Child Safety Protocols for Organizations

Prevent Child Abuse

Prevent Child Abuse (PCA) America, was founded in 1972, to help change the way our nation views child abuse by emphasizing community activities and public policies that prioritize early prevention to make sure children are never abused or neglected. PCA Georgia, is a state chapter of Prevent Child Abuse America, providing statewide direction for the prevention of child abuse and neglect, and promoting healthy children and development of strong families.

Since 2012, PCA Georgia has been housed in the Center for Healthy Development at Georgia State University’s School of Public Health. Our work focuses on building a prevention network; increasing public awareness; developing prevention programs; conducting and disseminating research; and informing public policy. PCA Georgia also operates the 1-800-CHILDREN Helpline, a statewide information and referral number for anyone concerned about the healthy development of children and the prevention of child abuse and neglect. The helpline supports families and parents and connects them with appropriate resources in their community. The helpline accepts calls Monday to Friday from 8 a.m. to 6 p.m. For additional information and resources please visit www.PCAGeorgia.org for the latest information on PCA Georgia.

The following material provides sample language an institution or organization may use when drafting a child safety policy. This language is not exhaustive and certain changes may be required to fit the needs and structure of certain groups. This is merely to be used to help guide organizations as they create their own documents. Additional resources and examples of specific policies used by some organizations can be found in appendices A and B. Appendix A lists several publications or sample documents that may be helpful while appendix B is sample language from organizations that routinely deal with children. Additionally, Appendix C is a glossary of commonly used terms and phrases when discussing mandated reporting and child safety in Georgia. If you have any questions, please contact PCA Georgia by calling 404-413-1419.
Guideline Overview:

- Create a clear code of conduct within your institution that all members must adhere to or face possible termination.
- Discuss this procedure and policies with all employees and explain why these policies are important and how they protect the safety of children and the staff members.
- Review and survey your facility, building, or site to notice any possible structural issues that can be potentially hazardous for the safety of children. (i.e. locked doors, dimly lit hallways, dividers, secluded areas, lack of windows or visibility by others, the design of bathroom layouts (any in-between hallway passage).
- Maintain and update this policy regularly and provide additional resources to all employees and volunteers.
- Maintain transparency within the organization.

General Requirements

1. A child shall never be left unsupervised (this is a general statement please refer to DFCS supervision and age guidelines document to see what is recommended based on the age and maturity level of the child).¹
2. In order to protect the employees, volunteers, and children; at no time will a staff member be alone with a single child where they cannot be observed by others. If there is a situation that does not meet these criteria, then alternatives should be put into place and added to the policy prior to the event occurring.
3. All employees and volunteers must sign the Child Protection Policy and agree to its terms.
4. In accordance with the law and this organization’s policy, all employees and volunteers must report immediately any suspicious or inappropriate behavior that suggests 1) sexual abuse, 2) emotional abuse, 3) physical abuse, 4) neglect, and/or 5) endangerment. All employees and volunteers should be familiar with Mandated Reporting requirements.
5. Employees and volunteers will respond to children with respect and treat all children equally regardless of sex, race, religion, culture, sexual orientation or gender identity.
6. Employees and volunteers are not to transport children in their own vehicles (if applicable).
7. A child will never be released to anyone other than the authorized parent, guardian, or other adult who has been authorized by the parent or guardian (written notice is required).
8. Employees and volunteers will respect a child’s right to not be touched in any way that makes the child feel uncomfortable or if the child has said no.

9. Other than diapering, a child shall never be touched in his or her genital areas or any areas of sensitivity.

10. The organization will monitor who can access the facility and when. This will be strictly enforced and steps will be taken to ensure the security of the building or designated area.

**Safe Environment Requirements**

1. The goal is to make sure children are kept from situations where they are at increased risk for abuse.

2. Site strategies will depend on the organization and its location. However, any building that houses classrooms with minors present shall have windows and an open door so that individuals may peer into the room.

3. Any physical space that is closed or secluded shall be locked so that no individuals may be there. Or doors will be left open or removed so that others may observe the area.

4. Any dimly lit area will be remedied to provide adequate lighting.

5. Visibility will be maintained at all times.

6. Restroom Supervision: employees/volunteers will make sure the facility is not occupied by suspicious or unknown individuals. Children will be paired together to use the restroom and a staff member will wait in the doorway. This ensures the privacy of the child and the protection of the employee or volunteer. If an employee or volunteer is assisting a younger child, then the doors to the facility MUST remain open.

7. The child has a right to privacy when toileting, showering, and changing clothes however steps need to be taken to protect a child from harm from an employee as well as a peer.

8. When using an offsite facility, the same policies will be in place; a child will be required to have a “buddy” for the duration of the trip or activity. Additionally, any volunteers who accompany these offsite activities must also adhere to these rules and regulations.

9. If an organization is using a leased or undefined space, they are still responsible for the that location and should take time to examine the physical area.

***There is always the risk of abuse therefore organizations must put back-up strategies in place to ensure that youth and employees/volunteers can be monitored at all times and feel safe in the physical space.***

**Actionable Steps When Reporting Suspected Child Abuse, Neglect, or Endangerment**

1. The goal is to respond quickly and appropriately.

2. Any employee or volunteer who suspects child abuse should immediately notify his or her supervisor.

3. It is then the duty and responsibility of the organization’s designated reporter to then alert child protective services and/or law enforcement.

4. The supervisor shall relay all the details and the events exactly as they were told to them.

5. The organization will allow law enforcement to conduct the investigation.
6. If the organization has come into possession of any illegal images or pictures that may further the investigation by law enforcement than those images will be given to authorities within 72 hours (HB 905, Effective July 1, 2016 effecting OCGA 16-3-22.1).

7. The head of the organization is professionally and legally accountable for ensuring that all cases of abuse are reported to the proper authorities.

8. The organization shall maintain internal records of the report or incident in question.

9. Any confidentially policy held by the organization shall conform with state law.

10. If any allegation of child abuse, neglect, or endangerment is brought against an employee or volunteer than he or she shall be suspended immediately until the case is resolved legally.

11. The organization will provide local resources to children and their families about child abuse.

***Disclosures made by children: When a child discloses maltreatment it is the responsibility of the employee or volunteer to believe the child’s claim and communicate that to the child. He or she should respect the child’s need for confidentiality and will not respond with a large reaction. The employee/volunteer will minimize the number of questions asked, avoid using leading questions, and most importantly REPORT the disclosure immediately to a designated reporter or DFCS and/or the police.

**Sample Introduction**

(Name of Organization) is committed to protecting all children and individuals who are participating in the activities and programs of this organization. Any form of abuse, neglect, or the endangerment of a child will not be tolerated. As members of this organization we agree to provide a safe community for children and adults. All employees and volunteers working with children must comply with and agree to the Child Protection Guidelines and Procedures. In doing so, the individual must agree to review the attached procedures as a part of his or her orientation and training. All employees and volunteers must agree to a designated screening process (based on the individual’s level of interaction with children). Failure to comply with the Child Protection Guidelines and Procedures may result in termination.
## Appendix A: Additional Resources and Sample Policies:

<table>
<thead>
<tr>
<th>Book/Publication/Video/Workshop</th>
<th>Screening and Selecting employees/volunteers</th>
<th>Guidelines on Interactions Between Individuals</th>
<th>Monitoring Behavior</th>
<th>Ensuring Safe Environments</th>
<th>Responding</th>
<th>Training employees/volunteers</th>
<th>Training caregivers/youth</th>
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| **Balancing Acts: Keeping Children Safe in Congregations**  
Reverend Debra Haffner  
Unitarian Universalist Association; 2005.  
(www.uua.org/cde/ethics/balancing/) | | | | | X | | X | |
| **Safe Congregations Handbook: Nurturing Healthy Boundaries in Our Faith Communities.**  
Patricia Hoertdoerfer and Fredric Muir  
Unitarian Universalist Association; 2005.  
(www.uua.org) | X | X | X | X | X | X | X | X |
| **Preventing Child Sexual Abuse Within Youth-serving Organizations: Getting Started on Policies and Procedures.**  
Center for Disease Control and Prevention; 2007 | X | X | X | X | X | X | X | X |
| **Child Abuse Prevention Code of Conduct**  
YMCA of the USA  
(http://www.d2l.org/atf/cf/%7B64AF78C4-5EB8-45AA-BC28-F7EE2B581919%7D/ymca-code-of-conduct.pdf) | | X | X | X | | X | X | X |
| **AYSO Safe Haven Policies for Child and Volunteer Protection**  
American Youth Soccer Organization  
(http://www.ayso.org/Assets/For+Families/Safe+Haven/Forms+26+Docs/AYSO_Safe_Haven_Policies_CVPA.pdf) | X | X | X | X | X | X | | X |
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<td>University of Alabama, 2016, (<a href="https://www.ua.edu/about/policies/childprotection">https://www.ua.edu/about/policies/childprotection</a>)</td>
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Appendix B: Examples of Policies for Specific Institutions:

The following documents and sample policies from existing organizations on their current child safety policies. These are merely examples of what language can be used and are no way exhaustive nor do they represent the only way an organization may structure its own child safety policies. These were constructed to fit a particular group with its own needs, limitations, goals, and unique characteristics. If you have any questions about the information provided in the following examples, please contact PCA Georgia.
1. **University/ Academic Center:**

The language used in this example is best for an organization that indirectly serves children. This may be a larger organization or university where research is being conducted or where the facility may hold its own child care operation for the employees of the organization to use. This example emphasizes the responsibility of researchers to still report suspected child abuse. It also provides numerous resources and additional training.

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**Center Policy for Mandated Reporting**

**Introduction:**

An investigator who knows of, or reasonably suspects neglect or abuse of a child, elder, or dependent adult while engaged in University approved research may need to report the abuse. A report is required when a reporter has reasonable cause to believe that child abuse has occurred. Mandatory reporters are required to report the facts and circumstances that led them to suspect a child has been abused or neglected; they do not have the burden of requiring proof that abuse or neglect has occurred.

**Prior to working with families:**

The University requires that all individuals who are engaged in university research complete mandated reporter training prior to seeing a family. State approved definitions and options for training can be found here: [https://oca.georgia.gov/mandated-reporter](https://oca.georgia.gov/mandated-reporter).

