EXPOSURE** **PROCEDURE**

Treat all bodily fluids (blood, vomit, urine, feces) as if they are contaminated. Do not touch bodily fluids without proper protection for the caregiver. The Sexton on duty will assume responsibility for the clean-up as described below. **Always use gloves**, which are available in all the first aid kits.

First aid kits are placed around the Church building. (See Appendix C).

Eye protection and a mask are highly recommended for use when cleaning up bodily fluids.

How to Clean-up after an area is contaminated:

- Always use gloves, mask, and eye protection.
- Cautiously approach all bodily fluids and warn others in the area before isolating the contaminated spot.
- Cover the spill with absorbent towels, then apply a 10% solution of bleach water to the towels. Mix 1-part bleach to 9 parts water OR ½ cup bleach to 1-quart water.
- Allowing solution to soak for 20 minutes before wiping up.
- Remove used towels, reapply clean towels and bleach solution a minimum of two times or as many times as necessary.
- Mop or wipe up the area and clean again with soap and water. May then wipe with disinfectant wipes.
- After a clean-up procedure, always remove and dispose of gloves, towels and other equipment in a trash bag labeled “BIO-HAZARD” that is sealed and disposed up out of the way from others.
- Wash hands thoroughly after dealing with any type of accident.

## **BOMB THREAT PROCEDURE**

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly but remain calm and obtain information with the checklist in Appendix D, which is available in the church office. (Source for this procedure: Homeland Security website.)

- If a bomb threat is received by phone:
  - If your phone has a display, copy the number and/or letters on the window display.
  - Remain calm. Keep the caller on the line for as long as possible. **DO NOT HANG UP**, even if the caller does.
  - Listen carefully. Be polite and show interest.
  - Try to keep the caller talking to learn more information.
  - If possible, write a note to someone in the church to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
  - Complete the Bomb Threat Checklist (Appendix C) immediately. Write down as much detail as you can remember. Try to get exact words.
  - Immediately upon termination of the call, do not hang up, but from a different phone, contact 9-1-1 immediately with information and await instructions.
  - **EVACUATE THE BUILDING using the closest exits.**
  
- If a bomb threat is received by handwritten note:
  - Call 9-1-1.
  - Handle note as minimally as possible.
  - Evacuate the building.
  
- If a bomb threat is received by email:
  - Call 9-1-1.
  - Do not delete the message.
  - Evacuate the building.
  
- Always be on the lookout for signs of a suspicious package:
  - No return address
  - Poorly handwritten

- Excessive postage
  - Misspelled words
  - Stains
  - Incorrect titles
  - Strange odor
  - Foreign postage
  - Strange sounds
  - Restrictive notes
  - Unexpected delivery
- 
- Also:
    - Evacuate the building using the closest emergency exit and ensure others in the building are aware of the problem and evacuate.
    - DO NOT use two-way radios or cellular phones; radio signals have the potential to detonate a bomb.
    - DO NOT activate the fire alarm.
    - DO NOT touch or move a suspicious package.

## **BUILDING KEYS POLICY**

Purpose: To establish a process by which the safety and security of BBC is maintained, balanced with accessibility for those persons conducting the business of the church in its many forms or for individuals/groups utilizing the facility.

The Facility Manager (FM) will maintain an up-to-date record of key holders and have the primary responsibility of distributing and collecting keys, providing a 'building lock-up' orientation and facilitating the process of an annual security code change.

- Key holders must receive orientation for how to lock up the building safely.
- Activity, committee, or term-specific key holders should return their key promptly when no longer needed or when term is completed. Longer-term key holders will update records with the FM annually.
- Key holders will sign an acknowledgement of agreement at the time of receiving a key.

## **BUILDING CLOSING AND OPENING PROCEDURES**

### **Building Closing Procedure**

For BBC Staff or BBC Event leader:

- Walk through each room that was utilized during the meeting/event of the building.
- Make sure no one is present.
- Turn out lights and check doors (and windows, if opened).
- Close all hallway doors, office doors and connecting doors.
- Pay special attention to the Kitchen, Pre-school, and Nursery doors. They must be checked from the outside to see that they are locked.
- If alarmed areas have been accessed, activate the alarm. The media booth and office space have alarms.

- Make sure the alarm light is solid green, which means that all doors and windows are closed.
- Key in the code. The light will turn to solid red, and the alarm panel will make a sound.
- Leave the building quickly, making sure the doors are locked behind you.

**Outside organizations utilizing the BBC building are referred to Appendix E, for guidelines.**

### **Building Opening Procedure**

- Depending upon the purpose for opening the building (Sunday morning, evening meeting, etc.) it may be appropriate to keep the doors locked or to set them to unlocked. If appropriate, set them to the unlocked position.
- Turn on lights as needed.
- Check the kitchen to ensure all pilots are on and there is no smell of gas.

## **CARE AND SAFETY OF MINORS POLICIES** **(AGES BIRTH THROUGH FIFTH GRADE)**

Providing a safe and nurturing environment for children during events sponsored or hosted by BBC is a vital component of practicing radical hospitality, sharing our faith, and nurturing our community.

Parents/guardians feel supported and able to attend church events when their children are cared for in a safe manner. See the sections on Student Ministry Policies and Procedures for details applicable to activities involving our older youth, both on and off BBC property. The following policies pertain to all events in or around the building and grounds of BBC that INVOLVE INDIVIDUALS FROM BIRTH THROUGH GRADE FIVE (herein referred to as children). Adults will be considered anyone on or after their 18th birthday. **All volunteers will complete an application with the CFM Staff member. (See Appendix F)**

### **Administrative Guidelines Regarding Childcare Providers**

- The CFM staff member shall maintain a list of approved nursery care providers and will update the list every three years.
- Background checks and related documents should be filed with all other personnel documentation.
- A listing of those individuals approved for this position can be found on BBC Connections.

### **Criminal Record Check (CORI) for Caregivers and Teachers**

BBC will conduct a criminal record check (CORI) and Sexual Offender record check (SORI) on all paid staff and volunteers who are entrusted with the care and supervision of minors, or a person who directly oversees and/or exerts control or oversight over minors. All record checks will be updated by the CFM staff member every three years. Information discovered or obtained through the above referenced means will be kept in a secure location and access to it will be restricted. These materials will be archived.



## Supervision

The safety and behavior of each child is the responsibility of his/her parent or guardian unless the child is participating in an organized function such as a Sunday School class, Vacation Bible School, or childcare arrangement during a particular church event. Supervision for an organized function involving children will be arranged by a BBC staff member in accordance with the following:

- At least two caregivers will be assigned to each room.
- A minimum of one of these caregivers in each room must be an adult 21 years or older that is either a teacher or on BBC's Approved Childcare Provider List.
- Members of our youth group over the age of 14 may serve as the second caregiver but must work under the direct supervision of an approved adult caregiver.
- **FOR INFANTS TO WALKING:** The recommended ratio is three children to one approved childcare provider. An additional caregiver should be present for each of the three additional infants requiring care.
- **FOR CHILDREN TODDLERS TO AGE 3:** Two approved childcare providers may be responsible for up to 10 children. **Recommended** ratio is two children per adult. Both childcare providers must be present in the same group. An additional caregiver should be present in the group or room for each additional four children between walking to age 3.
- It is recommended that infants and toddlers be cared for in separate groups or rooms if possible.
- Children over the age of four should be provided with suitable activities in their own space if possible.
- Parents/guardians are to remain on the premises while their child/children are in childcare.

## Sunday School Procedures

Parents must sign their children into Sunday School utilizing the computers located at the BBC Narthex. Once signed in, the parent and the child will receive a tag that includes the child's name, the class they are assigned to and a unique identifier number. At the conclusion of the Sunday School class, a parent or their designee must pick up their child.

## **Equipment safety**

All equipment utilized will meet the Consumer Protection Safety Commission (CPSC) guidelines for durable infant and toddler products.

Recommended features are as follows:

- Bassinets and Cradles – wide base to prevent tipping, mattress should fit snugly, rocking mechanism should have a lock position, no beads or other decorations could become a choking hazard;
- Changing tables – protective barrier on all four sides, safety strap to secure infant;
- Cribs – meet the CPSC standards mandated as of June 2011 regarding no longer using the drop-side crib, mandated stronger mattress supports, slats and crib hardware, snug fitting mattresses with no gaps, no loose hardware or brackets, no places for infant's head to become entrapped;
- Highchairs – should have wide base for stability with a crotch strap that is independent of the tray, tray should securely lock in place;
- Playpens – Mattresses should fit snugly, if mesh sided, the mesh should be less than ¼" in size, top rails lock into place, no protruding hardware.

## **Toys**

Recommendations are as follows:

- Toys should be age appropriate and toys for older children should be stored separately from toys for younger children;
- Toys designed for outdoor use should only be used outdoors;
- Toys should be cleaned on a regular basis to keep them sanitary;
- Cloth toys should be flame resistant, flame retardant or nonflammable;
- All moving parts should be securely attached, and broken toys should be discarded;
- No toy should be made with lead-based paint;
- No sharp edges or points.

## **Provision of Childcare for Routine Church Events**

Childcare may be provided for the following all-church events by our CFM Staff Member:

- Sunday mornings beginning at 8:00am and ending at 12:00pm
- Congregational Meetings

If a caregiver must cancel at the last minute on a Sunday morning, they should contact the CFM Staff Member.

## **Provision of Childcare for Other Events**

Church groups are encouraged to consider the need for childcare when planning events at the church, such as committee meeting, church-sponsored group functions, etc.

Guidelines:

- The event coordinator requesting childcare providers should submit their request to the CFM staff member no less than one week in advance of the event. The following information should be included:
  - The name of the group requesting childcare.
  - The date and time when care is needed. Please estimate the actual time when the caregivers will be able to leave. Allow enough time for all children to *be picked up following the end of the event and for the room to be straightened up.*
  - Name and contact information of the event coordinator (email/phone number).
  - Name and cell phone number of person who will be in charge on-site during the event/meeting, if different from above.
  - The number and age of children expected.
  - The CFM staff member will be responsible for arranging all childcare, procuring both a primary and assistant care giver and communicating pertinent information to both the event coordinator and to each of the care givers.
  - When a regular care giver is unavailable for an event, the CFM staff member will refer to the list of approved caregivers, calling until one is secured. This information should then be passed on to the event coordinator.

- If childcare cannot be arranged, the event coordinator should be notified at least 48 hours in advance of the event, who will then notify the participants. This should allow the participants a reasonable chance of making other childcare arrangements on their own.
- If a care giver (either primary or assistant) must cancel within 48 hours of an event, he or she must contact the event coordinator directly. Likewise, if it is discovered that care givers are not needed (when already prearranged for an event), the event coordinator must contact the care givers directly. This notice should be given to the care givers no later than 3:00 pm on the day of the event or by the evening prior for a morning event.
- All childcare provided will be on BBC grounds.

### **Emergency and Crisis Management for our Minors**

The safety of children and prompt and clear communication with parents/guardians shall be the top priority in the event of facilities problems, natural disasters, accidents, injuries, illnesses, missing persons, or the threat or incidence of terrorist activity.

In the event of any emergency, children are to follow the directions of staff members or other adult leaders present. In the event a child is injured or becomes ill during an event and requires medical attention, parents/guardians will be notified immediately. Minor injury or illness will be reported to the parents/guardians at the conclusion of the event.

### **Administration of Medications and First Aid**

- Parents/guardians must notify the adult caregiver if their child has an extreme allergy or medical condition prior to leaving them in the care of that person.
- Children will not be allowed to administer their own medication during a church sponsored event. If a child must take medication while engaged in a BBC event, the adult caregiver can administer the medication only with the written permission of the parent/guardian. This also applies to inhalers since they can be disguised for vaping.

- Fully stocked first aid kits are available in multiple locations around the church and can be utilized by the adult caregiver or other trained individuals to provide initial care for injuries.
- Any incident requiring first aid will be reported immediately to the event sponsor.
- A report must be prepared (see Appendix A).

### **Abuse, Sexual Contact, Sexual Abuse and Sexual Harassment**

- All adults working with our children have a responsibility to model appropriate relationships between each other as well as to refrain from and discourage inappropriate relationships with any child under age 18, no matter how mature the individual. Adults must assume primary responsibility for maintaining appropriate boundaries between participants of all ages and cultivating an atmosphere of health and trust.
- Anyone who suspects any type of the above abuse must report that information to one of the BBC Pastors, and the reporting of that abuse will be overseen by that Pastor.
- Adults must never engage in any manner of sexualized behavior with, or in the presence of, a child or youth. This refers not only to explicitly sexual behavior, but also to jokes with sexual content and “*double entendres*.” Physical expressions of affection, such as hugs, certainly have a place, but it is best to allow the minor to initiate the contact, and the adult must be sensitive not to allow them to be too frequent or prolonged.
- In the case of a minor found engaging in sexual contact, sexualized behavior or sexual harassment, the individual will be removed from the event immediately and parents/guardians will be notified. Repeated incidents of such behavior may result in the minor being ineligible to take part in future events.
- In the case of an adult engaging in sexual contact, sexualized behavior, or sexual harassment, that person’s behavior will be reported to law enforcement officials and the person will no longer be eligible to take part in events involving children.

## **Mandatory Reporting as Required by State Law**

All Clergy staff members working with our minors are subject to the Massachusetts Statutes concerning mandated reports. Reports will be made as prescribed by the law. (See Appendix G) (Also see Appendix H).

- Any person who knows or has reason to believe a child is being neglected or physically or sexually abused or
- has been neglected or physically or sexually abused within the preceding three years, shall immediately report the information to the church staff or to the local welfare agency, police department or the county sheriff.
- Reports concerning the possibility of abuse or neglect must be made as soon as possible but in no event longer than 24 hours after obtaining knowledge or having suspicion.

