



CTOC POLICY

TITLE: CHILD ABUSE PREVENTION

SECTION 1. GENERAL

- 1.1 Scope – The purpose of this policy is provide a safe and secure environment for children, youth and persons with mental disabilities involved in CTOC productions.
- 1.2 Effective Date: August 13, 2012
- 1.3 CTOC’s Child Abuse Prevention Policy shall apply to all sanctioned activities of CTOC and includes current and future workers, compensated and/or volunteer, who will have the responsibility of supervising or being involved in sanctioned activities with children, youth, and persons with mental disabilities.

SECTION 2. DEFINITIONS

- 2.1 “Child”, “children”, “minor and “youth” shall be defined as any individual under the age of eighteen (18) (or whose mental capacity is that of a minor).
- 2.2 “Adult” shall be defined as any individual at least eighteen (18) years of age.
- 2.3 “Worker” shall be defined as all personnel who are paid by CTOC and given the responsibility of caring for, assisting with, or working with minors.
- 2.4 “Volunteer” shall be defined as all individuals who volunteer and assist CTOC, without pay, and are assigned to care for, assist with, or work with minors.
- 2.5 “Child Abuse” shall be defined as any form of intentional or malicious infliction of injury to the detriment of a child’s physical, moral, or mental well-being and includes verbal, physical, emotional or sexual abuse of a child or minor.

- 2.6 “Criminal Background Check” is the procedure used to determine if a potential Adult Worker has a record of criminal activity.
- 2.7 “Volunteer Form” is the procedure used to ensure all Volunteers are aware of and in compliance with CTOC’s Child Abuse Prevention Policy.

SECTION 3. BACKGROUND CHECK

- 3.1 All potential Workers will be required to complete a Background Check Form providing required personal and confidential information necessary to perform Criminal Background Checks on each individual Worker. While this process understandably trespasses into the privacy of our lives, the security of children outweighs the personal invasion inherent with such investigation and disclosures. All personal information voluntarily disclosed, the results of all Criminal Background Checks, or the refusal of any person to participate in a program or activity (due to such disclosure requirements) will be maintained in the strictest of confidence.
- 3.2 No prospective Worker will be allowed or approved to work with minors until the Background Check Form is submitted and the Criminal Background Check is completed.
- 3.3 Whether disclosed voluntarily or by the result of a Criminal Background Check, the following items will automatically disqualify a person from being a Worker for CTOC:

Any conviction for:

- Criminal homicide
 - Aggravated assault
 - Sexual abuse
 - Sexual assault (rape)
 - Aggravated sexual assault
 - Injury to a child
 - Incest
 - Indecency with a child
 - Inducing sexual conduct or sexual performance of a child
 - Possession or promotion of child pornography
 - The sale, distribution or display of harmful material to a minor
 - Abandonment or endangerment of a child
 - Kidnapping or unlawful restraint
 - Public lewdness or indecent exposure
 - Enticing a child
- 3.4 *Only the CTOC Administrator and President of CTOC may view any information obtained by the Criminal Background Check.*

SECTION 4: VOLUNTEER FORM

4.1 All potential Volunteers will be required to complete a Volunteer Form acknowledging their awareness of and compliance with CTOC's Child Abuse Prevention Policy.

SECTION 5: SPECIFIC POLICIES

5.1 Pursuant to W. Va. Code § 49-6A-2(a), CTOC's workers and volunteers who have reasonable cause to suspect that a child involved with CTOC is neglected or abused or observes the child being subjected to conditions that are likely to result in abuse or neglect shall immediately, and not more than 48 hours after suspecting this abuse or neglect, report the circumstances to the Department of Health and Human Resources and provide sufficient information to the President of CTOC, the First Vice President of CTOC or the Administrator, so that CTOC can also file a report with the Department of Health and Human Resources. If the CTOC worker or volunteer believes the child suffered serious physical abuse or sexual abuse, they must also immediately report the circumstances to the State Police and the President of CTOC, the First Vice President of CTOC or the Administrator.

5.2 Pursuant to W. Va. Code § 49-6A-2(b), any CTOC worker or volunteer (over the age of 18) who receives a disclosure from a credible witness or observes any sexual abuse or sexual assault of a child involved with CTOC, shall immediately, and not more than 48 hours after receiving such disclosure or observing the sexual abuse or sexual assault, report the circumstances to the Department of Health and Human Resources and provide sufficient information to the President of CTOC, the First Vice President of CTOC or the Administrator, so that CTOC can also file a report.

5.3 The following acts or omissions will not be tolerated or accepted during any CTOC sanctioned activity or program and are to be immediately reported to the CTOC Administrator or any CTOC Board Member after the safety of the child, children, or minor involved has been assured:

- Any direct observations or evidence of sexual activity in the presence of or in association with a minor.
- Any display or demonstration of sexual activity, abuse, insinuation of abuse, or evidence of abusive conduct toward a minor.
- Sexual advances or sexual activity of any kind between any person and a minor.
- Infliction or physically abusive behavior or bodily injury to a minor.
- Physical neglect of a minor, including failure to provide adequate supervision in relation to the activities of CTOC.
- Mental or emotional injury to a minor caused or exacerbated by a Worker or Volunteer.
- The presence or possession of obscene or pornographic materials at any function of CTOC.
- The presence, possession, consumption, or being under the influence of any illegal or illicit drugs or alcohol.

- 5.4 CTOC will adhere to a “Two Adult” rule, whenever possible. This means no Adult shall be left alone with a child.
- 5.5 Every allegation of Child Abuse shall be investigated promptly and thoroughly. If such allegation is factual, the employment or volunteer relationship with the Worker will be terminated.



BACKGROUND CHECK FORM FOR WORKERS

Confidentiality Notice: All information on this form is held in the strictest of confidence. The purpose of this information is to insure the accuracy of information pertaining to the applicant. All information must be completed.

PLEASE PRINT THE BELOW INFORMATION

Name: Last _____ First: _____ Middle _____

Address: Street _____

City _____ State _____ Zip _____

Mailing Address (if different from above):

Home Phone: (____) _____ Business Phone: (____) _____

Social Security Number _____ - _____ - _____ We cannot process this form without your Social Security Number.

Has a criminal or civil complaint ever been filed against you alleging physical or sexual abuse? Yes _____
No _____

Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical or sexual abuse by you? Yes _____ No _____

Have you ever received any medical treatment, physical or psychological, for reasons involving physical or sexual abuse by you? Yes _____ No _____

I hereby acknowledge that I have received a copy of CTOC's Child Abuse Prevention Policy and have read and understand the policy. Yes _____ No _____

Signature

Date

Print Name

Return this form to CTOC's Administrator or CTOC's President

Or

CTOC
P.O. Box 11060
Charleston, WV 25339



VOLUNTEER FORM

Confidentiality Notice: All information on this form is held in the strictest of confidence.

PLEASE PRINT THE BELOW INFORMATION

Name: Last _____ First: _____ Middle _____

Address: Street _____

City _____ State _____ Zip _____

Mailing Address (if different from above):

Home Phone: (____) _____ Business Phone: (____) _____

Has a criminal or civil complaint ever been filed against you alleging physical or sexual abuse? Yes _____
No _____

Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical or sexual abuse by you? Yes _____ No _____

Have you ever received any medical treatment, physical or psychological, for reasons involving physical or sexual abuse by you? Yes _____ No _____

I hereby acknowledge that I have received a copy of CTOC's Child Abuse Prevention Policy and have read and understand the policy. Yes _____ No _____

Signature

Date

Print Name

Return this form to CTOC's Administrator or CTOC's President

Or

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P.O. Box 11060
Charleston, WV 25339