**Discussing mandated reporting with a family:**

It is encouraged that a provider discusses his/her role as a mandated reporter with a family at the first session. This can occur verbally, but it is also recommended that it be stated in writing. Participant expectation forms or study consent forms are examples of documents in which this could occur. Below are sample passages:

- **University researchers are required to report any child abuse or neglect to your county child protective services.**

- **There is one exception to confidentiality we need to make you aware of. In certain research studies, it is our ethical responsibility to report situations of child abuse, child neglect, or any life-threatening situation to appropriate authorities. However, we are not seeking this type of information in our study nor will you be asked questions about these issues.**

**What to do if you suspect abuse or neglect:**

While working with a family, if you suspect abuse or neglect with a child you have 24 hours in which to report it to state child protective services or to your supervisor. The University encourages an employee to first contact his/her supervisor (the PI of a study) and/or the study coordinator prior to making a formal report. Depending on the situation, another avenue to explore is empowering a parent to make the report if he/she fears for the child’s safety.

**Making a report:**

There are several ways in which one can make a report to the state:
Prevent Child Abuse Georgia

- Call: 1-855-GAChild (1-855-422-4453)
- Email: cpsintake@dhs.ga.gov
- **Web-based reporting:** [http://dfcs.dhs.georgia.gov/child-abuse-neglect](http://dfcs.dhs.georgia.gov/child-abuse-neglect)  *(Web-based reporting requires completion of Mandated Reporter Training to obtain an ID#)*

**Additional information:**

- **1-800-CHILDREN:** The 1-800-CHILDREN Helpline, a statewide information and referral number for anyone concerned about the healthy development of children and the prevention of child abuse and neglect. The helpline supports families and parents and connects them with appropriate resources in their community. The helpline accepts calls Monday to Friday from 8 a.m. to 7 p.m.
- Depending on the circumstances, if a report is made to child protective services then it may have to be reported to Georgia State University IRB. Typically, this will occur if the event is “caused at least partially by the procedures involved in the research.” [Link to the IRB manual](http://ursa.research.gsu.edu/files/2013/10/IRB-Manual.pdf)
- NSTRC works with families in a multitude of settings and states. If an employee should suspect abuse or neglect in a family outside of Georgia, he/she may alert the agency of the family in question. However, handling of the report should remain in the hands of the providing agency. NSTRC highly encourages all Safe Care providers to complete mandated reporting training prior to Safe Care training.
- [Link to Georgia State University policy](http://safety.gsu.edu/safety-you/georgia-mandatory-reporting-of-child-abuse/)
- [Link to Prevent Child Abuse Georgia’s mandated reporting outline](http://abuse.publichealth.gsu.edu/free-online-mandated-reporting/)
- **Summary of Georgia state law:** [https://www.childwelfare.gov/pubPDFs/manda.pdf#page=5&view=Summaries%20of%20State%20laws](https://www.childwelfare.gov/pubPDFs/manda.pdf#page=5&view=Summaries%20of%20State%20laws)
2. **Youth Sports Organization:**
The following is an excerpt from the American Youth Soccer Organization. This national program has a highly developed policy and sample documents for individual coaches, child athletes, and representatives of the organization to use. This example discusses the proper way to ask a child if he or she is comfortable with physical purposes for demonstrative purposes and the need to get parental permission even before the season starts. It also clearly limits who is allowed to lead demonstrations or practices (only certified coaches) and outlines the role of volunteers. For more information about these policies and to read the policy in its entirety please visit http://www.ayso.org.

### American Youth Soccer Organization Safe Haven Policies for Child and Volunteer Protection

**Administration**

The Youth Sports Organization (YSO) is committed to the protection of all its children from abuse and neglect while participating in the program and it promotes the awareness and prevention of child abuse in the community at large.

The YSO shall have at least one Child and Volunteer Protection Advocate (CVPA), who shall be responsible for overseeing the AYSO Safe Haven child and volunteer protection program in accordance with AYSO guidelines. He or she shall be a member of the Regional Board and will act as the main resource on child protection issues and shall be the Region’s liaison with the National Safe Haven Administrator at the AYSO National Support & Training Center.

A volunteer application form must be submitted each year. The form is extremely important because it authorizes AYSO to perform applicant screening. Volunteers should know that they are subject to screening. Criminal background checks are performed at the NSTC on a targeted basis focusing on certain higher-risk positions for immediate checking.

The YSO shall have the right to deny the participation of any individual who refuses to fill out the volunteer application form completely, lies or knowingly misrepresents information on the application form, or who violates the principles of these child protection policies. AYSO shall have the right to revoke both the registration and certification of any volunteer who falsifies information, is found guilty of child abuse, neglect, or other crimes.

The requirements for good faith reporting to law enforcement agencies and child welfare agencies in the state of __________ are as follows: (fill in your state requirements). Any volunteer under criminal investigation for a crime that might be detrimental to AYSO or its members may be suspended until the matter is resolved. The names and identities of the parties involved shall be protected at all times during the proceedings. A
suspended volunteer who is subsequently cleared of all charges may apply however, reinstatement is not a right, and reinstated volunteers are not guaranteed to return to their former positions.

Training

In AYSO, all referees and coaches are required to be currently registered, trained and certified. AYSO practices and games are not permitted without an AYSO certified and trained coach. AYSO scheduled games are not permitted without a certified and trained AYSO referee. Practice scrimmages do not require a certified and trained AYSO referee.

Only official AYSO materials and courses (or those approved by AYSO) may be used to train and certify these volunteers. Only official AYSO programs, procedures, and policies will be taught.

To validate each attendee’s training and certification, and to ensure that the coaches and referees are registered with AYSO, records of training or certification course attendance will be maintained online or through the submission of properly signed rosters of attendees sent to AYSO Programs Department. Instructors should always keep copies of their rosters.

Only AYSO certified and registered instructors are authorized to lead courses and clinics. All other regional volunteers will be trained in child and volunteer protection as appropriate. Volunteers shall be subject to ongoing evaluation, and additional training may be required to maintain good standing within the Region and the organization.

Supervision

The coach administrator and the CVPA, prior to each season, shall meet with the head coach of each team, either individually or in groups, to review child protection and supervision responsibilities. The coach administrator shall observe and review the performance of coaches to see that it conforms to the standards set by this child and volunteer protection policy.

Once the head coach has assumed charge of the children on his or her team, he or she remains responsible until a duly designated adult has taken charge of each child after practice or a game or the child leaves the immediate vicinity of the practice or game as prearranged by the parent to walk home or to a friend’s or relative’s house. No child shall be left unsupervised after a game or practice. Parents who are unreasonably late or consistently tardy should be reported to the child protection advocate for action. Each coach may establish a standing policy of where children may be picked up by late parents.

The referee administrator and the CVPA, prior to each season, shall meet with the
referees, either individually or in groups, to review child protection and supervision responsibilities. The referee administrator shall observe and review the performance of the referees to see that it conforms to the standards set by this child protection policy.

The game referee is responsible for providing a “child safe” atmosphere for the match, and has both the duty and authority to take any reasonable action to make it so. The referee is to report to the referee administrator and CVPA any cases of questionable conduct toward children by any coach, player, parent, sibling, or spectator before, during, or after the match.

For the protection of both the children and the volunteer, no volunteer should permit himself or herself to be alone with any child or group of children (except his or her own) during AYSO-sponsored activities. The recommended supervision ratio should be 1:8 or less; that is, one adult for every eight or fewer children and two adults present at all times (one of whom may be the coach and one of whom should be the same gender as the players).

Volunteers shall notify the RC, CVPA, and parents concerning AYSO activities away from the regular practice areas, playing fields, or other designated areas. Such notification should be documented, stating the nature of the activity, the names of the children involved, and the names of the adult supervisors.

Conduct
Abusive statements such as those that deal with race, ethnicity, religion, nationality, gender, age, sex, or sexual orientation are not permitted. In addition, physical, emotional, sexual, and ethical abuses are prohibited, as is neglect or endangerment of a child.

Some forms of touching are acceptable as long as they are respectful and appropriate:
• Touching should be in response to the need of the child, not the need of the adult
• Touching should be with the child’s permission
• Resistance to touching must be respected
• Touching must never include the breast, buttocks, or groin
• Touching should be done in the open, not in private
• Touching should have a brief, limited duration

A child’s comfort level with touching is influenced by factors such as age, developmental stages, social and emotional well-being, life experiences, gender, etc. all of which change over time. These policies will be updated regularly as needed. To stay current or for further information, check the AYSO Web site at www.ayso.org.²

² AYSO Safe Haven Policies for Child and Volunteer Protection, AYSO (http://www.ayso.org/Assets/For+Families/Safe+Haven/Forms+$!26+Docs/AYSO_Safe_Haven_Policies_CVPA.pdf)
3. **Recreational Organization:**

The following is the YMCA’s Code of Conduct. This is an example of child abuse prevention policies that could be implemented in many recreational groups or organizations. For instance, afterschool programs, tutoring programs, summer camps, social groups or clubs. Here the organization emphasizes respecting what a child is comfortable with and how staff should respect themselves. Many recreational programs may not own the physical space they occupy and should be aware of the space’s limitations and areas that are potentially dangerous. Another great resource is Boy Scouts of America which has detailed documents that explain their various policies and procedures.

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### YMCA of the USA’s Child Abuse Prevention

**CODE OF CONDUCT**

1. **Staff shall never leave a child unsupervised.**

2. **Staff shall supervise children, they should space themselves in a way that other staff can see them.**

3. **Restroom supervision:** Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff are assisting younger children, they must enter the facility. No child regardless of age should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff.

4. **Staff should conduct or supervise private activities in pairs – diapering, putting on bathing suits, taking showers, etc.** When this is not feasible, staff should be positioned so that they are visible to others.

5. **Staff shall not abuse children including:**
   - Physical abuse – strike, spank, shake, slap;
   - Verbal abuse – humiliate, degrade, threaten;
   - Sexual abuse – inappropriate touch or verbal exchange;
   - Mental abuse – shaming, withholding love, cruelty;
   - Neglect – withholding food, water, basic care, etc.

   Any type of abuse will not be tolerated and may be cause for immediate dismissal.

6. **Staff must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism.** Staff will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in pre-determined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner and must be documented in writing.

7. **Staff will conduct a health check of each child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way.** Any questionable marks or responses will be documented.

8. **Staff respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, culture.**

9. **Staff will respect children’s rights to not be touched in ways that make them feel uncomfortable, and their right to say no.** Other than diapering, children are not to be touched in areas of their bodies that would be covered by a bathing suit.

10. **Staff will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.**

11. **While the YMCA does not discriminate against an individual’s lifestyle, it does require that in the performance of their job they will abide by the standards of conduct set forth by the YMCA.**

12. **Staff must appear clean, neat, and appropriately attired.**

13. **Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.**

14. **Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.**

15. **Profanity, inappropriate jokes, sharing intimate details of one’s personnel life, and any kind of harassment in the presence of children or parents is prohibited.**

16. **Staff must be free of physical or psychological conditions that might adversely affect children’s physical or mental health.** If in doubt, an expert should be consulted.