## **DISRUPTIVE BEHAVIOR POLICY**

The BBC Pastoral Staff and/or Leadership Council (LC) may deny entry to the Church property, or attendance at any Church service or function, to any congregation member, congregational friend, or visitor deemed to be disruptive or harmful to the Church. This behavior includes, but is not limited to the following:

- Threats to the safety of any adult or child.
- The disruption of worship services, church functions, or church activities.

If a congregant, friend, or visitor's behavior warrants immediate action, such action will be taken by the Security Team or their representative. This may include asking the offending person(s) to leave the property or suspending the meeting or activity until such time as it can be safely resumed. If further assistance is necessary, the Police Department may be called. If not directly involved, the members of the Pastors and the LC must be notified of these actions as soon as possible. An incident report should be filed (See Appendix K.)

### **ACTION IF THERE IS VERBAL OR PHYSICAL DISRUPTION DURING WORSHIP OR AN EVENT**

After any necessary immediate action has been taken, the following steps must be considered to address the issue if the offender is a member, family of member or a friend known to the BBC community.

- Conduct a face-to-face meeting to resolve the issue, held between a Pastor, a member of the LC and/or a BBC member in good standing, and the offending party.
- Send a letter from the BBC Pastor to the offending party, specifically outlining the behavior that needs to be corrected. (This step may be conducted in addition to the step above.)
- Conduct a special meeting between the LC (or designated sub-committee) and any other parties involved in the dispute, with the purpose of developing an appropriate action plan for addressing the issue.

If an action plan is developed, it will be administered by the Pastor(s) and the LC.

Action plans may include, but are not limited to, the following:

- Exclusion of the offending person(s) from BBC property, worship services, functions, or activities for a certain period.
- Specific conditions, behaviors, or terms under which the offending person(s) may return to BBC property, and/or attend BBC worship services, functions, or activities.
- Specific conditions, behaviors or terms under which the offending person(s)' membership or attendance will be immediately terminated.
  - Permanent termination of the offending person(s) from membership at BBC, and/or exclusion from BBC property and participation in BBC activities.

If membership is terminated, the offending person(s) will be informed in writing within 30 days.



## **EMERGENCY CLOSING OF BBC**

Principles: The safety and well-being of the members and staff of the BBC community are of first importance.

The building may be closed at any time if it is determined remaining open would be hazardous to the inhabitants. This could include, but is not restricted to, a building utility issue (such as a gas leak), weather or hazardous situation.

### **Sunday Mornings**

- Generally, Sunday services will not be cancelled due to bad weather or due to cancellation by the scheduled speaker or service leader.
- If there is a government restriction against driving on the roads, contact with the local police by a Pastor will assist in determining if cancellation is recommended.
- Church members will be notified of this decision via the website, email, TV closing lists, or by a message recorded on the main church phone. These activities will be initiated and organized by the Executive Pastor and/or the Communications Director. Also, a text blast can be sent to all core ministry leaders.
- We respect the right of service leaders, speakers, and teachers to use their judgment before setting out for church when the weather is bad. As soon as a teacher has decided that they will not be attending church, they are expected to contact the CFM staff member.

### **Non-Sundays**

- Any time there is a weather emergency as determined by the Commonwealth of Massachusetts, the church will be officially closed.
- Emergency closing information can also be obtained from lists of school and/or church closing as provided by radio and television programs.

## **FIRE EMERGENCY PROCEDURE**

See Appendix I, for list of fire extinguisher placement.

See Appendix J, for Building Floor Plan with locations of fire extinguishers.

- If you are on fire, STOP-DROP-ROLL. If another person is on fire, yell, “STOP! DROP! ROLL!” and attempt to smother the flames.
- If you discover a fire:
  - Activate the nearest fire alarm pull station. Continue to the next step regardless of whether or not the alarm sounds.
  - Call 9-1-1. (Note: The fire alarm will only notify people in the building of a fire or drill. You **MUST** call 9-1-1.)
  - If the fire alarm **did not** sound after being pulled, tell building occupants of the fire and the need to evacuate.
  - After pulling the fire alarm and calling 9-1-1, you may attempt to put out the fire only if it is small (no larger than a wastebasket). If the fire is too large or you are uncomfortable or unfamiliar with the proper use of a fire extinguisher, simply close the door (if there is one) and evacuate the building.
- When an alarm sounds in the building, immediately evacuate the building. **CLOSE ALL DOORS BEHIND YOU.**
- Evacuate the building using the closest door. Teachers should bring their class roster.
- As you reach each door, check the door with the back of your hand to determine if it is hot—that would mean that fire has reached that area, and you should seek another exit.
- Keep in mind that the closest exit may be **behind** you.
- Do not block or wedge exit doors in an open position. The doors must remain closed to keep smoke out and keep them safe for evacuation and fire personnel.
- Children’s ministry leaders and Youth group ministry leaders should escort all infants, children, and students to the backyard of the Parsonage. **No child will be released to a parent or guardian until ALL children and leaders have been accounted for.**
- The Evacuation Assembly area for anyone else in the BBC building is the upper grass parking lot at the rear of the church building. **NO one should leave until all individuals participating in the ongoing event have been located and the police/fire officials have determined it is**

**safe to leave. Parents may be released to accompany their children in the back yard of the Parsonage.**

- For persons having difficulty in walking, there is a grass area to the side of the dumpsters that can be used as a Safe Area.
- If you are trapped by smoke, stay low, cover your mouth with a wet cloth, stay near a window and open it but do not break it, and if there is a door, put something in any cracks around the door. Phone 9-1-1 if possible. If you can safely exit through a window, do so.
- Give special attention to any visitors or persons with disabilities. If you are near someone identified as a visitor or disabled, help them find the way out of the building and to the Evacuation Assembly Point, which is the Upper grass parking lot.

## **GUIDE DOGS, SERVICE ANIMALS AND COMPANION ANIMAL POLICY**

Guide dogs or other service animals accompanying individuals with disabilities and especially trained and educated for that purpose shall be admitted to BBC. The animals are **not** permitted to run free or roam in the building or on the property and must always be in guiding harness or on leash and under the control of the individual while in our building or on BBC property.

Under Title II and III of the ADA and Massachusetts Service Animal Law, service animals are limited to dogs. *Service animal* means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition, according to Federal and State regulations. The work or tasks performed by a service animal must be directly related to the individual's disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. The prime deterrent effects of an animal's presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition.

While Emotional Support Animals or Comfort Animals are often used as part of a medical treatment plan as therapy animals, **they are not considered service animals under the ADA or Massachusetts Law.** These support animals provide companionship, relieve loneliness, and sometimes help with depression, anxiety, and certain phobias, but do not have special training to perform tasks that assist people with disabilities.

While welcome at BBC, emotional support or comfort animals must always be leashed and under the control of their handler.

## **HAZARDOUS MATERIAL STORAGE POLICY**

All hazardous materials such as paint, solvents, chemicals, and cleaning supplies shall be stored in the sexton's supply office or in a locked storage facility. Only approved personnel are permitted in Sexton's supply office.

All materials in smaller containers, e.g., Spray bottles, should be labeled. All gas containers and propane tanks must be stored in the garage or another outbuilding.

## **INCIDENT REPORTING**

An Incident Report is used for documenting any incident, finding, or happening that occurs on the premises of BBC, that is inappropriate. Examples: disruptive person at services or special event, fighting, discovery of contraband, inappropriate behavior. See Appendix K: Incident Report.

## **INSPECTION PROCEDURES (FACILITY AND GROUNDS)**

### **General Safety Inspection (Annual)**

- The Facility Manager (FM) will annually appoint a team to do a self-inspection of all the church facilities and grounds. It is recommended that a minimum of two people do the self-inspection together to provide a variety of perspectives.
- The team will obtain a good self-inspection checklist. (See Appendix L)
- Set a date and time for the inspection. If possible, use the same month of the year each year.
- Perform the inspection using the checklist.
- Develop recommendations for remediation of any problems that are discovered, and for overall improvement.
- Communicate the recommendation to the LC. Request funds where needed.

- Where possible, take action to remove or correct problems.

### **Ansul Stove/Oven Hood Inspection (Semi-Annual)**

The Ansul Stove/Oven hood must be inspected every 6 months by an approved agency.

### **Fire Extinguisher Inspection (Annual)**

Fire extinguishers must be inspected by the fire department yearly.

### **Automated External Defibrillator (AED) Inspection (Annual)**

The Facility Manager will appoint a sexton to be responsible for the inspection. The AED must have the battery checked every year. The AED pads must be checked each year.

RECORD KEEPING: Records of dates of inspections, battery changes and actions taken shall be kept by the Facility Manager.

## **INSURANCE COMPANY**

BBC's insurance company is Church Mutual Insurance Company, P.O. Box 357, 3000 Schuster Lane, Merrill, WI 54452-0357, Telephone (800) 554-2642 or (715) 536-5577. See Appendix N for documentation.

## **KITCHEN PROCEDURES**

A separate manual can be found in the kitchen.

## **MEDIA BOOTH PROCEDURES**

A separate manual can be found in the media booth.

## **MEDICAL EMERGENCY DURING A CHURCH SERVICE**

If a medical emergency should occur during a church service, the following procedure is recommended:

- If you are sitting near the victim, attempt to assist the victim if possible.
- Get the attention of a Security team member, or a Pastor.
- Raise your hands to help pinpoint where the victim is.
- If needed, call 911 or assign someone to call 911.

The Pastor leading the service will determine if it necessary to stop the service and will give directions to the remainder of the congregation as to what course of action should be taken.

## **MEDICAL EMERGENCY PROCEDURE**

There are FIRST AID Kits located throughout the Church building. (See Appendix C) They include guides that contain detailed steps in the event of a heart attack, choking, bleeding, poisoning, and burns, as well as other injuries.

In the event of a medical emergency:

- Stay calm. Assess the situation. Look for a Medic Alert bracelet or necklace on the person requiring help.
- If the medical situation does not require a medical professional (for example, a slightly skinned knee), act as appropriate using the resources available in the first aid kits.
- If the medical situation requires a medical professional, do the following:
  - Have someone call 9-1-1. If you are alone, yell as loudly as possible for help. If you are unable to summon help, you should call 9-1-1 first, then return and assist the person to the best of your ability.
  - When calling 9-1-1, give the operator as much information as possible, i.e., type of emergency, what help is needed, exact address, phone number, information on a Medic Alert bracelet or necklace. Don't hang up until you are told to do so by the 911 operator.
  - If another person is available, have them go outside to flag down the emergency vehicle and direct them to the person in need of help.
  - **DO NOT MOVE THE VICTIM.**



- If the victim is unconscious:
  - Check the victim for unresponsiveness. If there is no response, call 9-1-1 and THEN return to the victim. The emergency dispatcher can assist you with CPR instructions.
  - One automated external defibrillator (AED) is located in the Narthex by the door leading to the Pastor's offices, and a second is located in the hallway outside the children's classrooms. Direct someone to get it and apply it using the instructions as quickly as possible. Until the AED is obtained perform CPR as described below.
  - It is no longer recommended to do mouth-to-mouth resuscitation.
  - CPR: If the victim is still not breathing normally, coughing, or moving, begin doing chest compressions. Push down on the chest 1 ½ to 2 inches below sternum, right in between the nipples. Pump at the rate of 100 per minute, faster than once per second.
  - CONTINUE WITH CPR or AED until help arrives.
- If the victim is choking:
  - Make sure they are coughing and getting air.
  - If the victim cannot speak or cough, and you think something may be lodged in their throat, from behind, slip your arms around the victim's waist. Make a fist with one hand and grasp with the other hand. Place your fist right above the navel area. Press into the abdomen with quick upward thrust. Repeat until the object is removed, or the victim starts breathing or coughing. This is known as the Heimlich Maneuver.
- If the victim is bleeding:
  - USE RUBBER GLOVES. They are in all first aid kits. Apply pressure to the area.
  - If possible, elevate bleeding area above level of the heart.
  - YOU MUST FILE AN ACCIDENT REPORT. See Appendices A and B for the form(s). They are to be given to the Executive Pastor (put in the Executive Pastor's box).
  - If a child or youth is involved, the CFM staff member must also be notified.

## **MISSION TRIPS**

Any BBC member participating in a Mission Trip becomes an ambassador of BBC. All individuals should always conduct themselves in a suitable manner.

All mission trip participants are expected to remain with the group throughout the arranged time period (arriving and departing with the group), unless an emergency occurs.

All participants should complete a Mission Trip Participation Information Sheet prior to departing. The group leader will maintain those confidential records during the trip and will dispose of them after the trip by shredding. See Appendix N.

The group leader should ensure that a travel first aid kit and “stop the bleed” kit is deployed with the group.

## **PLAYGROUND AND OUTSIDE OPEN AREAS**

The BBC Playground is a place for fun and enjoyment. However, there are inherent dangers that must be mitigated whenever possible. According to BBC's insurance carrier, the playground creates an "attractive nuisance" for BBC member families and for people not specifically authorized to be there. For that reason, it is important to make every effort to ensure the playground is as safe as possible. Additional information was gathered from the Consumer Product Safety Commission's (CPSC) "Public Playground Safety Handbook".

