CHILD ABUSE PREVENTION PROGRAM

FOR THE HAVERFORD BLAZE LACROSSE CLUB

Adopted December 12, 2016

CHILD ABUSE PREVENTION PROGRAM

FOR HBLC

# Introduction

The Haverford Blaze Lacrosse Club (“**HBLC**”) is committed to the welfare of children and to the prevention of child abuse, and, thus, has adopted the following Child Abuse Prevention Program. It is important that all **HBLC** volunteers understand and comply with their requirements under this program.

# Purpose

**HBLC**’s Child Abuse Prevention Program is designed to reduce the risk of child abuse in order to:

1. Provide a safe and secure environment for children, adults, members, and volunteers.
2. Assist **HBLC** in evaluating a person’s suitability to be responsible for the welfare of a child involved with **HBLC**, to be responsible for the care, supervision, guidance, or control of children who are involved with **HBLC**, or to have routine interaction with children who are involved with **HBLC**.
3. Satisfy the concerns of parents and volunteers with a screening process for volunteers.
4. Provide a system to respond to allegations of abuse.
5. Reduce the possibility of false accusations of sexual abuse made against volunteers.

# Definitions

The following terms used herein and are defined as follows:

1. *Adult*: Any individual 18 years of age and older.
2. *Child*: Any individual under 18 years of age.
3. *Routine Interaction:* Regular and repeated contact that is integral to a person’s volunteer responsibilities.
4. *Volunteer*: Any individual 18 years of age or older applying for or holding an unpaid position as a volunteer with **HBLC**, who, through his/her involvement with **HBLC** is (a) responsible for a child’s welfare; or (b) responsible for the care, supervision, guidance, or control of children and has routine interaction with children.
5. *Child Abuse:*

a. Any of the following:

*i. Physical abuse:* Any act or failure to act that results in non­accidental bodily injury to a child or that creates a reasonable likelihood of bodily injury.

ii. *Sexual abuse:* Any act or failure to act that causes sexual abuse or sexual exploitation of a child, or any act or failure to act that creates a likelihood of sexual abuse or sexual exploitation.

iii. *Psychological abuse:* Any act or failure to act or series of such acts or failures to act that causes or substantially contributes to non­accidental serious mental injury to a child.

iv. *Serious physical neglect:* Repeated, prolonged, or egregious lack of supervision in a manner that is appropriate considering the child’s developmental age and abilities, or the failure to provide a child with adequate essentials of life (*i.e.*, food, shelter, or medical care). Serious physical neglect does not include environmental factors beyond the control of the parent or person responsible for the child.

v. Fabricating, pretending, or intentionally exaggerating a medical symptom or disease that results in a harmful medical evaluation or treatment to the child.

vii. *Death:* Any act or failure to act at any time in the past that causes the death of a child.

viii. *Miscellaneous:* Engaging in any of the following acts:

a. Kicking, biting, throwing, burning, stabbing, or cutting a child in a manner that endangers the child;

b. Unreasonably restraining or confining a child;

c. Forcefully shaking, slapping, or striking a child under one year of age;

d. Interfering with the breathing of a child;

e. Causing a child to be present during the operation of a methamphetamine laboratory under investigation by law enforcement; or

f. Leaving a child unsupervised with an individual, other than the child’s parent, who the actor knows or reasonably should have known is registered as a Tier II or Tier III sexual offender, has been determined to be a sexually violent predator, and/or has been determined to be a sexually violent delinquent child.

**Protection and Prevention**

# Volunteer Screening Procedures

Prior to beginning service, an individual seeking to volunteer with **HBLC** must pass a background check comprised of the following information and run by Protect Youth Sports:

1. A report of criminal history information from the Pennsylvania State Police (“PA Criminal Background Check”);
2. A certification from the Department of Public Welfare as to whether the individual is named in the statewide database as the alleged perpetrator in a pending child abuse investigation (the “Pennsylvania Child Abuse History Clearance”); and

A prospective volunteer need only undergo a Pennsylvania Criminal Background Check and a Pennsylvania Child Abuse History Clearance if the following apply:

1. The position the prospective volunteer is applying for is unpaid;
2. The prospective volunteer has been a resident of Pennsylvania for the past 10 years or has received a Federal Criminal Background Check since establishing Pennsylvania residency and submitted the same to **HBLC**; and
3. The prospective volunteer swears or affirms in writing that he/she is not disqualified from service or has not been convicted of an offense that would warrant disqualification.

If any of the above are not satisfied, the prospective volunteer must submit a Federal Criminal Background Check.

# Disqualification

A volunteer or an individual offered volunteer service, who is named in the Statewide database as a perpetrator of a founded report of child abuse committed within the five-year period immediately preceding verification is disqualified from service and/or may not continue service. In addition, any volunteer or an individual offered volunteer service, whose background check indicates that the individual has been convicted of one or more of the offenses listed in 23 P.S. § 6344(c)(2) or (3) or an equivalent crime under Federal law or the law of another state, shall be disqualified from service and/or may not continue service.

# Obligation to Renew Background Checks

All volunteers must undergo the above background checks every 60 months. To the extent a volunteer did not undergo the background checks prior to service or has not undergone the background checks in the prior 60 months, that individual must immediately notify **HBLC** and comply with the requisites above.

# Adverse Action Taken Against Volunteers or Individuals Offered Volunteer Service

Should the finding from the background checks produce negative findings, the volunteer or an individual offered volunteer service will be informed of the findings and given the opportunity to review and challenge the factual accuracy of the results. **HBLC** may revoke its offer of service if prior to individual’s start date or terminate the individual’s service, as permitted under applicable law.

# Failure to Adhere to Policy

Failure to submit or renew background checks may be a crime and, due to the seriousness of this offense, may result in immediate discharge.