17. **Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.**

18. **Staff may not be alone with children they meet in YMCA programs outside of the YMCA.** This includes babysitting, sleepovers, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to administrator approval.

19. **Staff are not to transport children in their own vehicles.**

20. **Staff may not date program participants under the age of 18 years of age.**

21. **Under no circumstance should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).**

22. **Staff are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.**

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4. **Faith Based Organization:**
The following language was taken from a Presbyterian Church’s child protection policy. It is extremely important for faith-based organizations of all denominations to create and construct policies which clearly outline the responsibilities of employees and volunteers. Each religion may use slightly different language to fit their congregation’s individual needs however it is important to consider the safety of children with the place of worship, how volunteers will educate and monitor children, how volunteers will report suspicions or reports of child maltreatment. It is important to note that now in Georgia members of the clergy are mandated reporters (except if the information is shared during confession).

**INTRODUCTION:**

As members of the Presbyterian Church we are called to create a loving community of faith that seeks the welfare of its members and visitors. Therefore, we are committed to the protection of all children and other persons participating in the activities and programs. Abuse, exploitation or harassment in any form, physical, emotional or sexual, will not be tolerated. As part of our congregation’s baptismal vows, we covenant with each other to take responsibility for the nurture of faith. As such, the members of this church have pledged to uphold one another.

This Child Protection Policy covers any person employed by or volunteering at the Presbyterian Church in any capacity involving children and all outside organizations using our facilities for child programs.

**REQUIREMENTS:**

In order to provide a safe community for children and adults, the church requires all employees and volunteers working with children to comply with the “Requirements of Employees and Volunteers in Child Ministries” and the “Child Protection Guidelines and Procedures” that make up this, the “Child Protection Policy.” In doing so, those individuals will be asked to comply with at least the Basic Screening Procedures and possibly more depending on the level of interaction with a child during service to the church and review the attached “Guidelines and Procedures” as part of their orientation and training. All employees will be under the supervision of the Head of Staff/Pastor and the Personnel Ministries. All qualifying volunteers will be under the supervision of the respective program staff persons and appropriate ministry. The Personnel Ministries of the church shall receive reports at least annually from program staff persons and respective ministries as to the effectiveness of this Child Protection Policy, shall suggest improvements and shall report to the Session at least annually on the status of the policy.

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ASSESSING THE RISK RELATIONSHIP OF VOLUNTEER and EMPLOYMENT POSITIONS

A. CATEGORY A Relationships includes those individuals volunteering in situations where there will be at least two or more adults present in the company of children at all times, such as Church School Teachers, Vacation Bible Experience volunteers and others. All employees and volunteers who qualify for the Basic Risk Relationship category shall undergo Basic Screening Criteria for suitability and protection to work with child.

a. Basic Screening Criteria include the following:
   i. Completing and signing a written application for volunteers (see Volunteer Application) or a resume for employees
   ii. Providing at least 2 personal references for volunteers & at least 2 employment references for employees (see Reference Check Form)
   iii. Completing a personal interview with a program staff person or program director designated by the staff person for volunteers and with Personnel Ministries for employees.
   iv. Successfully completing a training and educational event arranged by the church as outlined in Part 4.

B. CATEGORY B Relationships includes those individuals volunteering in a position that may include the following situations; any overnight activity with children (e.g., chaperoning camping trips, ski trips, music conferences or retreats), any potential one-on-one activities with a child (e.g., counseling, tutoring), any work with infants, and positions that involving driving or transporting a minor off church campus in either a personal or church vehicle.

   a. Employees and volunteers meeting the criteria for High Risk Relationship positions will undergo additional screening which includes the following:
      i. All Basic Screening Criteria (listed above)
      ii. Agreeing to a National Criminal Records Check and any other background checks that are deemed necessary by the church.
      iii. Providing a copy of a valid South Carolina driver’s license and a current Motor Vehicle Report for all transporting of children. In addition, those driving a church vehicle or a church rented 12+ passenger vehicle must complete and pass the Defensive Driving Course created by GuideOne Insurance and offered by the church.

C. CATEGORY C Relationships includes all paid employees of the church and Learning Center. Oversight for hiring and firing of personnel is handled by Personnel Ministries in compliance with the Book of Order and as outlined in the Employee Manual. This policy shall be included in the employee manual.

   a. Those applying for employment at MPPC or MPP Learning Center must satisfactorily complete the following:
      i. All High Risk Relationship screening criteria
      ii. A drug screening test
iii. Child Abuse Prevention training for staff that interact with minors as a part of their job criteria.

b. All current employees at the church and Learning Center must satisfactorily complete the following:
   i. All High Risk Relationship screening criteria
   ii. A drug screening test
   iii. Child Abuse Prevention training for staff that interact with minors as a part of their job criteria.

CHILD PROTECTION GUIDELINES AND PROCEDURES

A) General Guidelines and Procedures for all activities involving children
   a) At no time shall one employee or volunteer be allowed to be alone with a child. The only exception to this policy would be in a situation in which the contact occurs in a public place or other persons are able to clearly witness the interaction by being in and out of the area where the employee or volunteer is working with the child. If a situation unexpectedly does not meet this criteria of the policy, then alternatives must be put into place so that the event is in compliance.
   b) Volunteers and employees must read the “Child Protection Policy” of this church, agree to it by completing and signing the appropriate application form(s), and submitting to the appropriate level of screening and training as listed in Part 1 of this policy.
   c) All church and MPPC Learning Center volunteers working with children must be a member of MPPC for a period of at least six months prior to beginning in any volunteer position.
   d) In accordance with Part 3 of this policy, employees and volunteers are required to report immediately any suspicious or inappropriate behavior that suggests (1) sexual abuse or exploitation, (2) neglect, (3) physical abuse, or (4) emotional abuse.

B) Additional Guidelines and Procedures
   a) For On-site Activities
      i) Each building that houses classrooms with minors present, shall have a Hall Monitor present during Program hours.
      ii) Restroom use: Preschool age children shall be accompanied to the restroom by an adult who shall wait outside the door for the child. The child’s teacher shall be informed of their destination at the time of exiting & returning to the classroom. Elementary school age children may choose a same sex “buddy” to accompany them to the restroom. The child’s teacher shall be informed of their destination at the time of exiting & returning to the classroom.
   b) For Off-site Activities when children, employees and/or volunteers are participating in a church sponsored event.
      i) As each facility will be different, it will be the responsibility of the program director to determine how best to use the facility and comply with the church policy.
      ii) Overnights: Males and Females shall be segregated during sleeping time. If it is deemed necessary for adults to share sleeping accommodations with the children, a
minimum of two adults, the same sex as the children being chaperoned, shall sleep in each area.

iii) All volunteer and staff persons who drive and/or chaperone on off-site trips involving children shall be in conformance with all aspects of the Child Protection Policy.

c) For Non-church sponsored use of the church facility

i) Any non-member or outside group who uses the church’s facilities (i.e. Boy & Girl Scouts, Mission groups, music classes, tutoring or choir groups visiting) will be required to comply with the church’s two adult rule as defined under this policy’s “General Guidelines and Procedures for all Activities Involving Children.”

ii) At the time an Outside Group contract is made with a non-church group or person to use the church facility, it shall be the duty of the Church Administrator to obtain written confirmation from the outside group’s program director of their need to comply with MPPC’s policies.

*It shall be the responsibility of the church Personnel Ministries to give each newly hired employee a copy of the Child Protection Policy. Pastors along with other Program Staff members and the Personnel Committee shall review the implementation of the “Child Protection Policy” and report their findings to Session at least annually.

REPORTING AND RESPONDING TO REPORTS OF SUSPICIOUS OR INAPPROPRIATE ACTIVITY

To protect all parties involved, and to take the responsibility to be discriminating, we have these policies and procedures. This means these issues of Reporting and Responding must be handled with graciousness and CONFIDENTIALITY.

A. Definitions of Child Abuse and Neglect according to Federal and State Law – available in the church office.

B. Initial reporting of suspicious or inappropriate activity

- Suspicious or inappropriate activity brought to the attention of an employee or volunteer must be reported immediately to the appropriate staff person in charge of the event.

- An appropriate person(s) to whom to make this report would be:
  - The Head of Staff/Pastor
  - Director of Educational Ministries
  - Clerk of Session

- The person receiving the report of the alleged abuse or suspicious activity shall then document the date, time and circumstances of the alleged incident on the attached Incident Report Form.

C. Responding to the initial report of suspicious or inappropriate activity

- The person receiving the initial report of suspicious activity will report immediately to the Head of Staff/Pastor and the Clerk of Session who will inform the church legal counsel and the church insurer. The Head of Staff and the Clerk of Session will make up the Responding Committee and shall then determine if
they have reasonable suspicion that abuse or neglect to a child may have occurred. If the allegation involves an employee, the chair of the Personnel Ministry shall be involved in that determination. **If any one of these individuals reasonably suspects that abuse or neglect has occurred he/she is required to report the incident to the appropriate authorities.**

b. The *Responding Committee* must comply with all state laws and shall not further investigate the reported incident to avoid compromising, interfering with or delaying a legal investigation.

c. All allegations shall be regarded as serious, and due consideration shall be given to the rights and privacy of both the alleged victim and the person being accused.

d. The accused individual, whether staff or volunteer, will be required to refrain from participating in all child activities until it is determined if further action shall be taken. Care shall be taken to respond to all allegations in a professional manner.

D. Staff response to allegations of abuse or neglect

*If the *Responding Committee* determines there is reasonable cause to suspect child abuse or neglect, then the following steps shall be taken;*

a. A report will be made immediately to the proper authorities, law enforcement and DFCS.

b. All allegations will be taken seriously and will be responded to in a professional manner.

c. If appropriate under the law, under the strict guidance of the church’s legal counsel and insurance carrier, the *Responding Committee* may also;

1. Assign a person to the *Responding Committee* for each of the accused individuals and the alleged victim as a contact and for support.

2. Contact the alleged victim’s parents, if it will not put the child in jeopardy.

3. Maintain documents of all efforts to handle the situation.

4. After the committee has fulfilled its legal reporting requirements, a committee member shall be assigned to be the spokesperson. This person will be the sole individual communicating to outside authorities or other persons (including the Session, the congregation and the media) regarding the incident.