- Planning of the playground – to include accessibility (play area and ground cover suitable for those with handicaps), age group (appropriate activities for younger and older children) separation (a buffer zone between age areas), conflicting activities (spacing that addresses passive play and active play), sight lines (parents should be able to see their children anywhere on the equipment) and signage/labeling (should give some guidance as to age appropriateness of the equipment).
- Equipment – to include recommended safety regulations as designated by the CPSC; including proper landing surface, no sharp edges, no entrapment spaces, no trip hazards, guardrails for all elevated ramps and platforms, proper anchoring of equipment, and suffocation hazards (no loose hanging ropes).
- Supervision – inasmuch as BBC does not provide a supervisor specifically for the playground, parents/guardians **should** accompany and oversee their children while in the playground area. CMIC also recommends signage that will explain rules to be followed while in the playground. Appropriate signage will be placed in the playground area.
- Maintenance – CMIC provides a safety and maintenance checklist which should be conducted annually, with obvious repairs made within a timely manner.

## **SEX OFFENDER POLICY**

The safety of our children, and all who participate at BBC are high priorities in our community. However, we understand that at times, an individual who has been charged or designated a sex offender might seek participation at our church.

In order to ensure the safety of our community, and particularly the children, a member of the BBC Pastoral staff will periodically check the Massachusetts state database of convicted sex offenders to determine if any registered sex offender is part of, or has recently visited, our community. In the event that a registered sex offender is attending, or wishes to attend BBC, the sex offender policy outlined below will be implemented in order to balance that person's need for, and right to, compassionate ministry, with the congregation's need for, and right to, safety and security.

When a known sexual offender is seeking participation or a current participant is revealed as a sexual offender, BBC has approved the following policy:

A response team consisting of the Pastor, a member of the LC, and several members of our congregation who may have an expertise in this area would be established. The purpose of this team would be to gather information, using the resources available, to decide of possible inclusion into our community on a case-by-case basis. Following the current requirements of our liability insurance provider, this team will proceed to evaluate this request for limited participation.

This assessment might include:

- The willingness of the individual to work with the minister and the response team to determine the limits of their participation at BBC.
- The Pastor contacting the treatment provider or the parole officer.
- A risk assessment done by a qualified therapist with the outcome being a low risk factor for recidivism.
- A signed agreement between the person asking for inclusion and the church on the limits of participation.

In considering the balance of safety and welcoming, there is not a guaranteed right to participate, but we strive to reach the best decision for the congregation and the individual.

## **SMOKING POLICY**

Smoking is **not** allowed in BBC buildings or the playground. This includes all tobacco products, e-cigarettes, vaping paraphernalia, and marijuana. Smoking is allowed outside the two main entrances to BBC. Smokers should utilize appropriate waste containers.

# **STUDENT MINISTRY POLICIES AND PROCEDURES**

## **Student Participation**

- Participation in BBC's Student Ministry activities is open to all who are in grades 6-12, whose parents/guardians have filled out a permission slip and waiver form (See Appendix O) for such participation. For legal purposes, anyone at the age of 18 or older but is still a high school student living with parents/guardians will be considered an adult. However, parents/guardians must still sign any permission materials and follow the guidelines below.
- Students who participate in Student Ministry activities must always agree to adhere to the Student Ministry policies and procedures and follow verbal directions given by staff and adult leaders.

## **Transportation**

- Transportation to and from Student Ministry events shall be arranged by parents/guardians. Parents/guardians are responsible for making sure their student arrives on time for events and is picked up promptly at the scheduled end time.
- Students holding a current driver's license may provide their own transportation but are not authorized to provide transportation for other members of the group without written permission from that youth's parents/guardians. Exception is made for siblings of the driver. Licensed students must provide a photocopy of their license to the Youth Ministry leaders.
- Carpooling from the church to off-site events shall be provided only by staff members, parents/guardians, or the church's adult Student Ministry volunteers who have been authorized to provide such transportation. Students holding a current driver's license may provide their own transportation but are not authorized to provide transportation for another student under the age of 18 unless that student is a sibling.
- No single student and single adult (other than the student's sibling/parent/guardian) are to be alone in a vehicle at any time without parental permission. A single adult may transport 2 or more students in a vehicle if they are traveling with other vehicles going directly to and from the same off-site event. A single authorized adult (parent/guardian, staff member or youth volunteer) may transport 2 or more students in a

vehicle with explicit written permission from each youth's parent/guardian.

- Parents/guardians/student the age of 18 or over are to notify the church staff and other adults working with the Student Ministry of any special considerations involving transportation one week in advance of a scheduled event.
- There shall be no talking on the cell phone, reading, or texting while driving BBC Student Ministry participants to an offsite activity.
- Chaperones/staff/volunteers will have access to emergency contact information for children in their care, utilizing BBC Connections.
- The car must be in good working order with seatbelts for each person. The driver must have a valid driver's license and car insurance.
- There will be no stopping to purchase tobacco products, marijuana, alcohol, no possession of alcohol, or consuming of alcohol while transporting Student Ministry participants.

### **Adult Supervision/Volunteers/Chaperones**

- At least 2 adults over the age of 21 will be present at all times during all Student Ministry events, or other church activities involving students. All individuals who will be working with students on a regular basis must undergo CORI, SORI and driver's license checks.
- All adult volunteers who will be working with students on a regular basis must be in good standing with the church and approved by the Pastor of Students or Executive Pastor or Advisory Council.

### **Monitoring of Student Ministry Activities**

- At least two adults over the age of 21 will always be present during Student Ministry events. One male and one female adult is ideal.
- Any room in which there are students and less than two adults present must always have its door open, with all persons in the room in clear view to anyone outside the room.
- At off-site events, staff members/adult leaders/chaperones are responsible for monitoring the whereabouts and activities of all students at the event. During some events the students are involved in wide-spread areas, and in those instances, the leaders will formulate a plan to have the students contact the leaders on a regular basis.
- Students are prohibited from leaving the group for any reason without receiving explicit permission to do so from staff members or adult leaders at the event.

## **Parent/Guardian Permission and Liability Waiver**

- Permission slips are required for off-site events.
- Permission slips must be signed by a parent or guardian. (See Appendix Q). Permission slips will be kept on file in the BBC office.
- Church staff and adult student volunteers should respect the potentially sensitive nature of personal information provided on forms.

## **Conduct and Discipline**

- Students are always expected to exhibit appropriate behavior, including speech, attire, and actions. Any instances of inappropriateness will be addressed on a case-by-case basis by the Student Group Leaders.
- “Conduct” and “behavior” include actions, words, and attire. “Appropriate” and “inappropriate” are determined by staff and adult leaders.
- In the event of a disagreement, the decision of the Student Ministry Leaders will be followed.
- All proactive measures (adequate preparation, chaperone placement, environmental setup, etc.) will be taken to ensure that students will be sufficiently engaged in the activity or event so that the potential for misbehavior is minimized.
- For off-site events, appropriate actions, words, and attire are also determined according to the standards and norms of the event site.
- Use or possession of alcohol, tobacco, e-cigarettes, vaping paraphernalia, marijuana products, or any illicit drug or substance during a Student Ministry event is prohibited.
- Students will refrain from any actions which might endanger their own safety or health, or the safety and health of others present at the event.
- Violence, verbal abuse, or destruction of personal or church property, and possession of weapons of any kind is prohibited and will not be tolerated.
- The following procedure will be used if a young person engages in inappropriate behavior.
  - Adult leaders will ask the student to behave appropriately.
  - If the inappropriate behavior continues, the student will be removed from the immediate area of the event or activity for a conversation with the staff member or adult leader regarding the behavior. This conversation will take place in a visible room with windows or an open door where both people are always fully visible.



- If the behavior does not improve, a parent or guardian will be contacted to remove the student from the event or activity, and future participation in Student Ministry will be evaluated by staff and/or adult leaders according to the circumstances. At any event, regardless of the location or distance from the church, the staff member and/or volunteers reserve the right to send a student home at any point and will work with the parent/guardian to get the student home.
- If a parent or guardian is not immediately available to come to the event site to remove the student, she or he will be sent home by the most convenient means available within the transportation guidelines, at the parent/guardian's expense.
- The focus of all discipline will be on correcting the behavior.

### **Overnight Events**

- When participating in events with other churches or Student Ministries, all BBC students must follow the rules specific to the event or location, and the instruction of all adult leaders and coordinators thereof.
- BBC students are not allowed to sleep in mixed gender rooms at events.
- If the rules of the event or the location are "stricter" than BBC's rules, those rules will take precedence.
- BBC students and parents/guardians/students over the age of 18 must fill out all forms, and follow all procedures required by the coordinating group or organization, in order to attend and participate in such overnight events.

### **Use of Media for Student Ministry Events**

- Students will be exposed to words and images that support the values and mission of BBC.
- All media used for Student Ministry activities will be rated at a level appropriate for participating students. In most cases, films will be rated G, PG, or PG-13. Any film rated R may only be shown if it has approval from the Student Ministry Leaders and written consent from the parents and is shown for the purpose of a lesson. Films rated R may only be shown to students in grades 9-12.
- During times when students are allowed on smart phones or other devices capable of displaying media that media must be in line with the values of BBC. Any content that glorifies sexual immorality, violence, bigotry, assault, or uses demeaning language or curse words may not be shown. If students are viewing or listening to such content, they will

be asked to stop. If they do not, then they will go through the policies for conduct and appropriate behavior.

### **Student Ministry Medication Management**

- Students the age of 18 or under may not dispense their own medications and must take any needed medications under the supervision of an adult (over the age of 21), unless the parent/guardian has given approval for the youth to self-medicate.
- Parents/guardians/students the age of 18 or over are responsible for notifying staff members or Student Ministry leaders of any medications needed by their student during a Student Ministry event, including dosage amounts, schedules, and other concerns.
- Staff members and adult leaders are to respect the sensitive nature of medication management and will make the process as inconspicuous as possible.
- Parental approval must be given for any participating student to self-medicate.

### **Abuse, Sexual Contact, Sexual Abuse, and Sexual Harassment**

- All adults working with the Student Ministry have a responsibility to model appropriate relationships with one another as well as to refrain from and discourage inappropriate relationships with any child under the age of 18, no matter how mature the individual. Adults must assume primary responsibility for maintaining appropriate boundaries between participants of all ages and cultivating an atmosphere of health and trust.
- Adults must never engage in any manner of sexualized behavior with, or in the presence of a child or student. This refers not only to explicitly sexual behavior, but also to jokes with sexual content and 'double entendres.' Physical expressions of affection, such as hugs, certainly have a place, but it is best to allow student to initiate the contact, and the adult must be sensitive not to allow them to be too frequent or prolonged.
- Whenever two students are in a 'dating' relationship and attend a Student Ministry event, those individuals are expected, and may be asked, not to engage in any exclusive or intimate activity during the event.
- In the case of a minor (under 18 years old) engaging in sexual contact, sexualized behavior, or sexual harassment, the individual will be removed immediately, and parents/guardians will be notified

immediately. Repeated incidents of such behavior may result in the student being ineligible to take part in future Student Ministry events. In addition, participants age 18 or older should be aware that they may face criminal charges for sexual contact with minors.

- In the case of a staff member or adult volunteer engaging in sexual contact, sexualized behavior, or sexual harassment, that person's behavior will be reported to law enforcement officials, and that person will not be able to take part in youth events again.

### **Mandatory Reporting**

- All Clergy staff members are considered Mandatory Reporters and are subject to the Massachusetts Statutes concerning reporting, and reports will be made as necessary to the appropriate officials. See Appendix H, for reporting. Also see Appendix I, regarding Massachusetts laws.
- BBC Student Ministry Leaders are designated Mandatory Reporters.
- Any person who knows or has reason to believe a child is being neglected or physically or sexually abused or has been neglected or physically or sexually abused within the preceding three years, shall immediately report the information to one of the BBC Pastors who will oversee the filing of any reports.
- Reports concerning the possibility of abuse or neglect must be made as soon as possible but in no event longer than 24 hours after obtaining knowledge or having suspicion.

### **Crisis Management**

- The safety of students and prompt, clear communication with parents/guardians shall be the top priorities in the event of a facilities problem, natural disaster, transportation delay, transportation accident, injuries, illnesses, missing persons, or threat or incidence of war, terrorism, or violence.
- In the event of any emergency, students are to follow the directions of staff members or other adult leaders present.
- If a Student Ministry event must be canceled, delayed or ended early because of severe or inclement weather or other safety concerns, parents/guardians will be contacted immediately by staff members and Student Ministry leaders.
  - If a vehicle transporting student to, from, or during an event is involved in an accident, all parents/guardians will be notified as soon

as possible, and will be told about the accident, injuries (if any), and plans for the remainder of the event.

- If a student is injured or becomes ill during the event, medical attention will be sought (if necessary), and parents/guardians will be notified (immediately, if medical attention is necessary).

### **One-on-One Student/Adult Interactions**

- Students and adults may meet in one-on-one discipleship/mentoring relationships, but these meetings must take place in a public setting with other adults around.

## **TORNADO POLICY**

In the event of a tornado:

- If you are out in the open:
  1. Attempt to reach shelter, such as the building. If unable to escape or find shelter, lie flat in a ditch or depressions, abiding areas that might flood.
  2. Do not shelter in vehicles, low-lying flood areas or by outside walls or windows.
- If you are in or can reach the church building:
  1. Remain in the building. Stay away from windows.
  2. All individuals should move to shelter areas.
  3. Shelter areas are bathrooms, furnace room, the hallway area outside the lounge, and the infant nursery room. These areas have little or no windows and are considered to be the safest places.
  4. Weather conditions should be monitored during this time.
  5. If classes are in session, teachers will assist all children to the safety areas and remain with their class.
  6. Aid anyone with disabilities.
  7. Get under or behind heavy furniture is possible.
- If in an area with windows, turn your back to the windows and be seated (if possible).
  1. Remain in the shelter until the tornado watch or warning has been taken down by monitoring radio, TV or internet announcement.

