

## **Catonsville Cooperative Preschool Child Protection Policy**

### **Section 1: Levels of Child Supervision**

The Catonsville Cooperative Preschool (hereafter referred to as “the Co-op”) recognizes the deep and continuous involvement by numerous staff and volunteers with the Co-op’s children. As a result, the Co-op adopts this policy for the protection of all children participating in the Co-op’s preschool programs.

#### **Section 1.1: Requirements for Teachers (heavy and frequent involvement with children)**

- Fill out Sexual Misconduct Questionnaire (Appendix 4)
- Sign acknowledgement for receiving a copy of the Co-op’s Child Protection Policy (Appendix 3)
- Attend the Co-op’s Orientation and General Meetings (where the Child Protection Policy will be addressed)
- Submit fingerprints and criminal background check, in accordance with Maryland Code of Regulations (COMAR; Title 13A State Board of Education, Subtitle 17 Child Care)
- In accordance with COMAR 13A.17.02.02B, provide signed and notarized permission to examine records of abuse and neglect of children and adults (Maryland State Department of Education, Office of Child Care, Release of Information Form, Form OCC 1260). This form will be completed twice per school year.

#### **Section 1.2: Requirements for Volunteers (moderate and regular involvement with children)**

- Fill out Sexual Misconduct Questionnaire (Appendix 4)
- Sign acknowledgement for receiving a copy of the Co-op’s Child Protection Policy (Appendix 3)
- Attend the Co-op’s Orientation and General Meetings (where the Child Protection Policy will be addressed)
- In accordance with COMAR 13A.17.02.02B, provide signed and notarized permission to examine records of abuse and neglect of children and adults (Maryland State Department of Education, Office of Child Care, Release of Information Form, Form OCC 1260). This form will be completed twice per school year.

### **Section 2: Disqualification from Child Supervision**

#### **Section 2.1: Teachers**

In accordance with COMAR 13A.17.06.03A, the Co-op will not employ an individual who, as reported on or after October 1, 2005, has received a conviction, a probation before judgment disposition, a not criminally responsible disposition, or a pending charge for the commission or attempted commission of:

- (1) A crime involving:
  - (a) A child;
  - (b) Cruelty to animals;
  - (c) Domestic violence; or
  - (d) A weapons or firearms violation of federal or state laws;
- (2) A sex offense;
- (3) A violent crime classified as a felony;
- (4) Abduction or kidnapping;
- (5) Abuse of a child or an adult;
- (6) Confinement of an unattended child;
- (7) Manufacturing, distributing, or dispensing a controlled dangerous substance;
- (8) Perjury;
- (9) Pornography;
- (10) Possession with intent to manufacture, distribute, or dispense a controlled dangerous substance; or
- (11) Reckless endangerment.

In accordance with COMAR 13A.17.06.03B, if, as reported on or after October 1, 2005, an individual has been identified as responsible for child abuse, neglect or received a conviction, a probation before judgment disposition, a not criminally responsible disposition, or a pending charge for the commission or attempted commission of a crime or offense listed under COMAR 12.15.02.07B that is not listed above, the Maryland State Department of Education Office of Child Care shall assess the individual's suitability for employment.

## **Section 2.2: Volunteers**

In accordance with COMAR 13A.17.06.07C, the Co-op will not use as a volunteer an individual who has been prohibited, or automatically would be prohibited, from employment at the facility.

## **Section 2.3: Sources of Information**

In addition to the requirements cited in Sections 1.1 and 1.2, the Co-op may gather additional information through public sources, such as the Maryland Judiciary Case Search (<http://casesearch.courts.state.md.us/inquiry/inquiry-index.jsp>) and the Maryland Sex Offender Registry (<http://www.dpscs.state.md.us/sorSearch>). The Co-op reserves the right to use any information obtained from these sources to make decisions regarding disqualification from child supervision.

## **Section 3: Rules for Supervision of Children**

This section lists the rules that the Co-op, its staff and volunteers will follow when supervising children.

### **Section 3.1: Prohibition of Abuse, Neglect, and Injurious Treatment**

In accordance with COMAR 13A.17.07.01, no teacher, volunteer or other individual connected with the Co-op may subject a child to child abuse, neglect, mental injury, or injurious treatment.

### **Section 3.2: The “Two Adult Rule”**

The “Two Adult Rule” requires no fewer than two adults be present at all times during a Co-op sponsored event. No adult shall be with any one child at any time.

### **Section 3.3: Windows in All Classroom Doors**

Each room set aside for class instruction will have a door with a window in it or a half door with the upper half remaining open. Any classroom door without a window or a half-door should remain open at all times.

## **Section 4: Reporting Procedures**

Maryland State law provides for mandatory reporting when a person has reason to believe that a child has been abused or neglected. The Co-op’s policy will adhere to Maryland Law and Maryland Code of Regulations for reporting suspected abuse or neglect (all cited provisions of Family law Title 5, available online at [http://mlis.state.md.us/asp/web\\_statutes.asp?gfl&5-701](http://mlis.state.md.us/asp/web_statutes.asp?gfl&5-701) and COMAR 13A.17.07.02).

### **Section 4.1: Immunity for Reporting**

Maryland law provides immunity for those who, in good faith, report suspected child abuse or neglect. Any person who makes or participates in making a report of abuse or neglect under §§ 5-704, 5-705, or 5-705.1 or participates in an investigation or a resulting judicial proceeding shall have immunity from civil liability or criminal penalty. (See Courts and Judicial Proceedings 5-620, Child Welfare Information Gateway, available online at [www.childwelfare.gov/systemwide/laws\\_policies/statutes/immunity.cfm](http://www.childwelfare.gov/systemwide/laws_policies/statutes/immunity.cfm).) Note that Maryland law also provides criminal penalties for making false reports to a law enforcement office. (See Courts and Judicial Proceedings § 9-501, available online at <http://law.justia.com/maryland/codes/gcr/9-501.html>.)