D. Staff Care of Documents

a. All information shall be treated in a confidential manner.

b. The documents shall be kept in secure storage.

c. Volunteers will be required to complete a Child Volunteer Application form once every years (3) years and attend the educational, training event every three (3) years. In the interim years volunteers will be required to complete a “Child Volunteer - Short Form” verifying that the information provided in their application is still accurate and truthful.
5. **Schools and/or Childcare Facilities**

The following contains a policy from the Georgia Department of Education regarding the creation of child safety policies within schools. Additionally, Bright Start outlines several rules and guidance manuals on its website which can be very helpful to child care facilities. Under Georgia law, all schools are required to develop school safety plans and to update those plans which must be submitted to a local emergency management agency. There is also the Georgia School Safety Hotline which helps students who know of or fear an unsafe situation within their school. The number for the School Safety Hotline is 1-877-SAY-STOP (1-877-729-7867).

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Georgia Department of Education Policies and Procedures

**Policy Title:** Student Reporting of Harassment or Sexual Misconduct by Teachers, Administrators, and Other Employees

**Policy Number:**

**Release Date:**

**Last Revised:**

**Purpose**

To describe the process to be taken by a student or parent or friend of a student that has been a victim of sexual abuse or sexual misconduct by a teacher, administrator, or other employee. This includes all school related incidents that occur at or in association with the Georgia School for the Deaf.

**Applicability**

This policy applies to any and all school related incidents involving sexual abuse or sexual misconduct by a teacher, administrator, or other employee that occur at or in association with students and employees at the Georgia School for the Deaf during school hours, after school hours, or during off campus school related events or activities.

**Policy**

All school related incidents involving students and employees regarding sexual abuse or sexual misconduct that are investigatory, disciplinary, or emergency related in nature shall be reported to the Georgia Department of Education (GaDOE) and other appropriate agencies as outlined in this policy.

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6 O.C.G.A. § 20-2-1185.
General Provisions

Students who have experienced sexual abuse or sexual misconduct by a teacher, administrator, or other employee shall take the following steps in reporting such abuse or misconduct:

1. Any student or parent or friend of a student who has been the victim of an act of sexual abuse or sexual misconduct by a teacher, administrator, or other school employee is urged to make an oral report of the act to any teacher, counselor, or administrator at his/her school.

Examples of Sexual Abuse or Sexual Misconduct

- Using position of authority and influence over students in an inappropriate manner
- Having sexual relationships with students
- Dating students
- Having any interaction/activity of a sexual nature with a student
- Committing or attempting to induce students to commit an illegal act or act of immoral conduct which may be harmful to others or bring discredit to the school
- Supplying alcohol or any illegal substance to a student, allowing a student access to such substances, or failing to take reasonable steps to prevent such access from occurring

2. Any teacher, counselor, or administrator receiving a report of sexual abuse or sexual misconduct of a student by a teacher, administrator, or other employee shall make an oral report of the incident immediately by telephone or otherwise to the School Principal and shall submit a written report of the incident to the School Principal within 24 hours. If the School Principal is the person accused of the sexual abuse or sexual misconduct, the oral and written reports should be made to the School Director.

3. The School Director or designee upon receiving a report of sexual abuse shall make an oral report to GaDOE and to the appropriate local child welfare agency providing protective services no later than 24 hours from the time there is reasonable cause to believe a child has been abused. The report should be made by telephone or in person and followed by a written report in writing to GaDOE Legal Services.

Possible Actions Taken

Upon receipt of a report, GaDOE will take appropriate action. Such action may include, but is not limited to, warning, suspension, exclusion, expulsion, transfer, remediation, termination, or discharge. It also may include reporting to appropriate state or federal authorities, including the Professional Standards Commission. Action taken for violation of this policy will be consistent with Georgia and federal law and GaDOE policies.
6. **Healthcare Facility/Organization:**

It is important for hospitals, healthcare facilities, doctors’ offices, and other organizations which deal with healthcare to create clear child safety policies. It is often doctors and nurses who see first-hand the physical and emotional effects of children who have been maltreated. Personnel need to know how they should handle these situations, who they should contact, what their responsibilities are as mandated reported, and how quickly to act. Moreover, many of these facilities can house dangerous equipment and a diverse population employees and volunteers need to know what to look out for as possible dangers and how to prevent harm. The following are excerpts from Children’s Hospital of Atlanta’s internal policies concerning child safety and staff education and expectations. Additionally, a sample document from a Vermont Hospital is attached which outlines its mandated reporter and child safety policies.

**Excerpt from CHOA’s policies:**

**From policy 2.25:**

“**Staff Education/Annual Employee Assessments**”

- All employees attending Patient Care Provider Orientation (PCPO) will receive an in-service on the reporting laws, Children’s policies and indicators of child abuse.
- As part of the Annual Employee Assessment (AEA), all employees will be tested on their knowledge of child abuse assessment/reporting procedures.
- The Child Protection Center offers annual courses for social work, nursing, and medical staff on child abuse identification, assessment and reporting. Refer to the Center's website for additional information about course offerings.”

**From policy 5.13:**

“All new Children’s staff are required to complete a computer based training on child abuse and maltreatment, reporting laws, and Children’s policies.”

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7 *Mandatory Reporting Policy*, Vermont State Hospital; 2010.  
Policy Statement:

The Vermont State Hospital will provide treatment to all patients in a safe environment. The hospital and the professional staff have a responsibility and duty to protect the safety of all patients and others as part of the clinical care offered during hospitalization. The Vermont State Hospital will not tolerate abuse, neglect or exploitation of any patient by any person and every incident of suspected mistreatment will be reported as required by State and Federal law. VSH will not retaliate against any person for making a good faith report of patient mistreatment.

Purpose:

I. To ensure a safe and secure patient treatment environment.

II. To ensure compliance with State and Federal mandated reporting requirements.

III. To ensure appropriate documentation of significant events.

Relevant Law:
33 VSA §6901 et. seq. (Reports of Abuse, Neglect and Exploitation of Vulnerable Adults)
42 CFR 482.13 (CMS Regulations),

Procedures:

I. Reports of abuse, neglect or exploitation

a. What to report:

   i. Any person, including any employee, volunteer or consultant/contractor of the state hospital, who knows of or has received information of or has reason to suspect that any patient has been abused, neglected or exploited by any person shall ensure that a report is filed with Adult Protective Services (APS) as soon as possible and within 48 hours as described in section (b) below. When a report is made to APS, you must notify the VSH Executive Director or designee, and the Director of Nursing or designee. For assistance with notification, contact Admissions.

   ii. If the alleged perpetrator of the suspected abuse is either the Director of Nursing or the Executive Director, the information shall immediately be provided to the Commissioner of Mental Health or designee. The Commissioner or designee shall determine whether an incident sufficiently gives rise to a suspicion of abuse, neglect or exploitation of a vulnerable adult. If the Commissioner or designee determines that the facts support a
suspicion of abuse, neglect or exploitation he or she shall ensure that a report is filed with Adult Protective Services as soon as possible and within 48 hours as described in section (b) below. In such a case, the Commissioner or designee shall immediately take whatever other steps are necessary to ensure the safety of patients.

b. **How to report:**

i. **Report all suspected abuse to Adult Protective Services** as soon as possible and within 48 hours. The report shall first be made to Adult Protective Services (APS) in the Division of Licensing and Protection of the Department of Aging and Independent Living, phone number: 1-800-564-1612, fax number: 802-241-2358. Reports may be made on forms provided by APS or otherwise in writing. The report shall contain the names and addresses of the reporter as well as the names and addresses of the patient, the age of the patient, the nature of his or her illness, the nature and extent of the patient’s abuse, neglect or exploitation together with any other information that the reporter believes may be helpful in establishing the cause of any injuries or reasons for the abuse, neglect or exploitation as well as information that may be helpful in protecting the patient from further abuse.

ii. **Cooperation with Adult Protective Services.** All staff, volunteer and consultants/contractors shall cooperate as necessary with Adult Protective Services officials or other appropriate officials, including law enforcement, relating to any investigations of patient mistreatment.

iii. **Notification of the report.** If the report is not made by the Executive Director or the Director of Nursing or their designee, the reporter shall ensure the Director of Nursing and the Executive Director or their designee are immediately provided with copies of the report. The reporter may contact the Admissions Office if he or she needs assistance contacting the Executive Director or the Director of Nursing. The reporter shall also ensure that an adverse event report relating to the suspected abuse is made in the VSH event reporting system as indicated in the VSH Event reporting Protocol.

iv. **Immunity from liability for reporting.** Any person who in good faith makes a report of suspected abuse, neglect or exploitation of a patient at VSH shall be immune from any liability, civil or criminal, for making the good faith report. No employer or supervisor may discharge, demote, transfer, reduce pay, benefits or work privileges, prepare a negative work evaluation or take any other action detrimental to any employee who files a good faith report in accordance with the provisions of this policy, by reason of the report. In addition, no individual, patient, family member or visitor shall be subject to any form of retaliation for making a good faith report of abuse, neglect or exploitation.
v. **Failure to report.** Any VSH employee that fails to report or delays in reporting any suspected abuse, neglect or exploitation shall be subject to disciplinary action.

c. **Notice of the VSH Mandatory Reporting Policy:**

i. **VSH Employees:** All VSH employees must sign a statement that indicates that they have read, understand and agree to follow the VSH Mandatory Reporting policy. The statement shall be kept in each employees personnel file.

ii. **Volunteers and Consultants/Contractors:** Prior to providing any volunteer or contractual services that may involve any patient contact, all volunteer and contractors must sign a statement indicating that they have read, understand and agree to follow the VSH Mandatory Reporting policy.

d. **Definitions:**

i. **Abuse** means:

1. Any treatment of a patient which places life, health or welfare in jeopardy or which is likely to result in impairment of health;
2. Any conduct committed with an intent or reckless disregard that such conduct is likely to cause unnecessary harm, unnecessary pain or unnecessary suffering to a patient;
3. Unnecessary or unlawful confinement or unnecessary or unlawful restraint of a patient;
4. Any sexual activity with a patient by a staff member, volunteer, consultant/contractor;
5. Intentionally subjecting a patient to behavior which should reasonably be expected to result in intimidation, fear, humiliation, degradation, agitation, disorientation, or other forms of serious emotional distress; or
6. Administration, or threatened administration, of a drug, substance, or preparation to a patient for a purpose other than legitimate and lawful medical or therapeutic treatment.

ii. **Neglect** means purposeful or reckless failure or omission by a staff member to:

1. Provide care or arrange for goods or services necessary to maintain the health or safety of a patient, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, unless the staff member is acting pursuant to the wishes of the patient or his or her representative, or a properly executed terminal care document;
2. Make a reasonable effort, in accordance with the authority granted the staff member, to protect a patient from abuse, neglect or exploitation by others;
3. Carry out a plan of care for a patient when such failure results in or could reasonably be expected to result in physical or psychological harm or a substantial risk of death to the patient, unless the staff member is acting pursuant to the wishes of the patient or his or her representative, or a properly executed terminal care document;
4. Report significant changes in the health status of a patient to a physician, nurse, or immediate supervisor; or
5. Neglect may be repeated conduct or a single incident which has resulted in or could be expected to result in physical or psychological harm as a result of 1-3 above.

iii. **Exploitation** means:
1. Willfully using, withholding, transferring or disposing of funds or property of a patient without or in excess of legal authority for the wrongful profit or advantage of another;
2. Acquiring possession or control of or an interest in funds or property of a patient through the use of undue influence, harassment, duress, or fraud;
3. The act of forcing or compelling a patient against his or her will to perform services for the profit or advantage of another;
4. Any sexual activity with a patient when the patient does not consent or when the perpetrator knows or should know that the patient is incapable of resisting or declining consent to the sexual activity due to age or disability or due to fear of retribution or hardship, whether or not the perpetrator has actual knowledge of vulnerable status;
5. Unnecessary, unlawful or excessive confinement or restraint of a patient; or
6. Administration, or threatened administration, of a drug, substance, or preparation to a patient for a purpose other than legitimate and lawful medical or therapeutic treatment.