## **VACATION BIBLE SCHOOL**

Traditionally, BBC has sponsored a Vacation Bible School (VBS) sometime during the summer months for children grades 5 and under. A VBS manager will have the oversight responsibility of the VBS, including, but not limited to, the week of the school, the choice of program, the volunteer staffing of the program, and the daily operation of the program.

Parental (or their designee) registration of the participating child is required. Adult volunteers must undergo a CORI and SORI check, conducted by the VBS manager prior to the opening day.

## **WEAPONS POLICY**

BBC prohibits the open carrying or display of weapons or items which may be readily adapted and used as a weapon in any manner which would tend to cause annoyance or alarm to individuals attending a BBC function or event. This policy applies to the entire BBC property, including buildings and outdoor areas. Members of the BBC Security Team and any others appointed by BBC leadership are authorized to enforce this policy as follows:

- The person will be asked to remove the weapon or weapons from BBC property; or;
- The person will be asked to leave the BBC property; or;
- If the individual refuses to leave as requested, a Trespass Warning (see Appendix P: Massachusetts General Laws Chapter 266, Section 120) will be issued, prohibiting the person from remaining on BBC property.
- If the individual persists in remaining on BBC property after the Trespass Warning, the Brewster Police Department will be notified and advised of a trespasser after notice pursuant to Massachusetts General Laws Chapter 266, Section 120.

## **APPENDICES**

## APPENDIX A: NON-STAFF ACCIDENT REPORT FORM

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

Name of Person filing report \_\_\_\_\_

Date and Time of Injury: \_\_\_\_\_

Parent or Guardian notified (by whom and when) \_\_\_\_\_

Location in Church where accident occurred: \_\_\_\_\_

Describe accident: (What happened? What were you doing? How did it occur?):

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

Nature of Injury (Be specific-Lacerated index finger, twisted right or left ankle, etc.):

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

Ambulance and Emergency personnel respond? Yes No

Follow up to personal physician? Yes No

If so, name of Doctor: \_\_\_\_\_

Photographs of accident location and injury: Yes No

Signature/date \_\_\_\_\_

***Please put this form in the Executive Pastor's Mailbox***



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## APPENDIX B: STAFF ACCIDENT REPORT FORM

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

Name of Person Filing Report: \_\_\_\_\_

Name of Injured Party: \_\_\_\_\_

Location in church where accident occurred: \_\_\_\_\_

Brief description of accident and injury:

---

---

---

Action or Preventative Repair Taken/Needed?    Yes                  No

If so, what was done:

---

---

Photographs taken of scene and injury?    Yes                  No

Photographs provided to: \_\_\_\_\_

Notifications made (circle):    Police    Fire/EMT    Pastor    Other

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

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

***Please put this form in the Executive Pastor's Mailbox.***

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## **Appendix C: Locations of First Aid Kits**

- Sanctuary – bottom shelf of wooden table to the right of AV booth
- Church Office - 1 portable travel pack and 1 other in cabinet over the computers
- Nursery -1- child friendly- on the counter
- Choir Room - 2
- Main Kitchen - hung on wall behind door w multiple cold packs
- Lounge Kitchen - on the counter
- Sexton's office - on the counter
- Youth Department (Room 101) - 1 stationary
- Chapel - 1
- Community Hall/ Sunday School - 2- one on each side of room
- Biohazard Response Kit - hung on the wall in sexton's office near sink

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## **APPENDIX D: BOMB THREAT CHECKLIST**

Fill this out to capture your thoughts when a bomb threat is received by telephone.

Phone number where call was received: \_\_\_\_\_

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

Time Caller Hung Up: \_\_\_\_\_

ASK THE CALLER (if possible):

- Where is the bomb located? (Room, etc.)
- When will it go off?
- What does it look like?
- What kind of bomb is it?
- What will make it explode?
- Did you place the bomb?
- Why?
- What is your name?

EXACT WORDS OF THREAT:

INFORMATION ABOUT CALLER:

- Where is the caller located? (Background and level of noise)
- Estimated age:
- Is the voice familiar? If so, who does it sound like?
- Other points:

<b>CALLER'S VOICE</b>	<b>BACKGROUND SOUNDS</b>	<b>THREAT LANGUAGE</b>
<ul style="list-style-type: none"><li>• Accent</li><li>• Angry</li><li>• Calm</li><li>• Clearing throat</li><li>• Coughing</li><li>• Cracking voice</li><li>• Crying</li><li>• Deep</li><li>• Deep breathing</li><li>• Disguised</li><li>• Distinct</li><li>• Excited</li><li>• <b>Female</b></li><li>• Laughter</li><li>• Lisp</li><li>• Loud</li><li>• <b>Male</b></li><li>• Nasal</li><li>• Normal</li><li>• Ragged</li><li>• Rapid</li><li>• Raspy</li><li>• Slow</li><li>• Slurred</li><li>• Soft</li><li>• Stutter</li></ul>	<ul style="list-style-type: none"><li>• Animal Noises</li><li>• House Noises</li><li>• Kitchen Noises</li><li>• Street Noises</li><li>• Booth</li><li>• PA System</li><li>• Conversation</li><li>• Music</li><li>• Motor</li><li>• Clear</li><li>• Static</li><li>• Office machinery</li><li>• Factory machinery</li><li>• Local</li><li>• Long distance</li></ul>	<ul style="list-style-type: none"><li>• Incoherent</li><li>• Message read</li><li>• Taped</li><li>• Irrational</li><li>• Profane</li><li>• Well-spoken</li></ul>

Source:  
[http://emilms.fema.gov/is906/assets/ocso-bomb\\_threat\\_samepage-brochure.pdf](http://emilms.fema.gov/is906/assets/ocso-bomb_threat_samepage-brochure.pdf)

## **APPENDIX E: FACILITY CLOSING PROCEDURES — OUTSIDE ORGANIZATIONS**

- Check each room used to ensure no one is left behind. This includes the restrooms.
- Check that all lights are off, windows closed with latches to the left.
- **Check all exit doors to ensure they are closed and locked.**
- Rest rooms: Toilets/urinals flushed and stopped flushing.
- Fellowship hall: ceiling fans, lights and coffee makers are off.
- Lounge (if used): lights off, coffee maker unplugged, faucets turned off.
- All areas utilized are left in the same condition as before the meeting/event.
- In case of an immediate issue with the facility, contact Tim Kautz – 508-246-0927.
- In case of emergency, call 911.

(Please print all information.)

Name and address of Group/Organization:

---

Name of person responsible for facility closing procedures:

---

Phone number: \_\_\_\_\_

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

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

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



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## APPENDIX F: FAMILY MINISTRY APPLICATION

### Family Ministry Application for Brewster Baptist Church

*This application is to be completed by everyone seeking to volunteer in the area of Children's, Student or Parent Ministry and is for the purpose of helping Brewster Baptist Church provide a safe and secure environment for children who participate in our programs and use our facilities.*

#### General Information:

Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Birthday \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Church History:

Have you personally accepted Jesus Christ as your Lord and Savior and are you committed to having His character live through you? YES NO

How long have you attended Brewster Baptist Church? \_\_\_\_\_

Are you a member of Brewster Baptist Church? YES NO

Do you regularly attend weekend worship? YES NO What service? 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

In what areas of church ministry are you presently involved? \_\_\_\_\_

In what areas of church ministry are you currently serving? \_\_\_\_\_

List any previous church work involving Family Ministry (including name and address of church and contact person): \_\_\_\_\_

List any previous non-church work involving children or students (including name and address of organization and contact person): \_\_\_\_\_

#### Personal Information:

Circle one: Single Married (Spouse's Name) \_\_\_\_\_

Do you have children? YES NO Names & Ages: \_\_\_\_\_

If you have lived at your current address for less than five years, please list all addresses during that period: \_\_\_\_\_

The questions listed below are to ensure a safe environment for our children and students. All information will be confidential. Answering "yes" may not necessarily preclude your involvement in Family Ministry.

Is there any circumstance or pattern in your life that would make it inappropriate for you to serve with children or would compromise the integrity of the church? YES NO

If yes, please explain: \_\_\_\_\_

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography or any other addictions; or has anyone ever suggested that you may have a problem with any of the above?      YES      NO

If yes, please explain: \_\_\_\_\_

Have you ever been arrested, convicted or pleaded guilty to a crime?      YES      NO

If yes, please explain: \_\_\_\_\_

Have you ever been accused, charged, or alleged to have, or have you ever committed any act of neglecting, abusing or molesting any child?

YES      NO

If yes, please explain: \_\_\_\_\_

Would you like to meet with a pastor regarding any of the above circumstances:      YES      NO

**Area of Interest:**

Please circle the service time or area you are interested in serving.

	What hour do you want to serve?			
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	
Sunday Morning				
Children's Ministry	Sunday School	Nursery	Mom 2 Mom	VBS
Student Ministry	Sunday School	Youth Group	First & Thirds	Retreat
Parent Ministry	Sunday School	Monthly Events	Special Events	

**Applicant's Statement:**

I understand that the information contained in this application will be held confidential by the professional church staff and is correct to the best of my knowledge. I authorize any references of churches listed to give you any information they may have regarding my character and fitness to serve with in Family Ministry. I also authorize a background check to be completed. In addition, I have read and agree to abide by the Health & Safety Guidelines for Brewster Baptist Church's Family Ministry.

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

Please return this form to:      **Barbara Burrell, Brewster Baptist Church, 1848 Main St., Brewster, MA 02631**

Updated 04/17/19 bab

## APPENDIX G: REPORT OF CHILD(REN) ALLEGED TO BE SUFFERING FROM ABUSE OR NEGLECT



### Report of Child(ren) Alleged to be Suffering from Abuse or Neglect



Massachusetts law requires mandated reporters to immediately make a report to the Department of Children and Families (DCF) when they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect by:

**STEP 1: Immediately reporting by oral communication to the local DCF Area Office (see contact information at end of form); and**

**STEP 2: Completing and sending this written report to the local DCF Area Office within 48 hours of making the oral report.**

For more information about requirements for mandated reporters and filing a report of alleged abuse and/or neglect please see A **Guide for Mandated Reporters** available on the DCF website at [www.mass.gov/dcf](http://www.mass.gov/dcf).

Please complete all sections of this form. If some data is uncertain or unknown, please signify by placing a question mark ("??") after the entry.

**CHILDREN REPORTED**

Name	Current Location/Address	Language Spoken	Birth Sex		Age or Date of Birth	ICWA/Tribal Affiliation
			Male	Female		

**EMERGENCY CONTACT(S) FOR CHILDREN REPORTED:** Please list the emergency contact information for all of the reported children, including contact name, relationship, and contact number information.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER CHILDREN:** Please include information about other children in the home/family, including name and age/date of birth (if known).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT, GUARDIAN OR CAREGIVER 1**

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

First	Last	Middle
-------	------	--------

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

Street & Number	City / Town	State	Zip Code
-----------------	-------------	-------	----------

Phone #: \_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_

Language Spoken: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

**PARENT, GUARDIAN OR CARGIVER 2**

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

First

Last

Middle

---

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

Street & Number

City / Town

State

Zip Code

---

Phone #: \_\_\_\_\_

Age/Date of Birth: \_\_\_\_\_

---

Language Spoken: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

---

**REPORTER / REPORT**

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

Mandatory Report

Non Mandatory Report

---

Reporter's Name: \_\_\_\_\_

First

Last

Middle

(If the reporter represents an institution, school or facility, please indicate)

---

Reporter's Address: \_\_\_\_\_

Street & Number

City / Town

State

Zip Code

---

Phone #: \_\_\_\_\_

---

Has reporter informed caregiver of report? \_\_\_\_\_

Yes    No

---

What is the reporter's relationship to the child(ren)? \_\_\_\_\_

---

What is the nature and extent of injury, abuse, maltreatment or neglect? Please list any prior evidence of same and/or other worries regarding danger to the child(ren). (Please cite the source of this information if not observed firsthand.)

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

**RELATED CONCERNS:** Please check all that apply.

- |                                                              |                                                                     |                                           |
|--------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Substance Use/Misuse                | <input type="checkbox"/> Acute/Chronic Medical Condition            | <input type="checkbox"/> Runaway          |
| <input type="checkbox"/> Substance Exposed Newborn           | <input type="checkbox"/> Housing Instability/Homelessness           | <input type="checkbox"/> Gang Involvement |
| <input type="checkbox"/> Neonatal Abstinence Syndrome        | <input type="checkbox"/> Human Trafficking/Labor                    | <input type="checkbox"/> None Applies     |
| <input type="checkbox"/> Domestic Violence                   | <input type="checkbox"/> Human Trafficking/Sexually Exploited Child | <input type="checkbox"/> Unknown          |
| <input type="checkbox"/> Mental/Behavioral Health Challenges | <input type="checkbox"/> Teen Parenting                             | <input type="checkbox"/> Other            |

DESCRIPTION OF RELATED CONCERNS: Please include additional information that will help DCF further understand the concerns checked above. This includes any specific concerns about alcohol/drug use by the parent/guardian/caregiver. If there are concerns related to domestic violence, please also list any information that will help DCF make safe contact with the family (e.g., work schedule, place of employment, daily routines for the adult victim, etc.).

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

If known, please provide the name(s) and address, phone #, DOB/age, relationship to child, and language spoken of the person(s) responsible for the injury, abuse, maltreatment or neglect and/or any other information that you think might be helpful in establishing the cause of the injury, abuse, maltreatment or neglect.

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

What are the circumstances under which the reporter became aware of the injury, abuse, maltreatment or neglect? Please include information on dates and timeframes for when the injury, abuse, maltreatment or neglect occurred.