# Confidentiality

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

## Mandatory Reporters

Under Pennsylvania law, any **HBLC** volunteer is considered a mandatory reporter. Failure by that individual to report suspected child abuse is a crime.

As a mandatory reporter, you have a legal obligation to report if you have reasonable cause to suspect that any child is the victim of child abuse based on: (1) information shared with you by the child or any other individual; or (2) your own observations or suspicions. The duty to report is triggered by reasonable cause to suspect that any child is the victim of child abuse. There is no requirement that you have actual evidence of abuse, nor should you seek to investigate the matter yourself. Furthermore, there is no obligation that the child be involved with **HBLC**.

## The Duty to Report Suspected Child Abuse

Under Pennsylvania law, mandatory reporters who have reasonable cause to suspect that a child is a victim of child abuse must make a report both externally and internally of the suspected child abuse. An internal report does not satisfy a mandatory reporter’s legal obligations.

In accordance with Pennsylvania law, **HBLC** mandatory reporters must implement the following procedures in the event of suspected child abuse:

1. External Report
	1. ***Immediately*** call ChildLine (1.800.932.0313; available 24 hours per day) or ***immediately*** submit a written report electronically to the Department of Public Welfare or the Child Protective Services office for the child’s county of residence. You may choose to make the report ***simultaneously*** with **HBLC**; however, a simultaneous report does not negate the immediacy with which the external report must be made. If **HBLC** is unavailable, you must make the report alone without further hesitation or delay.
	2. If you report orally, you must also submit a written report within 48 hours to ChildLine or the appropriate county’s Child Protective Services. A copy of the form for the written report can be found at the end of this policy.
2. Follow-Up Internal Report
	1. If you did not make a simultaneous report with **HBLC**, you must notify a Supervisor – in-person, by telephone, or via e-mail – immediately following your report to ChildLine or Child Protective Services. Depending on the nature of the information learned, there may be an immediate risk to the child’s safety. Any concern of this nature must be reported externally and internally before the child leaves the **HBLC** event for the day and, in certain cases, the police should be notified.
	2. **HBLC**’s Board of Directors will facilitate **HBLC**’s cooperation with the investigation of the report, which may include interviews of the child and/or **HBLC** volunteers, and will notify its insurance carrier.

## Requests by the Media

As in any situation, any requests for information by the media should be referred to **HBLC**.

# Supervision Procedures

Unless an extenuating situation exists, **HBLC**:

1. Will have a screened volunteer present at events involving minors. Supervision will increase in proportion to the risk of the activity.
2. Will not transport minors in vehicles.
3. Will designate a “confidential counselor” to whom any minor can go at any time, without special permission, to discuss any problems he/she is having.

# Behavioral Guidelines for Staff and Volunteers

All volunteers shall observe the following requirements at all times:

1. Do not provide alcoholic beverages, tobacco, drugs, contraband, or anything that is prohibited by law to minors.
2. Avoid all inappropriate touching with minors. Prohibited forms of physical contact include, without limitation:
	1. Asking or having an athlete sit in the lap of a coach, administrator, staff member or volunteer;
	2. Lingering or repeated embraces of athletes that go beyond the criteria set forth for acceptable physical contact;
	3. Slapping, hitting, punching, kicking or any other physical contact meant to discipline, punish or achieve compliance from an athlete;
	4. “Cuddling” or maintaining prolonged physical contact during any aspect of training, travel or overnight stay;
	5. Playful, yet inappropriate contact that is not a part of regular training (*e.g.*, tickling or “horseplay” wrestling);
	6. Continued physical contact that makes an athlete obviously uncomfortable, whether expressed or not; or
	7. Any contact that is contrary to a previously expressed personal desire for decreased or no physical contact, where such decreased contact is feasible in a competitive training environment.

In the event a minor initiates physical contact and/or inappropriate touching, the volunteer must inform the minor that such touching is inappropriate.

1. Never engage in physical discipline of a minor. Volunteers shall not abuse minors in any way, including but not limited to physical, sexual, or psychological abuse of any kind.

In addition, to the extent possible and unless extenuating circumstances exist, **HBLC** events that are co-educational will have both male and female volunteers. In addition, at least two unrelated volunteers must be in vicinity when minors are present. Further, if a practice is held indoors, the doors to the facility shall be left fully open if one adult needs to leave the facility temporarily and during arrival to the practice before both adults are present. Speaking to a minor one-on-one must be done in public settings where volunteers are in sight of other people.

REPORT OF SUSPECTED CHILD ABUSE

**(CHILD PROTECTIVE SERVICE LAW – TITLE 23 PA CSA CHAPTER 63)**

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

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



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

**INSTRUCTIONS TO MANDATED PERSONS:**

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

**NOTE:**

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

|  |
| --- |
| REPORTING SOURCE: |
| PRINTED NAME AND SIGNATURE: | DATE OF REPORT: |
| ADDRESS: |
| TITLE OR RELATIONSHIP TO CHILD: | FACILITY OR ORGANIZATION: | TELEPHONE NUMBER: | EMAIL ADDRESS: |

## Child and Youth Abuse Prevention Program

## Acknowledgment

The Haverford Blaze Lacrosse Club’s (“**HBLC**”) Child Abuse Prevention Program has been designed to guide and assist you when working with minors. The information establishes general practices and policies and should not be construed in any way as a contract of employment or continued employment. **HBLC** reserves the right to make changes in the content or application of this program and to implement those changes with or without notice.

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

I have received a copy of the **HBLC**’s Child Abuse Prevention Program. I understand it is my responsibility to become familiar with and adhere to the information contained herein. I understand that these policies are the property of the **HBLC**.

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

Name

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

Electronic Signature

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

Date