II. **Internal Response**

a. **Director of Nursing responsibility:** Immediately upon making a report or upon receiving notice that a report of abuse, neglect or exploitation has been filed with Adult Protective Services (APS), the Director of Nursing or designee shall take the following steps:

i. **Patient safety.** Evaluate the safety of the patient who is the subject of the report and take action as necessary to protect the patient from harm.

ii. **Physician exam.** When indicated, arrange for a physician to examine and assess the patient that may have been victim of mistreatment for any impact of the suspected mistreatment. The physician shall prepare
a written statement of findings and include a copy of the report in the patient chart;

iii. Remove/reassign staff. Consult with the Executive Director or designee regarding the need to immediately remove or reassign staff.

iv. File copies of report. Provide a copy of the report to the Quality and Risk Management Chief, the Quality Manager for Clinical Services and the Medical Director. The Director of Nursing shall also be responsible for ensuring that a copy of the report is included in the patient’s record including any subsequent information on the disposition of the report.

b. Executive Director responsibility. As soon as possible after making a report or receiving notice that a report of abuse, neglect or exploitation has been made, the Executive Director or his/her designee shall:

i. Patient safety. Evaluate the safety of the patient who is the subject of the report and take action as necessary to protect the patient from harm.

ii. Determine whether there is reason to believe that a criminal act occurred. If the Executive Director or designee determines that there is any reason to believe that a criminal act has occurred, he or she shall:
   1. Ensure that the scene of event has been secured until the full investigation is initiated. Securing the scene shall include, but is not limited to:
      a. safeguarding all potential evidence from possible contamination;
      b. responding to any issues that may involve blood born pathogens;
      c. securing relevant documentation; and
      d. referral of patients involved in allegations of sexual abuse or sexual assault to off-campus emergency room for examination.
   2. Suspend any responsible employee(s) from duty with pay pending completion of the investigation in accordance with personnel procedures
   3. Notify the Division of Licensing and Protection, State Police, Attorney General’s Office or any other responsible outside investigative body;

iii. Remove/reassign staff. After consultation with the Director of Nursing or designee and based on an assessment that the allegation may have merit, temporarily remove/reassign any staff involved in any
allegation from contact with the patient that may have been the victim of mistreatment until the investigation by APS has concluded; and

iv. **Other disciplinary action.** Determine whether other disciplinary action is warranted and proceed pursuant to personnel procedures

c. **Systems Review and Response:**

i. **Track status of all reports of abuse.** After receiving a copy of a report of suspected abuse, neglect or exploitation, the director of nursing and executive director or their designees will track the status of the investigation and disposition of the report and maintain documentation relative to each report.

ii. **Convene a peer review committee to review all substantiated reports.** Whenever a report of abuse, neglect or exploitation is determined by APS to be substantiated, the executive director and the director or quality management or their designees shall convene a committee, including staff with knowledge of the incident, to:
   1. Review all of the information available related to the incident of abuse, neglect or exploitation, including reports, statements and other evidence;
   2. Consider and analyze potential causes and factors that may have contributed to the event. Identify communication methods and other work processes that may have prevented the event, had they been in place; and
   3. Make recommendations regarding policy, procedural, educational or other management or operational changes that might prevent a similar incident from occurring in the future.

iii. **Annual Review.** On an annual basis, quality management shall:
   1. Convene a meeting of VSH management and other appropriate staff to review and analyze all reports of abuse. The review should consider:
      a. trends and/or patterns of suspected abuse, neglect or exploitation, including:
         i. categories of patients that are more likely to be involved in suspected mistreatment
         ii. categories of staff that are more likely to be involved in suspected mistreatment
         iii. other facts, circumstances or conditions that are similar among the reports of mistreatment
      b. all ideas and suggestions for policy, procedural, educational or other management or operational changes that might reduce the incidence of suspected abuse in the future

   2. Prepare an annual report for the Executive Director with the findings and recommendations relative to preventing abuse and improving safety at VSH.
Appendix C: Glossary

Certain commonly used terms and phrases take on a very specific legal meaning when you are dealing with child abuse and mandated reporting. The following list of terms were extracted in part from a glossary created by The Supreme Court of Georgia Committee on Justice for Children in March 2014. Additional terms and definitions were added to reflect new laws and changes to the Code that deal directly with mandated reporting. Over time certain definitions may change or be expanded up, to see if there has been any, please refer to the Georgia Code in its entirety.

ABANDONMENT, § 15 -11-2(1)
Intent to forgo parental duties or relinquish parental claims evidenced by
- 6-month failure to:
  - meaningfully communicate
  - maintain regular visitation
  - leave child with another person without support
  - participate in court-ordered reunification case plan
  - respond to child protective proceeding
- 3-month failure to:
  - leaving child without means to identify parent and
  - parent identity cannot be determined despite diligent search
- absence from home for period of time that creates substantial risk of serious harm to the child
- any other conduct indicating intent to forgo or relinquish parental rights

ABUSE, § 15 -11-2 (2)
- Non-accidental physical injury, unexplained physical injury resulting from acts or omissions of person responsible for child’s care
- Emotional abuse: § 15 -11-2(30)
- Sexual abuse or sexual exploitation: § 15 -11-2(69) and (70)
- Prenatal abuse: § 15 -11-2(56)
- Family violence as defined in §19-13-1: includes single act, multiple or continuing acts in child’s presence, child’s sight or child’s hearing

AGGRAVATING CIRCUMSTANCES, § 15 -11-2(5)
The parent has:
- Abandoned an infant
- Attempted, conspired to attempt, or has subjected a child or his or her sibling to death or great bodily harm
- Attempted, conspired to attempt, or has subjected a child or his or her sibling to torture, chronic abuse, sexual abuse, or sexual exploitation or
- Committed the murder or voluntary manslaughter of his or her child’s other parent or has been convicted of aiding or abetting, attempting, or soliciting the murder or voluntary manslaughter of his or her child’s other

Babies Can’t Wait (BCW)
- Part of the CAPTA legislation, a federally funded state program that provides and coordinates assessments and rehabilitative services to developmentally delayed or disabled children ages 0 to 3 years at no cost to the parents. Requires every child 0 to 3 years who is found by the juvenile court to be “dependent” to receive a developmental assessment and rehabilitative services as needed.

Best Interest of the Child, § 15-11-105
The legal standard that the judge must use in deciding disposition, custody, and other matters. What is in the best interest of the child is not always the same as the child’s wishes. It is not a standard of proof. Factors to consider in evaluating best interest are listed below.

To advocate for child’s best interest, GAL shall consider, in context of child’s age and developmental needs, these factors:

1. physical safety and welfare, food, shelter, health, and clothing
2. mental and physical health of all individuals involved
3. evidence of domestic violence
4. child's background and ties, including familial, cultural, and religious
5. child’s sense of attachments
6. least disruptive placement alternative
7. child's wishes and long-term goals
8. community ties, church, school, and friends
9. child's need for permanence, need for stability and continuity of relationships
10. uniqueness of every family and child
11. risks associated with being in substitute care
12. preferences of the persons available to care for the child
13. Any other factors considered by the GAL to be relevant and proper

Biological Father, § 15-11-2 (6)
- Male who impregnated the biological mother resulting in birth of a child, Putative father

CAPTA (Child Abuse Prevention and Treatment Act)
- Mandates, coordinates, funds programs at state and federal level designed to prevent and treat child abuse. Initiatives include Babies Can’t Wait, training for GALs and attorneys representing children in dependency cases, educational plan for special needs children, Court Improvement Projects.

Caregiver, § 15-11-2(8)
- Person providing a residence for child or legally obligated to provide or legally obligated to secure adequate care for a child, includes parent, guardian, or legal custodian.

Casa (Court Appointed Special Advocate)
- Community members who are specially trained and appointed by the court as officers of the court to represent the best interests of the child in dependency proceedings; sometimes referred to as a lay guardian. §§ 15-11-103, 104, 105, 106.

Case Plan, § 15-11-2(9), §§ 15-11-200 and 201
- Document developed in a dependency case by DFCS, in conjunction with parents/guardian/legal custodians and child (when appropriate), which states the reasons a child is brought into protective custody and the exact steps which must be taken by everyone involved to alleviate the conditions of dependency and allow the parent to provide a safe and stable home for the child. The initial case plan is due thirty (30) days from the date the child was removed from the home. The case plan is reviewed at each subsequent review.
Case Plan Types:
- 1. Reunification
- 2. Concurrent
- 3. Nonreunification

Types of Permanency Plans:
- 1. Reunification
- 2. Adoption
- 3. Permanent Guardianship
- 4. APPLA (Another Planned Permanent Living Arrangement)

CCFA (Comprehensive Child and Family Assessment)
- Formerly First Placement Best Placement assessment. Private providers under contract with DFCS are
given child / family referrals within 48 hours of the child entering DFCS custody; the CCFA includes a
trauma assessment / developmental evaluations of the child, health check screens, educational assessment
of child with records, dynamic assessment of the child/ family interaction, family history, genogram,
relative search information, attends family team meeting and multi-disciplinary team meeting.
- CCFA includes a trauma assessment of child:
  1. Trauma history of child, what child has experienced or been exposed to as well as how the child
coped with the trauma in the past and present;
  2. Standardized trauma screening tool;
  3. Summary and recommendation for treatment and determines whether a full psychological or other
specialized assessment is indicated (psycho-sexual, educational, neuro-psychological).