Pedikit# (if applicable): \_\_\_\_\_ Incident Date (if known): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What action has been taken thus far to treat, shelter or otherwise assist the child(ren) to deal with the situation?

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

Are there any concerns for social worker safety?

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

Please provide any information about the family's strengths and capacities that you think will be helpful to DCF in ensuring the child's safety and supporting the family to address the abuse and/or neglect concerns.

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

Signature of Reporter: \_\_\_\_\_

To report child abuse and/or neglect: Weekdays from 9:00 am to 5:00 pm call the local DCF Area Office.  
 Weekdays after 5:00 pm and 24 hours on weekends and holidays call the  
 Child-At-Risk-Hotline 1-800-792-5200

**DCF AREA OFFICES**

**Boston Region**

Dimock Street, Roxbury 617-989-2800  
 Harbor, Chelsea 617-660-3400  
 Hyde Park 617-363-5000  
 Park Street, Dorchester 617-822-4700

**Central Region**

North Central, Leominster 978-353-3600  
 South Central, Whitinsville 508-929-1000  
 Worcester East 508-793-8000  
 Worcester West 508-929-2000

**Northern Region**

Cambridge/Somerville 617-520-8700  
 Cape Ann, Salem 978-825-3800  
 Framingham 508-424-0100  
 Haverhill 978-469-8800  
 Lawrence 978-557-2500  
 Lowell 978-275-6800  
 Lynn 781-477-1600  
 Malden 781-388-7100

**Southern Region**

Arlington 781-641-8500  
 Brockton 508-894-3700  
 Cape Cod & Islands 508-760-0200  
 Coastal, Braintree 781-794-4400  
 Fall River 508-235-9800  
 Plymouth 508-732-6200  
 New Bedford 508-910-1000  
 Taunton/Attleboro 508-821-7000

**Western Region**

Greenfield 413-775-5000  
 Holyoke 413-493-2600  
 Pittsfield 413-236-1800  
 Robert Van Wart Center,  
 East Springfield 413-205-0500  
 Springfield 413-452-3200

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## **APPENDIX H: TITLE XVII, CHAPTER 119**

### **SECTION 51A-REPORTING OF ABUSE OR NEGLECT**

#### **INTRODUCTION**

Under Massachusetts law, the Department of Children and Families (DCF) is the state agency that receives all reports of suspected abuse and/or neglect of children under the age of eighteen. State law requires professionals whose work brings them in contact with children to notify DCF if they suspect that a child is being abused and/or neglected. DCF depends on reports from professionals and other concerned individuals to learn about children who may need protection, more than 75,000 reports are received on behalf of children each year.

The Department is responsible for protecting children from abuse and/or neglect. DCF seeks to ensure that each child has a safe, nurturing, permanent home. The Department also provides a range of services to support and strengthen families with children at risk of abuse and/or neglect.

#### **Who is a mandated reporter?**

Massachusetts law defines the following professionals as mandated reporters:

Physicians, medical interns, hospital personnel engaged in the examination, care or treatment of persons, medical examiners;

Emergency medical technicians, dentists, nurses, chiropractors, podiatrists, optometrists, osteopaths;

Public or private school teachers, educational administrators, guidance or family counselors;

Early education, preschool, child care or after school program staff, including any person paid to care for, or work with, a child in any public or private facility, home or program funded or licensed by the Commonwealth, which provides child care or residential services. This includes child care resource and referral agencies, as well as voucher management agencies, family child care providers and child care food programs;



Child care licensors, such as staff from the Department of Early Education and Care;

Social workers, foster parents, probation officers, clerks magistrate of the district courts parole officers;

Firefighters and police officers;

School attendance officers, allied mental health and licensed human services professionals;

Psychiatrists, psychologists, clinical social workers, drug and alcoholism counselors;

Persons in charge of a medical or other public or private institution, school or facility or their agents;

Clergy members, including ordained or licensed leaders of any church or religious body, persons performing official duties on behalf of a church or religious body, or persons employed by a religious body to supervise, educate, coach, train or counsel a child on a regular basis; and

The Child Advocate.

### **As a mandated reporter, what are my responsibilities?**

Massachusetts law requires mandated reporters to immediately make an oral report to DCF when, in their professional capacity, they have reasonable cause to believe that a child under the age of 18 years is suffering from abuse and/or neglect. A written report is to be submitted within 48 hours.

In addition to filing with the Department, a mandated reporter may notify local law enforcement or the Office of the Child Advocate of any suspected abuse and/or neglect.

You are required to report any physical or emotional injury resulting from abuse; any indication of neglect, including malnutrition; any instance in which a child is determined to be physically dependent upon an addictive drug at birth; any suspicion of child sexual exploitation or human trafficking; or death as a result of abuse and/or neglect. In addition, you must report a death as a result of abuse and/or neglect to the local District Attorney and to the Office of the Chief Medical Examiner.

Mandated Reporters who are staff members of medical or other public or private institutions, schools or facilities, must either notify the Department directly or notify the person in charge of the institution, school or facility, or his/her designee, who then becomes responsible for filing the report. Should the person in charge/designee advise against filing, the staff member retains the right to contact DCF directly and to notify the local police or the Office of the Child Advocate. (Ch. 119, § 51A) Under the law, mandated reporters are protected from liability in any civil or criminal action and from any discriminatory or retaliatory actions by an employer. The written report must be submitted to DCF within 48 hours after the oral report has been made.

Any person defined by law as a mandated reporter is required to assist DCF in its response under Ch. 119, § 51B, even if they are not the filer of the 51A report. Mandated reporters who are licensed by the Commonwealth are required to complete training to recognize and report suspected child abuse and/or neglect.

### **What if I fail to report?**

Any mandated reporter who fails to make required oral and written reports can be punished by a fine of up to \$1,000. Any mandated reporter who willfully fails to report child abuse and/or neglect that resulted in serious bodily injury or death can be punished by a fine of up to \$5,000 and up to 2½ years in jail, and be reported to the person's professional licensing authority.

All mandated reporters who knowingly and willfully file a frivolous report of child abuse and/or neglect can be punished by a fine of up to \$2,000 for the first offense, up to 6 months in jail for a second offense, and up to 2½ years in jail for a third offense.

### **How do I make a report of suspected child abuse and/or neglect? When must I file?**

When you suspect that a child is being abused and/or neglected, you should immediately telephone the DCF Area Office and ask for the screening unit. You will find a directory of the DCF Area Offices at the end of this guide and on the DCF web site. Offices are staffed between 9 am and 5 pm weekdays. To make a report at any other time, including after 5

pm and on weekends and holidays, please call the **Child-At-Risk Hotline at 800-792-5200**.

As a mandated reporter you are also required by law to submit a written report to the Department within 48 hours after making the oral report. Mandated reporters are encouraged to utilize the **online abuse/neglect report** option available at [mass.gov/dcf](https://www.mass.gov/dcf) to submit the written report; however, written reports may be mailed or faxed to the Department within 48 hours of the oral report. The form for faxing/ mailing this report can also be obtained from the DCF website: [mass.gov/dcf](https://www.mass.gov/dcf).

Your report should include:

Your name, address, telephone number and relationship (if any) to the child(ren);

All identifying information you have about the child and parent or other caregiver, if known, including emergency contacts and language(s) spoken;

The nature and extent of the suspected abuse and/or neglect, including any evidence or knowledge of prior injury, abuse, maltreatment, or neglect;

The identity of the person you believe is responsible for the abuse and/or neglect;

The circumstances under which you first became aware of the child's injuries, abuse, maltreatment or neglect, including dates and/or timeframes;

What action, if any, has been taken thus far to treat, shelter, or otherwise assist the child;

Any other information you believe might be helpful in establishing the cause of the injury and/or person responsible;

Any concerns about alcohol/drug use/misuse by the parent/caregiver;

Any information that could be helpful to DCF staff in making safe contact with an adult victim in situations of domestic violence (e.g., work schedules, place of employment, daily routines);

Any concerns you have for social worker safety; and

Any other information about the family's strengths and capacities you believe would be helpful in ensuring the child's safety and/or supporting the family to address the abuse and/or neglect concerns.

Hospital personnel should take photographs of any trauma that is visible on the child. When submitting the written report online, the photographs can be uploaded along with the written report. Otherwise, please mail or deliver the photographs to DCF with the written report.

If you work in a hospital and collect physical evidence of abuse and/or neglect of a child, you must immediately notify the local District Attorney, local law enforcement authorities and the Department. We recommend that you inform the family that you have referred them to DCF for help, but do not do so if you think it would increase the risk to the child.

### **How does DCF define abuse and neglect?**

Under the Department of Children and Families regulations (110 CMR, section 2.00):

**Abuse means:** The non-accidental commission of any act by a caregiver which causes, or creates a substantial risk of, physical or emotional injury or sexual abuse to a child; or the victimization of a child through sexual abuse or human trafficking, regardless if the person responsible is a caregiver. This definition is not dependent upon location (i.e., abuse can occur while the child is in an out-of-home or in-home setting). DCF defines "sexual abuse" as any non-accidental act by a caregiver upon a child that constitutes a sexual offense under the laws of the Commonwealth or any sexual contact between a caregiver and a child for whom the caregiver is responsible.

**Neglect means:** Failure by a caregiver, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care, including malnutrition or failure to thrive; provided, however, that such inability is not due solely to inadequate economic resources or solely to the existence of a handicapping condition.

**Physical Injury means:** Death; or fracture of a bone, a subdural hematoma, burns, impairment of any organ, and any other such nontrivial injury; or soft tissue swelling or skin bruising, depending upon such factors

as the child's age, circumstances under which the injury occurred and the number and location of bruises.

**Emotional Injury means:** An impairment to or disorder of the intellectual or psychological capacity of a child as evidenced by observable and substantial reduction in the child's ability to function within a normal range of performance and behavior.

### **Who is a caregiver?**

A "caregiver" can be a child's parent, step-parent, guardian, or any household member entrusted with the responsibility for a child's health or welfare. In addition, any other person entrusted with the responsibility for a child's health or welfare, both in and out of the child's home, regardless of age, is considered a caregiver. Examples may include: relatives from outside the home, teachers or staff in a school setting, workers at an early education, child care or afterschool program, a babysitter, foster parents, staff at a group care facility, or persons charged with caring for children in any other comparable setting.

### **When should a report involving domestic violence be filed?**

Domestic violence is defined as a pattern of coercive controlling behaviors that one person exercises over another in an intimate relationship. Not every situation involving domestic violence merits intervention by DCF. Mandated reporters are encouraged to carefully review each family's situation and to identify any specific impact on the child(ren) when considering whether or not to file a 51A report with DCF. In some situations, a report may actually create additional risks for the victim and the children. If possible, discuss the filing of a report with the caregiver who is a victim first and address the potential need for safety planning. A report is more likely necessary if the following higher risk circumstances are current concerns:

The alleged perpetrator threatened to kill the caregiver, children or self and the caregiver fears for their safety;

The alleged perpetrator physically injured the child in an incident where the caregiver was the target;

The alleged perpetrator coerced the child to participate in or witness the abuse of a caregiver;

The alleged perpetrator used or threatened to use a weapon, and the caregiver believes that the perpetrator intended or has the ability to cause harm.

### **What happens when DCF receives a report of child abuse and/or neglect?**

When DCF receives a report of abuse and/or neglect, called a “51A report,” from either a mandated reporter or another concerned citizen, DCF is required to evaluate the allegations and determine the safety of the children. During DCF’s response process, all mandated reporters are required to answer the Department’s questions and provide information to assist in determining whether a child is being abused and/or neglected and in assessing the child’s safety in the household.

Here are the steps in the Child Protective Services (CPS) process:

**The report is screened.** The purpose of the screening process is to gather sufficient information to determine whether the allegation meets the Department’s criteria for suspected abuse and/or neglect, whether there is immediate danger to the safety of a child, whether DCF involvement is warranted and how best to target the Department’s initial response. The Department begins its screening process immediately upon receipt of a report. During the screening process DCF obtains information from the person filing the report and also contacts professionals involved with the family, such as doctors or teachers who may be able to provide information about the child’s condition. DCF may also contact the family if appropriate.

**If the report is “Screened-In,” it is assigned for a Child Protective Services (CPS) Response** to determine whether there is reasonable cause to believe that a child has been abused and/or neglected. “Reasonable cause to believe” means a collection of facts, knowledge or observations which tend to support or are consistent with the allegations and when viewed in light of the surrounding circumstances and the credibility of the persons providing the information, would lead a reasonable person to conclude that a child has been abused or neglected. The response includes an investigation of the validity of the allegation(s) received, a determination of current danger and future risk to the child and an assessment of the capacity of the parent(s)/caregiver(s) to provide for the safety, permanency and well-being of their child.

A determination is made as to whether the report is:

**“Unsupported”** – There is not reasonable cause to believe that the child was abused and/or neglected, or that the child’s safety or well-being was compromised; or

**“Supported”** – There is reasonable cause to believe the child was abused and/or neglected; the actions or inactions by the parent(s)/caregiver(s) place the child in danger or pose substantial risk to the child’s safety or well-being, or the person was responsible for the child being a victim of sexual exploitation or human trafficking; or

**“Substantiated Concern”** – There is reasonable cause to believe that the child was neglected and the actions or inactions by the parent(s)/caregiver(s) create the potential for abuse and/or neglect, but there is no immediate danger to the child’s safety or well-being.

DCF also determines whether Department intervention is needed to safeguard the safety and well-being of the children in the home. If DCF involvement continues, a Family Assessment and Action Plan are developed with the family.

Some families come to the attention of the Department outside the 51A process: Children Requiring Assistance (CRA) cases referred by the Juvenile Court, cases referred by the Probate and Family Court, babies surrendered under the Safe Haven Act, and voluntary requests for services by a parent/family. These cases are generally referred directly for family assessment.

### **What are the timeframes for completing a Screening, and/or Response?**

**Screening:** Begins immediately for all reports. For an emergency response it is completed within two hours. For a non-emergency response, screening is completed in one business day and may be extended for one additional business day in limited circumstances.

**Emergency Response:** Must begin within two hours and be completed within five business days of the report.

**Non-Emergency Response:** Must begin within two business days and be completed within 15 business days of the report.

**Family Assessment:** May take up to 60 business days.

**Will I be informed about the DCF determination?**

If you are the mandated reporter who filed the report, you will receive a copy of the decision letter that is sent to the parents or caregiver. In that letter you will be informed of the Department's response, the determination and whether DCF is opening a case for continued DCF involvement. If you submitted your written report online, you will also be able to see the screening decision online.

**Does DCF tell the family who made the 51A report?**

DCF regulations do not allow the Department to disclose the name of a reporter unless ordered by a court or required by statute such as when the Department is required to provide the 51A report to the District Attorney or other law enforcement (CMR 12.00 etseq).

**Referrals to the District Attorney**

If the Department determines that a child has been sexually abused or sexually exploited, has been a victim of human trafficking, has suffered serious physical abuse and/or injury, or has died as a result of abuse and/or neglect, DCF must notify local law enforcement as well as the District Attorney, who have the authority to file criminal charges.



## Regional Office Directory

### Western Region

- Greenfield 413-775-5000
- Holyoke 413-493-2600
- Pittsfield 413-236-1800
- Robert Van Wart Center/  
East Springfield 413-205-0500
- Springfield 413-452-3200

### Central Region

- Worcester East 508-793-8000
- Worcester West 508-929-2000
- Whitinsville 508-929-1000
- Leominster 978-353-3600

### Boston Region

- Dimock Street, Roxbury 617-989-2800
- Hyde Park 617-363-5000
- Harbor, Chelsea 617-660-3400
- Park Street, Dorchester 617-822-4700

### Northern Region

- Cambridge/Somerville 617-520-8700
- Cape Ann, Salem 978-825-3800
- Framingham 508-424-0100
- Haverhill 978-469-8800
- Lawrence 978-557-2500
- Lowell 978-275-6800
- Lynn 781-477-1600
- Malden 781-388-7100

### Southern Region

- Arlington 781-641-8500
- Brockton 508-894-3700
- Cape Cod & Islands 508-760-0200
- Fall River 508-235-9800
- New Bedford 508-910-1000
- Plymouth 508-732-6200
- Braintree 781-794-4400
- Taunton/Attleboro 508-821-7000

**Hotline: 800-792-5200**

**DCF Ombudsman: 617-748-2444** (9 am – 5 pm, weekdays) for inquiries about DCF programs, policies or service delivery.

## **APPENDIX I: LIST OF FIRE EXTINGUISHER PLACEMENT**

14 Red Dry Chemical Fire Extinguishers in the Church Building

1 Red Dry Chemical Fire Extinguisher in the Garage

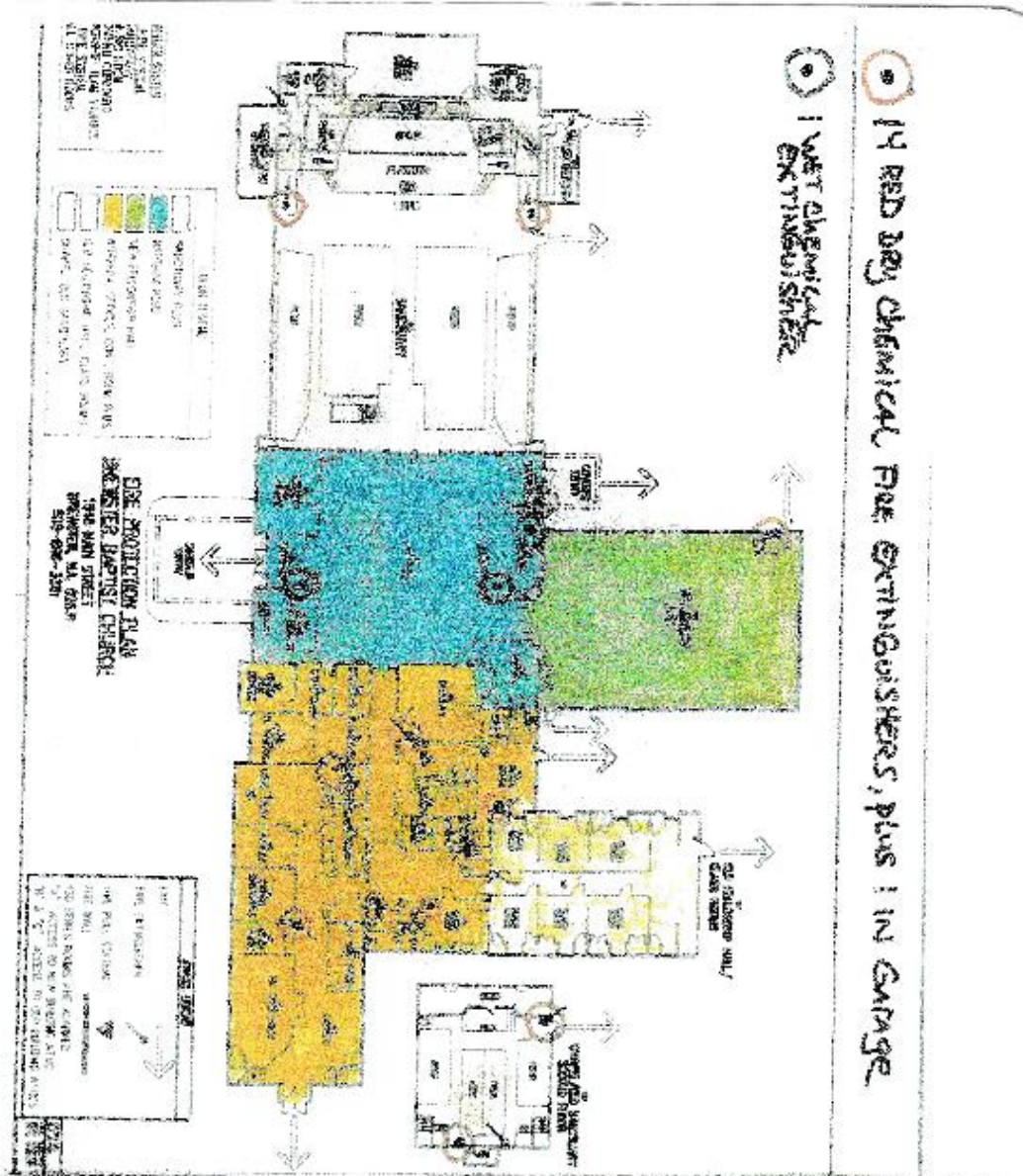
1 Wet Chemical Fire Extinguisher in the Kitchen, near the Back Door

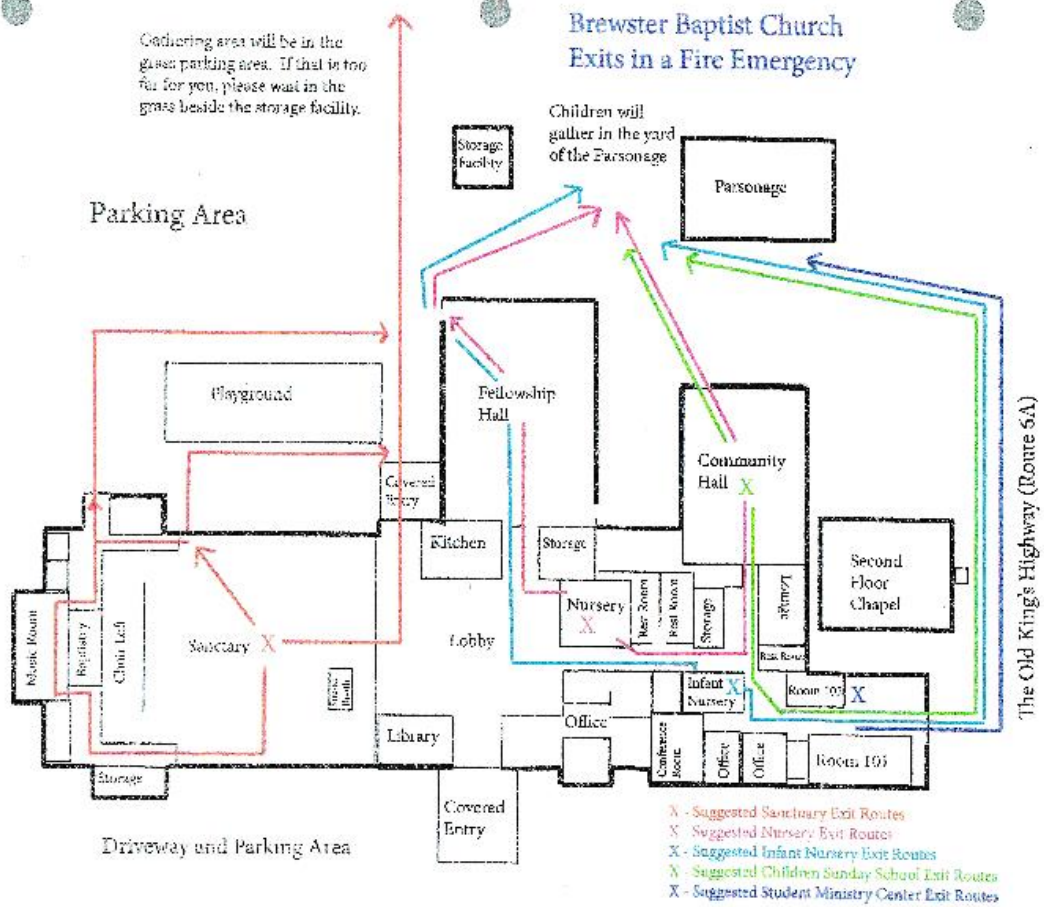
Fire Extinguishers are located:

- Front Entrance Lobby
- Back Entrance Lobby
- Kitchen Entrance
- Kitchen: Pull switch over stove
- Sexton's Office
- Furnace Room near Sexton's Office
- Lounge
- Back Hallway by Room 103
- Chapel by 6A Window
- Chapel by Ramp exit
- Main Hallway by Nursery
- Kitchenette by Offices
- Sanctuary behind back right-hand door
- Sanctuary behind back left-hand door
- Fellowship Hall by Back Door
- Garage by the Freezer

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# APPENDIX J: BUILDING FLOOR PLAN WITH FIRE EXTINGUISHER LOCATIONS AND FIRE EXITS





## **APPENDIX K: INCIDENT REPORT FORM**

Name of Individual making report: \_\_\_\_\_

Date/time of Incident: \_\_\_\_\_  
\_\_\_\_\_

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

If incident involves others, name(s) of other individual(s):  
\_\_\_\_\_  
\_\_\_\_\_

Narrative of incident (describe what happened and what actions were taken):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notifications made (circle): Police    Fire/EMT    Parent    Pastor    Other

Date/time of notification: \_\_\_\_\_

Photographs taken:    Yes                      No

Photographs provided to: \_\_\_\_\_

***Place in Executive Pastor's mailbox when complete.***

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**APPENDIX L: “SELF-INSPECTION SAFETY CHECKLIST FOR  
WORSHIP CENTERS”  
CHURCH MUTUAL PROTECTION SERIES BROCHURES**



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## APPENDIX M: CHURCH MUTUAL INSURANCE CLAIM FORMS AND DOCUMENTATION

<p><b>Church Mutual Insurance Company</b>                  3000 Schuster Lane, P.O. Box 342, Merrill, WI 54452-0342                  (715) 536-5577 • (800) 554-2642 • Fax (715) 539-4651                  www.churchmutual.com</p> <p><b>ACCIDENT REPORT</b>                  (NOT TO BE USED FOR AUTOMOBILE OR WORKERS' COMPENSATION)</p> <p><i>Please furnish the following information for prompt handling of your claim.                  You may call this information in to our office or you may fax or mail this form to us.</i></p>
<b>CLAIM NOTIFICATION/POLICYHOLDER INFORMATION</b>
Date Reported _____ Reported by: (Name) _____ (Title) _____ Phone: (Home) _____ (Work) _____ Phone: (Church) _____ Fax _____ E-mail _____ Account No. _____ Policy No. _____ Effective Date _____ Date of Accident _____ Time of Accident _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Insured's Name (as it appears on policy) _____ Address 1 (Street) _____ Address 2 (Street) _____ City _____ State _____ Zip Code _____ Are you insured with any other company? <input type="checkbox"/> No <input type="checkbox"/> Yes Company? _____
<b>ACCIDENT INFORMATION</b>
Location of Accident (Street) _____ City _____ State _____ Zip Code _____ Police Dept. reported to (if any) _____ Report No. _____ Violation issued _____ Description of Accident - Describe fully - Include rough sketch if possible. (Use additional paper if necessary) _____ _____ _____ _____
NOTE: It is important that any article, part, or appliance causing the accident be carefully preserved.
<b>INJURED OR OWNER OF DAMAGED PROPERTY</b>
Name of injured or Owner of Damaged Property _____ Age _____ Sex _____ Parent/Guardian of minor child _____ Phone No.: Home _____ Work _____ Address (Street) _____ City _____ State _____ Zip Code _____ Are you insured under any medical accident policy? <input type="checkbox"/> No <input type="checkbox"/> Yes Company? _____ By whom are you employed? _____ Injuries claimed _____ Physician's Name _____ Phone No. _____ Address (Street) _____ City _____ State _____ Zip Code _____ Name of facility where injured was taken _____ Phone No. _____ Address (Street) _____ City _____ State _____ Zip Code _____ Was injured transported by Ambulance? <input type="checkbox"/> No <input type="checkbox"/> Yes