CHILD, § 15 -11-2 (10)
- Any individual who is:
  - Under the age of 18 years
  - Under the age of 17 years when alleged to have committed a delinquent act
  - Under the age of 22 years and in the care of DFCS
  - Under the age of 23 years and eligible for and receiving independent living services through
    DFCS
  - Under the age of 21 years who committed an act of delinquency before reaching the age of 17
    years and who has been placed under the supervision of the court or on probation to the court for
    the purposes of enforcing orders of the court.

CHILD ABUSE § 19 -7-5 (4)
- In the Mandated Reporting section of the Code means:
  (A) Physical injury or death inflicted upon a child by a parent or caretaker thereof by other than
    accidental means; provided, however, that physical forms of discipline may be used as long as there is
    no physical injury to the child;
  (B) Neglect or exploitation of a child by a parent or caretaker thereof;
  (C) Endangering a child;
  (D) Sexual abuse of a child; or
  (E) Sexual exploitation of a child.
- However, no child who in good faith is being treated solely by spiritual means through prayer in
  accordance with the tenets and practices of a recognized church or religious denomination by a duly
  accredited practitioner thereof shall, for that reason alone, be considered to be an abused child.

CHILD SERVICE ORGANIZATION PERSONNEL§ 19 -7-5 (5)
- Means persons employed by or volunteering at a business or an organization, whether public, private, for
  profit, not for profit, or voluntary, that provides care, treatment, education, training, supervision, coaching,
  counseling, recreational programs, or shelter to children.

CLERGY§ 19 -7-5 (6)
- Means ministers, priests, rabbis, imams, or similar functionaries, by whatever name called, of a bona fide
  religious organization.

CHINS (Child in Needs of Services), § 15 -11-2(11)
A child adjudicated to be in need of care, guidance, counseling, structure, supervision, treatment, or rehabilitation and who is adjudicated to be:
- Truant
- Habitually disobedient / ungovernable
- Runaway
- A child who wanders or loiters the streets of city, highway or any public place between midnight and 5:00 A.M.
- A child who disobeys court ordered supervision
- A child who patronizes bar where alcoholic beverages sold or who possesses alcoholic beverages
- A delinquent child who is adjudicated to be in need of supervision but not treatment or rehabilitation
- Formerly \textit{UNRULY}

\textbf{CITIZEN REVIEW PANEL}
- Community members who are specially trained and appointed by the court to conduct periodic reviews of the cases of children who are in foster care. The Citizen Review Panel serves a judicial function. The Panel reviews progress on the case plan and makes recommendations to the parties and to the judge regarding changes that may need to be made in the case plan or the placement of the child. Any party may request an in-court review of the Panel’s recommendations within 5 days of receiving a copy of the revised case plan.

\textbf{COMPLAINT, § 15 -11-2(14)}
- Initial document setting out the circumstances that resulted in a child being brought before the court.

\textbf{CONCURRENT PLANNING}
- Case plan that allows for the simultaneous planning and delivery of services to the family for reunification with the family and a permanent plan outside the family.

\textbf{CPS (CHILD PROTECTIVE SERVICES)}
- The section of DFCS which receives initial calls alleging child abuse and neglect and which is responsible for investigating the initial complaints (often heard as “CPS worker”), also referred to as an “Intake” or “Investigations Unit.” CPS unit also provides “ongoing services” to families where the child remains in the home. These cases are often referred to as Family Preservation Services cases, or FSP.

\textbf{CROSSOVER YOUTH OR DUAL JURISDICTION YOUTH, § 15 -11-12}
- These youths are simultaneously involved with or under the jurisdiction of both child welfare and juvenile justice (Department of Family and Children Services and Department of Juvenile Justice). These youths may move or “crossover” from the child welfare system to the juvenile justice system or vice versa or these are youth who have a history of abuse or neglect and are also involved with the juvenile justice system.

\textbf{CUSTODIAN}
- A person, other than a parent or legal guardian, who stands in loco parentis to the child or a person to whom legal custody of the child has been given by order of a court.

\textbf{CUSTODY}
- The right to a child’s care and control carrying with it the duty of providing food, shelter, medical care, education and discipline.

\textbf{DBHDD, § 15 -11-2(18)}
- Department of Behavioral Health and Developmental Disabilities.

\textbf{DELINQUENT ACT}
- An act designated as a crime by the laws of this state, or by the laws of another state if the act occurred in that state, under federal laws, or by local ordinance, and the act is not an unruly offense or a juvenile traffic
offense as defined in § 15-11-630.

- The act of disobeying the terms of supervision contained in a court order which has been directed to a child who has been adjudged to have committed a delinquent act.
- Failing to appear as required by a citation issued with regard to a violation of § 3-3-23, (offenses involving alcoholic beverages and persons under age 21).

DELIQUENT CHILD
- Child who has committed a delinquent act and is in need of treatment or rehabilitation.

DEPENDENT CHILD, § 15 -11-2(22)
- A child who:
  - has been abused or neglected and is in need of the protection of the court.
  - has been placed for care or adoption in violation of law.
  - is without his or her parent, guardian, or legal custodian.

DEPENDENCY PROCEEDINGS
- Juvenile court proceedings held when there are allegations of abuse or neglect of a child.

DETENTION
- Confinement of a minor by a public officer pursuant to law. Holding a juvenile in the custody of the county or state, whether in a jail, a youth detention facility, a shelter, a foster home, or another placement other than placement with the child’s custodian.

DEVELOPMENTAL DISABILITY, § 15 -11-2(24)
Same meaning as § 37-1-1 (8), a severe, chronic disability of an individual that
- Is attributable to a significant intellectual disability, or any combination of a significant intellectual disability and physical impairments;
- Is manifested before the individual attains age 22;
- Is likely to continue indefinitely;
- Results in substantial functional limitations in three or more of the following areas of major life activities: self-care; receptive and expressive language; learning; mobility; self-direction; and capacity for independent living; and
- Reflects the person’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance which are of lifelong or extended duration and are individually planned and coordinated.

DEVELOPMENTAL LEVEL, § 15 -11-2(25)
- Child’s ability to understand and communicate; factors to consider: age, maturity, mental capacity, level of education, cultural background and degree of language acquisition.

DFCS (Department of Family and Children Services)
- The department of DHS charged with delivering child protective services, family rehabilitation services, and other related services.

DHS
- Department of Human Services.

DILIGENT SEARCH, § 15 -11-2 (27) and § 15-11-211
- A statutorily required search for relatives or others who have shown an ongoing commitment to the child. It must be filed with the court within thirty (30) days of the child being removed from home.

DIRECT CALENDARING, § 15 -11-3
• A single judge shall hear all successive cases or proceedings involving the same child or family, One Judge – One Family.

DISPOSITION, § 15-11-210, 212, 213
• Term used to describe outcome of case or placement of child; e.g. the disposition in a dependency case may be that custody is placed with DFCS and the parent must accomplish the tasks described in the case plan.

DJJ (Department of Juvenile Justice)
• The state agency charged with providing for the needs of children who are adjudicated delinquent. In the disposition stage of a delinquency, juveniles are “committed to the custody” of DJJ, and DJJ then has responsibility for placing the child. DJJ placement options include Youth Development Campuses, community treatment facilities, group homes, therapeutic residential placements, boot camps, community schools, a wilderness program, court-based programs, and others.

DSM-V (The Diagnostic and Statistical Manual of Mental Disorders)
• The standard classification of mental disorders used by mental health providers in the US. The current version is the DSM-5 and is the fifth revision. This version of the diagnostic manual was published in May 2013 and contains numerous changes affecting diagnosis criteria for children. DSM-5 no longer uses the multiaxial system for diagnosis that was used in prior version of the DSM. DSM-5 groups diagnoses as either Primary or Additional and uses “V Codes” as part of Additional Diagnoses to further describe the patient.

EMANCIPATION, § 15-11-2(29) and §§15-11-720 to 728
• Termination of the rights of a parent to the custody, control, services and earnings of a child. Emancipation does not terminate the legal parent-child relationship.

EMOTIONAL ABUSE, § 15-11-2(30)
• Acts or omissions by caretaker of child that cause any mental injury to such child’s intellectual or psychological capacity as evidenced by an observable and significant impairment in such child’s ability to function within a child’s normal range of performance and behavior or that create a substantial risk of impairment, if the impairment or substantial risk of impairment is diagnosed and confirmed by a licensed mental health professional or physician qualified to render such diagnosis.

ENDANGERING A CHILD, § 19-7-5(6.1)
• Means:
  A. Any act described by subsection (d) of Code Section 16-5-70;
     §16-5-70(d) Includes:
        (1) Such person, who is the primary aggressor, intentionally allows a child under the age of 18 to witness the commission of a forcible felony, battery, or family violence battery; or
        (2) Such person, who is the primary aggressor, having knowledge that a child under the age of 18 is present and sees or hears the act, commits a forcible felony, battery, or family violence battery.
  B. Any act described by Code Section 16-5-73;
     §16-5-73 Includes:
        (b)(1) Any person who intentionally causes or permits a child to be present where any person is manufacturing methamphetamine or possessing a chemical substance with the intent to manufacture methamphetamine shall be guilty of a felony and, upon conviction thereof, shall be punished by imprisonment for not less than two nor more than 15 years.
        (2) Any person who violates paragraph (1) of this subsection wherein a child receives serious injury as a result of such violation shall be guilty of a felony and, upon conviction thereof, shall be punished by imprisonment for not less than five nor more than 20 years.)
  C. Any act described by subsection (l) of Code Section 40-6-391;
     §16-5-73 Includes:
(l) A person who violates this Code section while transporting in a motor vehicle a child under the age of 14 years is guilty of the separate offense of endangering a child by driving under the influence of alcohol or drugs. The offense of endangering a child by driving under the influence of alcohol or drugs shall not be merged with the offense of driving under the influence of alcohol or drugs for the purposes of prosecution and sentencing. An offender who is convicted of a violation of this subsection shall be punished in accordance with the provisions of subsection (d) of Code Section 16-12-1.)

D. Prenatal abuse, refer to term in glossary.

EVALUATION, § 15-11-2(31)
- A comprehensive, individualized examination of a child by an examiner that may include the administration of one or more assessment instruments, diagnosing the type and extent of a child’s behavioral health disorders and needs, if any, making specific recommendations, and assessing a child’s legal competencies

EXAMINER, § 15-11-2(32)
- A licensed psychologist, psychiatrist, or clinical social worker who has expertise in child development specific to severe or chronic disability of children attributable to intellectual impairment or mental illness and has received training in forensic evaluation procedures through formal instruction, professional supervision, or both.

EPSDT (Early and Periodic Screening, Diagnosis, and Treatment)
- Medicaid provides for health screening and treatment of all eligible children up to age 21. Under EPSTD, each state must screen children regularly and provide all necessary medical treatment for any problem discovered during the screening.

FAMILY PRESERVATION SERVICES (FPS)
- Services to prevent removal of the child from the home or to return the child back to the home (formerly ongoing Child Protection Services).

FAMILY TEAM MEETING (FTM)
- DFCS policy requires a FTM to occur within 3-9 days of the child coming into care. Participants in the FTM discuss the critical issues and circumstances which led to the child’s placement, the needs and strengths of the child and family, relative resources, placement resources, and services needed by the family.

FICTIVE KIN, § 15-11-2(33)
- Person who is known to child as a relative, but is not, in fact, related by blood or marriage and with whom such child has resided or had significant contact.

FOSTER CARE, § 15-11-2(34)
- Temporary residential care provided to a juvenile pursuant to a court order from a dependency proceeding; can include care by a non-biological foster family, group care, residential care, or institutional care.

FOSTER CARE PER DIEM
- The amount of money paid to licensed foster parents to care for children in their home.

GLOBAL ASSESSMENT OF FUNCTIONING SCALE (GAF)
- Mental health clinician’s subjective judgment of an individual’s overall level of functioning and carrying out activities of daily life. A 100-point scale measures a patient’s overall level of psychological, social and occupational functioning on a hypothetical continuum with 100 being the highest.

GUARDIAN AD LITEM (GAL), §§ 15-11-2(35), 15-11-104, 105 and 106
- Officer of the court who is appointed to represent the best interest of the child in abuse and neglect
proceedings, custody proceedings, and sometimes in delinquency or unruly proceedings. May be an attorney or layperson. Often referred to as “G.A.L.”

GUARDIANSHIP, §§ 15-11-2(36), 15-11-240 to 244
• Term describing the legal status of a custodian of a juvenile which confers certain rights and responsibilities, including the requirement to provide for the child’s physical, spiritual, and mental needs and the ability to register the child for school, obtain medical care, and provide legal consent when needed. May be granted by probate court or juvenile court. The guardian caregiver may be eligible for financial subsidy from DFCS.

INDIAN CHILD WELFARE ACT (ICWA)
• Federal law passed in 1978 to protect the best interests of Indian children and promote the stability of Indian tribes and families. ICWA provides minimum federal standards for the removal of Indian children from their families and placement of these children in foster care or in adoptive homes that reflect Indian culture. ICWA applies in all child custody proceedings involving foster care placements, TPR, and pre-adoptive and adoptive placements. ICWA does not apply in divorce proceedings involving custody disputes. http://www.childwelfare.gov/systemwide/courts/icwa.cfm

IEP (Individualized Educational Program)
• Written plan required to be developed for every child who is provided special education and related services. The plan is required by federal and state law and is developed by the school district and the child’s parent or guardian. The IEP must describe all services needed by the child and the services that will be provided to meet the individualized educational needs of the child in the least restrictive environment.

IMPACT TRAINING
• DFCS training for foster parents and adoptive parents (formerly MAPP training).

INDEPENDENT LIVING PROGRAM (ILP)
• DFCS program for older teens in DFCS custody. County ILP coordinator assists teens with housing, school, and job arrangements, and teaches life skills. It is a transitional program for teens in non-traditional foster care settings who are becoming adults. Each foster child 14 and older must have a Written Transitional Living Plan (WTLP).

INDIGENT PERSON, § 15-11-2(38)
• A person who, at the time of requesting an attorney, is unable without undue financial hardship to provide for full payment of an attorney and all other necessary expenses for representation, or a child who is a party to a dependency proceeding. To determine indigence in a delinquency proceeding, the court shall follow the standards set forth in Chapter 12 of Title 17.

IN LOCO PARENTIS
• Latin term meaning “in the place of the parent” that refers to actions of a custodian, guardian, or other person acting in the parent’s stead.

INTERSTATE COMPACT (ICPC), §§ 39-4-1 to 39-4-10
• Interstate Compact on the Placement of Children is a uniform law enacted by all states, Washington D.C., and the U.S. Virgin Islands. It establishes orderly procedures for the placement of children across state lines for foster care or adoption and fixes responsibilities for those involved in placing the child.

KINSHIP GUARDIANSHIP - Kinship Navigator Program
• A program or service “to assist kinship caregivers in learning about, finding, and using programs and services to meet the needs of the children they are raising and their own needs, and to promote effective partnerships among public and private agencies to ensure kinship caregiver families.”
LEGAL CUSTODIAN, § 15-11-2(42)
- A person to whom legal custody of a child has been given by order of a court or a public, or private agency or other private organization licensed or otherwise authorized by law to receive and provide care for a child to which legal custody of such child has been given by order of a court.

LEGAL FATHER, § 15-11-2(43)
- Male who has not surrendered or had terminated his rights to a child and who:
  1. Has legally adopted the child
  2. Was married to the biological mother at the time the child was conceived or was born, unless paternity was disproved by a final order of paternity
  3. Married the legal mother of the child after the birth and acknowledged the child as his, unless paternity was disproved by a final order.
  4. Has been determined to be the father of a child by a final paternity order, § 19-7-40 et. seq.
  5. Has legitimated the child by a final order, § 19-7-22
  6. Has legitimated the child through an administrative legitimation, § 19-7-22.1

LEGAL MOTHER, § 15-11-2 (44)
- Female who is the biological or adoptive mother of a child and who has not surrendered or had her rights terminated.

LEGITIMATION
- The legal process by which a child born out of wedlock is “put on equal footing” with a child born within a legal marriage. Establishes a legally recognized parent-child relationship between a father and child. If pending dependency action, may be filed in juvenile court.

LONG TERM FOSTER CARE
- Extended residential care provided to a juvenile who has been adjudicated dependent. This term has been replaced with the term Another Planned Permanent Living Arrangement (APPLA).

MANDATED REPORTER, § 19-7-5(c)(1)
- In Georgia, the following persons are statutorily required, if they have reasonable cause to believe that suspected child abuse has occurred to report or cause reports of such abuse to be made:
  - (A) Physicians licensed to practice medicine, physician assistants, interns, or residents;
  - (B) Hospital or medical personnel;
  - (C) Dentists;
  - (D) Licensed psychologists and persons participating in internships to obtain licensing pursuant to Chapter 39 of Title 43;
  - (E) Podiatrists;
  - (F) Registered professional nurses or licensed practical nurses licensed pursuant to Chapter 26 of Title 43 or nurse's aides;
  - (G) Professional counselors, social workers, or marriage and family therapists licensed pursuant to Chapter 10A of Title 43;
  - (H) School teachers;
  - (I) School administrators;
  - (J) School counselors, visiting teachers, school social workers, or school psychologists certified pursuant to Chapter 2 of Title 20;
  - (K) Child welfare agency personnel, as such agency is defined in Code Section 49-5-12;
  - (L) Child-counseling personnel;
  - (M) Child service organization personnel;
  - (N) Law enforcement personnel; or
  - (O) Reproductive health care facility or pregnancy resource center personnel and volunteers.

MENTALLY ILL, § 15-11-2(47)
Having a disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.

**MEDICAID**
- Health insurance for low-income children, their parents or other caretaker relatives, and pregnant women.

**NEGLECT, § 15 -11-2(48)**
- The failure to provide proper parental care or control, subsistence, education as required by law, or other care or control necessary for a child's physical, mental, or emotional health or morals;
- The failure to provide a child with adequate supervision necessary for such child's well-being; or
- The abandonment of a child by his or her parent, guardian, or legal custodian.

**OTHER PERSONS WHO HAVE DEMONSTRATED AN ONGOING COMMITMENT TO A CHILD, § 15 -11-2(50)**
- Includes fictive kin and other individuals, including but not limited to neighbors, teachers, scout masters, caregivers or parents of friends of the child and with whom the child has resided or had significant contact.

**PARENT, § 15 -11-2(51)**
- Legal father or legal mother of a child.

**PARTY, § 15 -11-2(52)**
- A legally required participant in a court proceeding who has constitutional and statutory rights and standing to protect or enforce those rights. Under the juvenile code, parties include the state, a child, parent, guardian, legal custodian, or other person subject to any judicial proceeding; except in delinquency proceedings, when only a child and the state are parties.

**PARENTIFIED CHILD**
- A parentified child is one who is inappropriately given the responsibility of meeting the emotional or physical needs of the parents and the other children in the home. The role reversal is common in neglectful homes with the parentified child assuming the caretaking responsibilities for the younger children and the parents. The parentified child usually has to relearn the role of a child.

**PARENTING ASSESSMENT**
- Battery of psychological tests which evaluates a parent’s current parenting skills, any deficits in parenting skills and the parent’s potential or ability to correct the parenting deficits (also referred to as a Parental Fitness Evaluation).

**“PER DIEM”**
- The amount of money paid to licensed foster parents to care for children in their home. See Foster Care Per Diem.

**PERMANENCY PLAN, § 15 -11-2(53)**
- A specific written plan prepared by DFCS designed to ensure that a child is reunified with his or her family or ensure that the child quickly attains a substitute long-term home when return to the child’s family is not possible or is not in the child’s best interests.
- The permanency plan states the final placement goal for a child who has been removed from the home due to abuse or neglect. Every child who enters foster care should have a permanency plan which states where the child will ultimately reside (i.e. reunification with family, guardianship, another planned permanent living arrangement, adoption).

**PERMANENT PLACEMENT, § 15 -11-2(54)**
- Return of the child to the legal custody of parent
- Placement with an adoptive parent with a final adoption order
- Placement with a permanent guardian
PERSON RESPONSIBLE FOR THE CARE OF A CHILD, § 15 -11-2(55)
- Adult member of a child’s household
- Person exercising supervision over a child for any part of the 24-hour day
- Any adult who, based on his or her relationship to the parent, guardian, legal custodian, or a member of a child’s household, has access to the child

PREGNANCY RESOURCE CENTER, § 159-7-5(7)
- Means an organization or facility that:
  (A) Provides pregnancy counseling or information as its primary purpose, either for a fee or as a free service;
  (B) Does not provide or refer for abortions;
  (C) Does not provide or refer for FDA approved contraceptive drugs or devices; and
  (D) Is not licensed or certified by the state or federal government to provide medical or health care services and is not otherwise bound to follow the federal Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, or other state or federal laws relating to patient confidentiality.