CL 407 (10/99)

<b>WITNESSES (USE ADDITIONAL PAPER IF NECESSARY)</b>		
It is critical to give full name and address of <u>every</u> person who knows anything about the accident.		
Name _____	Phone: Home _____	Work _____
City _____	State _____	Zip Code _____
Name _____	Phone: Home _____	Work _____
City _____	State _____	Zip Code _____
<b>STATE - SPECIFIC FRAUD WARNING STATEMENTS FOR CLAIM FORMS - LIABILITY/ACCIDENT</b>		
<b>Arizona</b>	"For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties."	
<b>California</b>	"For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."	
<b>Colorado</b>	"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."	
<b>Florida</b>	"Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."	
<b>Maine</b>	"It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits."	
<b>New Jersey</b>	"Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."	
<b>New York</b>	"Any person who knowingly and with intent to defraud any insurance company or other person files an application or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation."	
<b>Pennsylvania</b>	"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is crime and subjects such person to criminal and civil penalties"	
<b>Alaska, Arkansas, Delaware, District of Columbia, Idaho, Indiana, Kentucky, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, and Virginia</b>		
"For your protection, these states require the following wording on this form: Any person who knowingly and with intent to defraud an insurer files a statement of claim containing false, inflated, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud and may be subject to civil fines, criminal penalties, and denial of insurance benefits."		
<b>Applicable in All States</b>		
For your protection, review your policy for an explanation of the insured's duties in the event of a loss. Failure to comply with these duties may void your policy.		
Your signature will assist in prompt handling of this claim		
Name (print) _____		
Phone: Home ( _____ ) _____ Work ( _____ ) _____		
City _____ State _____ Zip Code _____		
Signature _____		Date _____

CL 407 (10-99)

**FORM 127**



**The Commonwealth of Massachusetts  
Department of Industrial Accidents**

1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017  
Info. Line 800 323-3249 ext. 7470 in Mass. Outside Mass. - 617-727-4900 ext. 7470  
<http://www.mass.gov/dia>

DIA USE ONLY

**AVERAGE WEEKLY WAGE COMPUTATION SCHEDULE**

Print or Type

1. Employer's Name and Address:		2. Insurer's Case File #:
		3. DIA Board? (if known):
4. Employee's Name and Address:		5. # of dependent children:
		6. # of other dependents:
7. Date of Injury (mm/dd/yyyy)	8. Date of Disability (mm/dd/yyyy)	9. Date of Employment (mm/dd/yyyy)
10. Has employee been certified by U.S. Veterans Administration for any type of disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Indicate only those wages earned by the injured worker during the 52 week period immediately preceding the accident. If the injured employee has worked for less than 52 weeks, report wages from the time worked and, for the remaining weeks on this schedule, substitute wages of a fellow employee in the same class of employment who has worked for one year or more.

11. Week No.	Year:		Gross Amount Before Taxes	Week No.	Year:		Gross Amount Before Taxes	Week No.	Year:		Gross Amount Before Taxes
	Week Ending				Week Ending				Week Ending		
	Month	Day			Month	Day			Month	Day	
1				19				37			
2				20				38			
3				21				39			
4				22				40			
5				23				41			
6				24				42			
7				25				43			
8				26				44			
9				27				45			
10				28				46			
11				29				47			
12				30				48			
13				31				49			
14				32				50			
15				33				51			
16				34				52			
17				35				<b>Total:</b>			
18				36							

12. Was room furnished to the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. If tips or other benefits were earned, describe and state value per week:	
THIS IS A TRUE COPY OF THE PAYROLL RECORD OF THE ABOVE NAMED EMPLOYEE OR FELLOW EMPLOYEE IN THE SAME CLASS OF EMPLOYMENT.		
14. Name of Fellow Employee (if applicable):	15. Employer/Preparer Signature:	16. Date Signed (mm/dd/yyyy):

Make any comments on the reverse side of this form or on a separate sheet.

Form 127 - Revised 8/2013  
Reproduce as needed.

**Comments:**

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**FORM 110**



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents – Department 110**  
 1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017  
 Info. Line 800-323-3249 ext. 7470 in Mass. Outside Mass. – 617-727-4900 ext. 7470  
<http://www.mass.gov/dia>

DIA Form 110  
(1/1/2006)

**EMPLOYEE'S CLAIM**

**FOR USE BY EMPLOYEES OR DEPENDENTS CLAIMING BENEFITS AS A RESULT OF INJURY OR DEATH.**

**ALL OTHER CLAIMANTS SHOULD USE FORM 115**

**IMPORTANT - INSTRUCTIONS AND CODES ON THE REVERSE SIDE - Please Print Legibly or Type - Unreadable forms will be returned.**

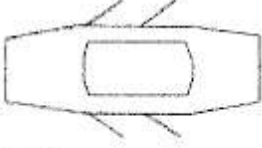
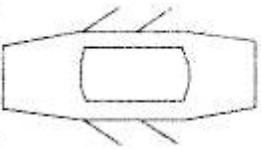
1. Employee's Name (Last, First, MI)		2. Social Security Number		3. Home Telephone No.		4. Date of Birth		5. # of Dependents	
6. Home Address (No., Street, City, State & Zip Code)					7. Employee's E-mail address (if available)			8. Employee's Native Language Code	
9. Name, Address and BDO# of Employee's Attorney (if no attorney leave blank)**:									
9a. Attorney's E-mail address (Required)					9b. Attorney's Telephone No.				
10. Employer's Name & Address (No., Street, City, State & Zip Code)					10a. Industry Code (See Reverse Side)				
11. Workers' Compensation Insurance Carrier's Address and Tel. No. (NOT LOCAL AGENT/ADMINISTRATOR - See Instructions on reverse side)									
12. DATE OF INJURY (mm/dd/yyyy):					12a. Insurer's Case/Claim #:				
13. FIRST day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):					14. FIFTH day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy):				
15. If Employee has Died, Date of Death (mm/dd/yyyy):					16. Describe Injury (Lower Back, leg, arm, etc.):				
17. Briefly Describe How Injury/Exposure Occurred and Body Part(s) involved:					17a. Injury Code(s)		Body Part Code(s)		
					a.		to body part a.		
					b.		to body part b.		
					c.		to body part c.		
18. Name(s) of Witness(es):		19. Employee's Regular Occupation		20. Average Weekly Wage: <input type="checkbox"/> Actual <input type="checkbox"/> Estimated		21. Has Employee Returned to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		\$							
22. Has the Insurer made Any Payments On Your Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes - Indicate Type of Benefits and Amounts (Medical Bills, Wages, etc.) in the amount of \$ _____									
23. Section(s) of Law Claimed. Check all appropriate boxes below and attach documentation as required by M.G.L. c.152, § 76, § 10(1) and 452 CMR 1.07.									
a. Sec. 34 <input type="checkbox"/> Total, Temporary Incapacity Comp. from (date): from _____ to _____ and from _____ to _____									
b. Sec. 35 <input type="checkbox"/> Partial Incapacity Comp. from (date): from _____ to _____ and from _____ to _____									
c. Sec. 36 <input type="checkbox"/> Specific Compensation in the Amount of \$ _____									
d. Sec. 31 <input type="checkbox"/> Survivor's Benefits e. Sec. 33 <input type="checkbox"/> Funeral Expenses f. Secs. 15 & 30 <input type="checkbox"/> Medical Expenses g. <input type="checkbox"/> Other (Specify Sec):									
24. Name and Address of Facility Where Employee was First Treated:					25. Name of Treating Physician:				
26. Employee's/Claimant's Signature:					27. Date (mm/dd/yyyy):				
28. Attorney's Signature (if applicable):					29. Date (mm/dd/yyyy):				

Inclusion of Social Security Number is Voluntary. It will aid in the processing of your claim. Representation by an attorney is not required (see instructions on reverse side).

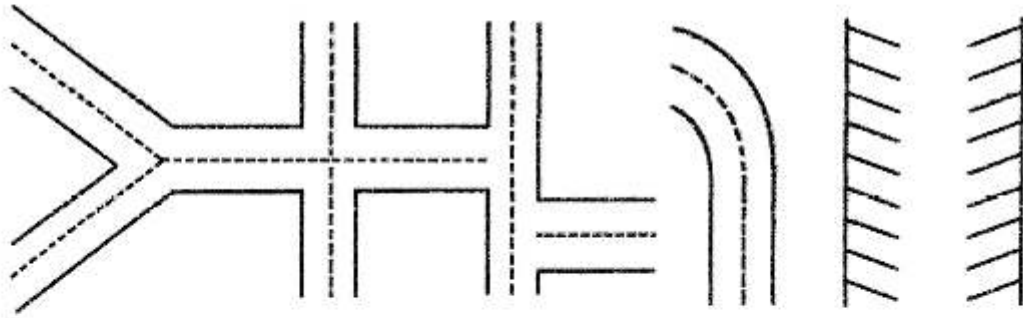
Form 110 - Revised 7/2013 - Reproduction is allowed

<p><b>Church Mutual Insurance Company</b>                  3000 Schuster Lane, P.O. Box 342, Merrill, WI 54452-0342                  (715) 536-5577 • (800) 554-2642 • Fax (715) 539-4651                  www.churchmutual.com</p> <p><b>AUTOMOBILE ACCIDENT REPORT</b></p> <p><i>Please furnish the following information for prompt handling of your claim                  You may call this information in to our office or you may fax or mail this form to us.</i></p>	
<b>CLAIM INFORMATION</b>	
Date Reported _____	
Reported by: (Name) _____	(Title) _____
Phone: (Home) _____	(Work) _____
Fax _____	E-mail _____
Account No. _____	Policy No. _____ Effective Date _____
Date of Loss _____	Time of Loss _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Insured's Name (as it appears on policy) _____	
Address 1 (Street) _____	
Address 2 (Street) _____	
City _____	State _____ Zip Code _____
<b>ACCIDENT INFORMATION</b>	
Location of Accident (Street) _____	
City _____	State _____ Zip Code _____
Police Dept. reported to _____	Officer's Name/Badge No. _____
Report No. _____	Violation issued _____
Description of Accident - Describe fully - Detail on provided diagram	
_____	
_____	
_____	
_____	
_____	
_____	
<b>WITNESSES</b>	
It is critical to give full name and address of every person who knows anything about the accident.	
Name _____	Phone No.: Home _____ Work _____
City _____	State _____ Zip Code _____
Name _____	Phone No.: Home _____ Work _____
City _____	State _____ Zip Code _____
Name _____	Phone No.: Home _____ Work _____
City _____	State _____ Zip Code _____
Name _____	Phone No.: Home _____ Work _____
City _____	State _____ Zip Code _____

CL 425 (10 99)

<b>INSURED'S VEHICLE AND DRIVER INFORMATION</b>			
Vehicle Serial No. _____	Year _____	Make _____	Model _____
Vehicle No. on policy _____	License Plate No. _____	State of Issue _____	
Are you insured with any other insurance company? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, what company? _____			
Name of Driver _____	Phone No.: (Home) _____	(Work) _____	
Relation to insured (employee, volunteer, family, etc.) _____		Date of Birth _____	Age _____
Address (Street) _____			
City _____	State _____	Zip Code _____	
Driver's License No. _____	Purpose of Use _____	Used with Permission <input type="checkbox"/> No <input type="checkbox"/> Yes	
Describe damage to insured vehicle _____			
_____			
_____			
			
Repair Estimate _____	Where can vehicle be seen? _____	When? _____	
<b>PASSENGERS IN INSURED VEHICLE (USE ADDITIONAL PAPER IF NECESSARY)</b>			
Name _____	Age _____	Sex _____	
Parent/Guardian _____	Phone No. _____	Work _____	
Address _____			
City _____	State _____	Zip Code _____	
Injuries _____			
Name _____	Age _____	Sex _____	
Parent/Guardian _____	Phone No. _____	Work _____	
Address _____			
City _____	State _____	Zip Code _____	
Injuries _____			
Name _____	Age _____	Sex _____	
Parent/Guardian _____	Phone No. _____	Work _____	
Address _____			
City _____	State _____	Zip Code _____	
Injuries _____			
<b>PROPERTY DAMAGE TO OTHERS</b>			
Owner of Property/Vehicle _____		Address _____	
City _____	State _____	Zip Code _____	
Name of Driver _____	Phone No. (Home) _____	(Work) _____	
Address (Street) _____			
City _____	State _____	Zip Code _____	
Describe damage to insured vehicle _____			
_____			
_____			
			



PROPERTY DAMAGE TO OTHERS (CONTINUED)	
Other vehicle or property insured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state company or agency name, phone no., and policy no. _____	
Repair Estimate _____ Where can vehicle be seen? _____ When? _____	
PASSENGERS IN OTHER VEHICLE (USE ADDITIONAL PAPER IF NECESSARY)	
Name _____	Age _____ Sex _____
Parent/Guardian _____	Phone No. _____ Work _____
Address _____	
City _____	State _____ Zip Code _____
Injuries _____	
Name _____	Age _____ Sex _____
Parent/Guardian _____	Phone No. _____ Work _____
Address _____	
City _____	State _____ Zip Code _____
Injuries _____	
Name _____	Age _____ Sex _____
Parent/Guardian _____	Phone No. _____ Work _____
Address _____	
City _____	State _____ Zip Code _____
Injuries _____	
SHOW CARS AS YOU OTHER <b>A</b> <b>B</b>	
INDICATE DIRECTIONS +	
LABEL EACH STREET SHOW STOP OR SLOW SIGNS	
	

CL 425 (10-99)

**STATE - SPECIFIC FRAUD WARNING STATEMENTS FOR  
CLAIM FORMS - AUTOMOBILE  
(PLEASE READ CAREFULLY)**

**Arizona** "For your protection, Arizona law requires the following statement to appear on this form:  
Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California** "For your protection California law requires the following to appear on this form:  
Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

**Colorado** "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

**Florida** "Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

**Maine** "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits."

**New Jersey** "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

**New York** "Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles, or an insurance company commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty but not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation."