PRENATAL ABUSE, § 15 -11-2(56)
- Exposure to chronic or severe use of alcohol or the unlawful use of any controlled substance, which results in:
  - Symptoms of withdrawal in a newborn or the presence of a controlled substance or a metabolite in a newborn's body, blood, urine, or meconium that is not the result of medical treatment, or
  - Medically diagnosed and harmful effects in a newborn's physical appearance or functioning.

POWER OF ATTORNEY FOR THE CARE OF A MINOR CHILD ACT, §§ 19 -9-120 to 19-9-128
- This act provides for a parent delegating to any grandparent residing in this state, the caregiving authority regarding a minor child when hardship prevents the parent from caring for the child. This authority may be delegated to the grandparent without the approval of a court by executing in writing a power of attorney for the care of a minor child in a form substantially complying with the provisions of this act. Hardships may include, but are not limited to, times when the parent is unable to provide care because of the death of the other parent; a serious illness or terminal illness of a parent; physical or mental condition of the parent or the child; incarceration of a parent; loss or inhabitability of the child’s home as the result of a natural disaster; or a period of active military duty of a parent exceeding 24 months. Hardship shall not include events whose purpose is to subvert an investigation of the child’s welfare initiated by the Department of Human Services or other agency responsible for such investigations.

PROMOTING SAFE and STABLE FAMILIES (PSSF)
- Network of community based family support services; list of services and description of these services can be found at www.pssfnet.com. PSSF is a subpart of Title IV-B of the Social Security Act and provides federal funding to state child welfare agencies and eligible Indian tribes for family support, family preservation, time-limited family reunification, and adoption promotion and support.

PROTECTIVE CUSTODY
- Temporary placement for a dependent child who is the subject of dependency proceedings, which is:
  - A licensed foster home or home approved by the court which may be a public or private home or the home of the noncustodial parent or a relative;
  - A facility operated by a licensed child welfare agency; or
  - A licensed shelter care facility approved by the court.

PUP FUNDS (Prevention of Unnecessary Placement)
- Discretionary funds available for DFCS to use to assist families at risk of having children placed in foster care. Funds are used to remedy the situation which may result in removal of children. For example, if a family’s utilities are cut off, PUP funds can be used to pay bills and have the utilities reinstated.
PUTATIVE FATHER
- Person alleged to have fathered a child whose parentage is at issue.

PUTATIVE FATHER REGISTRY
- The registry established and maintained pursuant to §19-11-9, § 15 -11-2(60).

RELATIVE, § 15 -11-2(62)
- Person related to a child by blood, marriage, or adoption, including the spouse of any of those persons even if the marriage was terminated by death or dissolution.

RELATIVE CARE ASSESSMENT (RCA)
- Referral for a RCA may be made at any time during the child’s stay in foster care. Generally, relative options should be identified at the family team meeting and the RCA should be completed within 30 days of referral for the RCA to the provider. An RCA includes home evaluation / safety check, CPS history check, criminal background check, DFCS policy overview and benefits for relative caregivers. Placements with relatives may be expedited and immediate pending a full RCA if there is no CPS history. A satisfactory home safety check and a local criminal background check on all household members over 18 years is required.

REPRODUCTIVE HEALTH CARE FACILITY, § 19-7-5(8)
- Any office, clinic, or any other physical location that provides abortions, abortion counseling, abortion referrals, or gynecological care and services.

RESONABLE EFFORTS
- Term used to describe the legal (federal and state) requirement placed on DFCS, the court, and providers to provide services to alleviate conditions which may result in removal of the child from the home and to provide services to reunite the family after removal has occurred. The burden to prove that RE have been made is on DFCS. § 15-11-202(f) lays out factors for the court to consider. § 15-11-203 discusses when reasonable efforts are not required.

SAAG (Special Assistant Attorney General)
- Attorney representing DFCS in dependency proceedings.

SAFEKEEPING – PROTECTIVE CUSTODY
- Term used in some counties to describe process by which a child is placed into protective custody by the court in the course of another proceeding (similar to an emergency shelter care order but the court may do this sua sponte). For example, when a parent has agreed to a relative having guardianship over a child and then seeks to revoke the guardianship, if the court believes the child will be in danger with the parent, the court may temporarily place the child in DFCS custody “for safekeeping” until further investigation can be conducted.

SAFE PLACE FOR NEWBORNS ACT OF 2002, § 19-10A-1
- A state law that describes how and when a new mother can safely give up her baby to the state without suffering criminal or civil penalties. Purpose of Act: “It is the express purpose and intent of the General Assembly in enacting this chapter to prevent injuries to and deaths of newborn children that are caused by a mother who abandons the newborn.”

SCHOOL, § 19-7-5(9)
- Any public or private pre-kindergarten, elementary school, secondary school, technical school, vocational school, college, university, or institution of postsecondary education.

SEXUAL ABUSE, § 15 -11-2(69)
- Caregiver or other person responsible for the care of a child employing, using, persuading, inducing,
enticing, or coercing any child to engage in any act which involves: sexual intercourse, (genital-genital, oral-genital, anal-genital, or oral-anal), same or opposite sex; bestiality, masturbation; lewd exhibition of the genitals or pubic area of any person; flagellation or torture by or upon a person who is nude; being fettered, bound, or otherwise physically restrained on the part of a person who is nude; physical contact in an act of apparent sexual stimulation or gratification with any person’s clothed or unclothed genitals, pubic area, or buttocks or with a female’s clothed or unclothed breasts; defecation or urination for the purpose of sexual stimulation; penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure by a licensed health care professional.

- **UNDER § 19-7-5(9) (10)**
  - Sexual abuse: means a person's employing, using, persuading, inducing, enticing, or coercing any minor who is not such person's spouse to engage in any act which involves:
    - (A) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex;
    - (B) Bestiality;
    - (C) Masturbation;
    - (D) Lewd exhibition of the genitals or pubic area of any person;
    - (E) Flagellation or torture by or upon a person who is nude;
    - (F) Condition of being fettered, bound, or otherwise physically restrained on the part of a person who is nude;
    - (G) Physical contact in an act of apparent sexual stimulation or gratification with any person's clothed or unclothed genitals, pubic area, or buttocks or with a female's clothed or unclothed breasts;
    - (H) Defecation or urination for the purpose of sexual stimulation; or
    - (I) Penetration of the vagina or rectum by any object except when done as part of a recognized medical procedure.
  - And, Sexual abuse shall include consensual sex acts when the sex acts are between minors if any individual is less than 14 years of age; provided, however, that it shall not include consensual sex acts when the sex acts are between a minor and an adult who is not more than four years older than the minor. This provision shall not be deemed or construed to repeal any law concerning the age or capacity to consent.

**SEXUAL EXPLOITATION, § 15 -11-2(70)**
- Conduct by a caregiver who allows, permits, encourages, or requires a child to engage in: prostitution or sexually explicit conduct for the purpose of producing any visual or print medium depicting such conduct.

**SHELTER CARE / PROTECTIVE CUSTODY**
- Temporary placement for a dependent child who is the subject of dependency proceedings, which is:
  - A licensed foster home or home approved by the court which may be a public or private home or the home of the noncustodial parent or a relative;
  - A facility operated by a licensed child welfare agency; or
  - A licensed shelter care facility approved by the court.

**SSI (Supplemental Security Income)**
- Monetary eligibility benefits provided to children and parents who are disabled but have not worked enough to receive social security disability. Eligibility determination is made regarding disability. 1997 legislation changed definitions of disabilities so many children who previously received SSI benefits became ineligible.

**STATUS OFFENDER**
- A child who is charged with or adjudicated of an offense which would not be a crime if it were committed by an adult; in other words, an act which is only an offense because of the perpetrator’s status as a child. Such offenses shall include, but are not limited to, truancy, running away from home, incorrigibility, and
unruly behavior. See CHINS.

SUBSTANTIATED CASE, § 49-5-180(10)
- An investigation of a child abuse report by an abuse investigator which has been confirmed based upon a preponderance of the evidence that child abuse has occurred.

TANF (Temporary Assistance for Needy Families)
- The Georgia State Plan to implement changes in public assistance (welfare) mandated by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) signed into law on August 22, 1996. P.L. 104-193 converted Aid to Families with Dependent Children (AFDC), the federal cash assistance program to low-income families, into block grant funds to be administered by the states. TANF provisions include a lifetime limit (in Georgia this limit is 4 years) on receipt of assistance, stringent work requirements, and strict eligibility guidelines. Juvenile court professionals must be aware of the changes in public benefits arising from TANF because resources traditionally accessed in juvenile court proceedings may no longer be available, and will certainly be limited. Additionally, there is a possibility that parents or caretakers may be referred to a Neglect Prevention Unit to assess potential risks to children from a failure to achieve self-sufficiency within mandated time limits.

“TARGET” CHILD in a family
- Refers to one child in a family being singled out from the other children as the focus of physical or emotional abuse. If a “target” child is removed from the home, another child may become targeted in the home. This child is often alienated from the other children and caretakers.

TPR (Termination of Parental Rights)
- Legal proceeding resulting in the permanent severance of the parent-child relationship.

TRUANCY INTERVENTION PROJECT (TIP)
- Delinquency prevention program provided in some juvenile courts to prevent juveniles adjudicated unruly on the basis of truancy from progressing to delinquency offenses. Juveniles in TIP are paired with volunteer attorneys who represent the juvenile and act as a mentor for the juvenile.

UNRULY CHILD See “Child in Need of Services” (CHINS).

VISITATION, § 15-11-2(75)
- A period of access to a child by a parent, guardian, legal custodian, sibling, other relative, or any other person who has demonstrated an ongoing commitment to a child, in order to maintain parental and familial involvement in a child’s life when the child is not residing with that person.

WRAPAROUND SERVICES
- Time limited services provided to a family by a provider under contract with DFCS. The services are designed to prevent removal of the child or to assist the family unit in the transition of the child back into the home after a stay in foster care. Services include family / individual counseling, conflict resolution and assistance to the family in locating community resources.

WIC
- Special Supplemental Food Program for Women, Infants, and Children, a federal program that provides food supplements and health care to pregnant women, breastfeeding mothers, infants, and young children. WIC participants must have incomes at or below 185% of the poverty level and must be nutritionally at risk.

WRITTEN TRANSITIONAL LIVING PLAN (WTLP)
- Plan developed for children in the custody of DFCS who are fourteen (14) years and older. Plan outlines steps and goals specific to the child and in conjunction with the Independent Living Program (ILP).