**Pennsylvania** "Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or missing information shall, upon conviction, be subject to imprisonment for up to 7 years and payment of a fine of up to \$15,000."

**Alaska, Arkansas, Delaware, District of Columbia, Idaho, Indiana, Kentucky, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, and Virginia**  
"For your protection, these states require the following wording on this form:  
Any person who knowingly and with intent to defraud an insurer files a statement of claim containing false, inflated, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud and may be subject to civil fines, criminal penalties, and denial of insurance benefits."

**Applicable in All States**  
For your protection, review your policy for an explanation of the insured's duties in the event of a loss. Failure to comply with these duties may void your policy.

Name (print) \_\_\_\_\_  
Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

CL 425 (10-99)

<b>Church Mutual Insurance Company</b> 3000 Schuster Lane, P.O. Box 342, Merrill, WI 54452-0342 (715) 536-5577 • (800) 554-2642 • Fax (715) 539-4651 www.churchmutual.com <b>PROPERTY LOSS REPORT</b> <i>Please furnish the following information for prompt handling of your claim.</i>		
<b>CLAIM NOTIFICATION / POLICYHOLDER INFORMATION</b>		
Date Reported _____		
Reported by: (Name) _____		(Title) _____
Phone: (Home) _____		(Work) _____
Fax _____		E-mail _____
Account No. _____	Policy No. _____	Effective Date _____
Date of Loss _____	Time of Loss _____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Insured's Name (as it appears on policy) _____		
Address 1 (Street) _____		
Address 2 (Street) _____		
City _____	State _____	Zip Code _____
Are you insured with any other company? <input type="checkbox"/> No <input type="checkbox"/> Yes Company? _____		
<b>LOSS INFORMATION</b>		
Type of Loss _____		
Location of Loss (Street) _____		
City _____	State _____	Zip Code _____
Which structure was damaged? _____		
Police or Fire Dept. reported to (if any) _____		Report No. _____
Address (Street) _____		
City _____	State _____	Zip Code _____
Phone No.: (____) _____		
<b>LOSS DESCRIPTION</b>		
Give a complete description of property and circumstances of loss. Include estimates or proposals for repair. _____		
_____		
_____		
_____		
_____		
_____		
_____		

\* SECOND PAGE MUST BE COMPLETED AND SIGNED \*

**STATE - SPECIFIC FRAUD WARNING STATEMENTS FOR PROPERTY LOSS CLAIM FORMS  
(PLEASE READ CAREFULLY)**

**Arizona** "For your protection, Arizona law requires the following statement to appear on this form:  
Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California** "For your protection California law requires the following to appear on this form:  
Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

**Colorado** "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies."

**Florida** "Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

**Maine** "It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits."

**New Jersey** "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."

**New York** "Any person who knowingly and with intent to defraud any insurance company or other person files an application or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation."

**Pennsylvania** "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is crime and subjects such person to criminal and civil penalties"

**Alaska, Arkansas, Delaware, District of Columbia, Idaho, Indiana, Kentucky, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, and Virginia**  
"For your protection, these states require the following wording on this form:  
Any person who knowingly and with intent to defraud an insurer files a statement of claim containing false, inflated, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud and may be subject to civil fines, criminal penalties, and denial of insurance benefits."

**Applicable in All States**  
For your protection, review your policy for an explanation of the insured's duties in the event of a loss. Failure to comply with these duties may void your policy

Your signature will assist in prompt handling of this claim.

Name (print) \_\_\_\_\_  
 Phone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

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## APPENDIX N: MISSION TRIP PARTICIPATION FORMS

### BREWSTER BAPTIST CHURCH MISSION TRIP REGISTRATION FORM

*“SERVE ONE ANOTHER IN LOVE” GALATIANS 5:13*

DESTINATION \_\_\_\_\_

ARRIVAL DATE \_\_\_\_\_ DEPARTURE DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

AGE GROUP \_\_\_\_\_ YOUTH 12-18 \_\_\_\_\_ ADULT

SEX \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE

T-SHIRT SIZE \_\_\_\_\_

FOOD ALLERGIES \_\_\_\_\_

\_\_\_\_\_  
MEDICAL CONDITIONS THAT MAY IMPACT PHYSICAL LABOR:

\_\_\_\_\_  
MEDICATIONS: \_\_\_\_\_

1848 Main Street • Brewster, MA 02631 • 508-896-3381  
bbc@brewsterbaptistchurch.org • brewsterbaptistchurch.org • an American Baptist Church

## BREWSTER BAPTIST CHURCH MISSION TRIP

### SKILLS ASSESSMENT FORM

**NAME:** \_\_\_\_\_

To use your time and talents to the greatest benefit while you are volunteering, please indicate your current skills and experience, as well as the level of those skills by using the following:

**SKILL LEVELS:**

- 0 = I am unable to do, or am not interested
- 1 = I do not know how, but am willing to learn or try
- 2 = I have done it before, but still need help to complete
- 3 = I can do a good job by myself
- 4 = I can do a good job, and can guide or teach others
- 5 = I am a licensed contractor

**SKILLS:**

- |                                          |                                                                                     |
|------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Carpenter       | <input type="checkbox"/> Insulation                                                 |
| <input type="checkbox"/> Clean-up worker | <input type="checkbox"/> Landscaping                                                |
| <input type="checkbox"/> Clerical        | <input type="checkbox"/> Mason                                                      |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Painting                                                   |
| <input type="checkbox"/> Contractor      | <input type="checkbox"/> Plumbing                                                   |
| <input type="checkbox"/> Drywall         | <input type="checkbox"/> Roofing                                                    |
| <input type="checkbox"/> Electrician     | <input type="checkbox"/> Siding                                                     |
| <input type="checkbox"/> Flooring        | <input type="checkbox"/> First Aid Trained <input type="checkbox"/> CPR/AED Trained |
| <input type="checkbox"/> Framing         | <input type="checkbox"/> Are you a Nurse?                                           |
| <input type="checkbox"/> Hospitality     | <input type="checkbox"/> Are you a Physician?                                       |

Other Skills or Comments \_\_\_\_\_

## BREWSTER BAPTIST CHURCH MISSION TRIP

### PARTICIPANT LIABILITY AND MEDICAL RELEASE FORM

**PLEASE READ BEFORE SIGNING AS THIS CONSTITUTES THE AGREEMENT AND THE UNDERSTANDING OF YOUR WORKING RELATIONSHIP AS A VOLUNTEER.**

I, \_\_\_\_\_ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work designed to repair disaster damage.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level.

I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a “grass roots” activity to support individuals adversely affected by hurricane/flood disaster, or receiving assistance to repair or replace substandard housing.

I assume all risk and responsibility for any damage or injury to my property, or any personal injury and related medical costs and expenses which I may sustain while involved in this project.

In the event that my supervising disaster organization arranges accommodations, I understand that they are neither responsible nor liable for my personal effects and property, and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft, or loss resulting from any source or cause.

I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold harmless Brewster Baptist Church, together with its officers, agents, servants and employees, from any and all causes of action arising from my participation in this project, and travel, or lodging associated therewith, including any damages which may be caused by their negligence.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TEAM LEADER:** \_\_\_\_\_



**BREWSTER BAPTIST CHURCH MISSION TRIP**  
**MEDICAL INFORMATION AND RELEASE FORM**

**MEDICAL COVERAGE:** I understand and acknowledge that no medical or other insurance or health care benefits will be provided to me by Brewster Baptist Church during my participation in the BBC mission trip to \_\_\_\_\_, and I certify that I have sufficient health, accident and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participating in this mission trip, and to cover bodily injury or property damage caused to a third party as a result of my participation in this mission trip as follows:

**COMPANY** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**MEDICAL RELEASE:** I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during my participation in the mission trip to \_\_\_\_\_, I need emergency medical care and am not able to give consent because of my physical or mental condition, I understand that Brewster Baptist Church will make every effort to reach my next of kin and/or Health Proxy.

**Person to be notified in case of injury:**

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ALL PARTICIPANTS MUST SIGN:**

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**BREWSTER BAPTIST CHURCH MISSION TRIP  
PHOTO, AUDIO AND VIDEO RELEASE FORM**

I, \_\_\_\_\_ hereby give permission for audio and visual images of me and/or my child under age 18, captured during regular Brewster Baptist Church Mission activities, through audio, photo and/or video recording means, to be used solely for the promotional material, multimedia and publication purposes of Brewster Baptist Church, and waive any rights of compensation or ownership thereto.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

**ADDENDUM**

Any Brewster Baptist Church member participating in a Mission Trip becomes an ambassador of BBC. All individuals should conduct themselves in a suitable manner at all times.

All mission trip participants are expected to remain with the group throughout the arranged time period (arriving and departing with the group), unless an emergency occurs.

All participants must complete this Mission Trip Registration Form prior to departing. The group leader will maintain those confidential records during the trip and will dispose of them after the trip by shredding.

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## **APPENDIX O: STUDENT MINISTRY PERMISSION SLIP/WAIVER FORMS**

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**BREWSTER BAPTIST STUDENT MINISTRY**

**PERMISSION FORM SEPTEMBER 1, 2023 through AUGUST 31, 2024**

Name of student \_\_\_\_\_ Birth date \_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_

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

Home telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other person and/or number to call in emergency:  
\_\_\_\_\_

**Medical Information**

Family Doctor: \_\_\_\_\_ Doctor's Telephone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Is your child presently being treated for an injury or sickness or taking any medication?

Yes \_\_\_ No \_\_\_

Does your child self-medicate? Yes \_\_\_ No \_\_\_

Please list medication, prescribed amount and prescribed time to be taken:  
\_\_\_\_\_  
\_\_\_\_\_

Child's blood type \_\_\_\_\_ (if known)

Does your child have, or has your child ever had, any of the following? (Please check all that apply.)

Asthma \_\_\_ Food Allergies \_\_\_ Hay Fever \_\_\_ Kidney Disease \_\_\_

Diabetes \_\_\_ Heart Murmur \_\_\_ Seizure Disorders \_\_\_

Please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child ever sleepwalk? Yes \_\_\_ No \_\_\_

Does your child have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes \_\_\_ No \_\_\_

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

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### **Consent and Certification**

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the participation of my child in all the scheduled Student Ministry activities of Brewster Baptist Church (BBC), and any other supervised activities associated with its Student Ministries from September 1, 2023, through August 31, 2024. I understand any specialized trips taken by Student Ministries will have a separate permission/registration form. Further, I certify that my child is physically fit and adequately prepared to participate in all recreational and sporting events.

### **Medical Treatment**

Authorization: I understand that I will be notified in the case of a medical emergency. However, in the event that I (or my designated cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my child is injured or becomes ill. I further agree to notify the Student Ministry leader in writing of any health changes that would restrict my child's participation in any normal activities. I also understand that the Student Ministry leader and designated adult chaperones reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

### **Photographic Release**

I authorize BBC to photograph and/or video my child while participating in any BBC Student Ministry activities from September 1, 2023 through August 31, 2024. I understand those photographs/videos may be used in church publications, online or video-based materials. I acknowledge that participation is voluntary and neither I or my child will receive any financial compensation associated with the taking or publication of these images. I release BBC, its contactors, employees, volunteers and any third party involved in the creation or publication, from liability for any claims by me or any third party in connection with my participation or the participation of the child listed below.

Signature of Parent or Guardian \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Student Pledge:** I hereby pledge to uphold all policies of the Brewster Baptist Student Ministry. During all student group activities and all student group trips, I pledge to follow all instructions of the Student Ministry leader(s) and the adult chaperones, including all safety instructions.

Signature of Child \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



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**APPENDIX P: TRESPASS WARNING-  
MASSACHUSETTS GENERAL LAWS  
CHAPTER 266, SECTION 120**

Section 120: Entry upon private property after being forbidden as trespass; prima facie evidence; penalties; arrest; tenants or occupants excepted

Section 120. Whoever, without right enters or remains in or upon the dwelling house, buildings, boats or improved or enclosed land, wharf, or pier of another, or enters or remains in a school bus, as defined in section 1 of chapter 90, after having been forbidden so to do by the person who has lawful control of said premises, whether directly or by notice posted thereon, or in violation of a court order pursuant to section thirty-four B of chapter two hundred and eight or section three or four of chapter two hundred and nine A, shall be punished by a fine of not more than one hundred dollars or by imprisonment for not more than thirty days or both such fine and imprisonment. Proof that a court has given notice of such a court order to the alleged offender shall be prima facie evidence that the notice requirement of this section has been met. A person who is found committing such trespass may be arrested by a sheriff, deputy sheriff, constable or police officer and kept in custody in a convenient place, not more than twenty-four hours, Sunday excepted, until a complaint can be made against him for the offence, and he be taken upon a warrant issued upon such complaint. This section shall not apply to tenants or occupants of residential premises who, having rightfully entered said premises at the commencement of the tenancy or occupancy, remain therein after such tenancy or occupancy has been or is alleged to have been terminated. The owner or landlord of said premises may recover possession thereof only through appropriate civil proceedings.