### **Section 4.2: Compliance with Reporting Requirements and Procedures**

To comply with Maryland law, the Co-op will use the following procedure in reporting suspected child abuse or neglect:

1. Upon receiving information or allegations of abuse or neglect, the reporter (person witnessing the incident or allegations) must immediately perform two tasks:
  - a. If the incident recently occurred, the reporter’s first duty is to protect the child by removing him or her from the location of the accused, securing the scene, and safeguarding any other children in the reporter’s care.

- b. The reporter must also contact the Teacher to inform him or her of the situation.
  - c. The Teacher will contact the President of the Board to inform him or her of the situation.
2. The reporter, assisted by the Teacher, will contact the local department of social services and provide an oral report. The reporter must fill out an Incident Form (Appendix 1).

Contact information for the Department of Social Services Child Protective Services for Baltimore County, Maryland:

Phone: (410) 853-3000 (24 hours)

FAX: (410) 853-3698

Address: Drumcastle Government Center, 6401 York Road, Baltimore, MD 21212

3. The report of abuse or neglect, whenever reasonably possible, shall include the following information:
  - a. The name, age, and home address of the child
  - b. The name and home address of the child's parent or other person responsible for the child's care
  - c. The whereabouts of the child
  - d. The nature and extent of the abuse and neglect of the child, including any evidence or information available to the reporter concerning possible previous instances of abuse or neglect
  - e. Any other information that might be helpful to determine the cause of the suspected abuse or neglect and the identity of any individual responsible for the abuse or neglect.
4. Upon completion of the report to the Department of Social Services Child Protective Services for Baltimore County, Maryland, the President of the Board will complete the Reporting Contact Form for the President of the Board (Appendix 2).
5. If the alleged abuser is a Co-op staff member or volunteer, that individual will be immediately removed from further contact with children by the President of the Board. Removal will remain in effect until expressly rescinded by the President of the Board or person acting in his or her stead.
6. Following completion of the mandatory reporting requirements, the President of the Board will contact the Co-op's insurance carrier and the Catonsville United Methodist Church to inform them of the situation.

## **Section 5: Responding to Allegations of Abuse or Neglect**

### **Section 5.1: Attitude Toward Allegations**

All allegations of abuse or neglect will be taken seriously. The Co-op will respond faithfully and honestly to the alleged victim and the accused.

### **Section 5.2: Membership Inquiries**

The Co-op will respond to inquiries from the Co-op membership about alleged incidents of abuse or neglect to the maximum extent permitted by law.

## **Section 6: Implementation**

Implementation of this policy requires the Co-op to manage and maintain records and documents pertaining to the protection of our children. Given the highly sensitive nature of the information, any and all individuals who have contact with this information shall be instructed to maintain the confidentiality of all information contained in these records and documents.

## **Section 7: Policy Review and Amendment**

This policy may be reviewed at any time by the Board or a committee created by the Board for that purpose. The policy will be reviewed at least every 36 months. Amendments may be made with the approval of the Board.

## Appendix 1: Incident Form

1. Reported to Teacher
  - a. Name: \_\_\_\_\_
  - b. Date/Time: \_\_\_\_\_
  - c. Additional Persons present: \_\_\_\_\_
  
2. Reported to President of the Board
  - a. Name: \_\_\_\_\_
  - b. Date/Time: \_\_\_\_\_
  - c. Additional Persons present: \_\_\_\_\_
  
3. Call to Baltimore County Dept of Social Services, Maryland Child Protective Services  
  
Phone: (410) 853-3000 (24 hours)  
Drumcastle Government Center, 6401 York Road, Baltimore, MD 21212
  
4. Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_
  
5. Location of Incident: \_\_\_\_\_
  
6. Child's Name: \_\_\_\_\_ Age/Date of Birth: \_\_\_\_\_  
  
Address: \_\_\_\_\_  
  
Whereabouts of the child: \_\_\_\_\_
  
7. Child's responsible party  
Parent/Guardian Name & Address): \_\_\_\_\_
  
8. Accused Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relation to Child: \_\_\_\_\_
  
9. Detailed summary of observations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. As closely as possible, what the child told you:

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11. Date you became aware of incident: \_\_\_\_\_ Were you present? Yes No

If no, how you became aware of incident:

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Any additional details:

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Date

Printed Name

Signature

*All parties involved should maintain strict confidentiality.*

**Appendix 2: Reporting Contact Form for President of the Board**

- 1. Call to Insurance Carrier
  - a. Date/Time: \_\_\_\_\_
  - b. Additional Persons present: \_\_\_\_\_
  - c. Summary: \_\_\_\_\_
  
- 2. Call to Catonsville United Methodist Church
  - a. Date/Time: \_\_\_\_\_
  - b. Additional Persons present: \_\_\_\_\_
  - c. Summary: \_\_\_\_\_
  
- 3. Call to Parents/Guardian
  - a. Date/Time: \_\_\_\_\_
  - b. Additional Persons present: \_\_\_\_\_
  - c. Summary: \_\_\_\_\_
  
- 4. Call to Maryland Department of Education, Office of Child Care
  - a. Date/Time: \_\_\_\_\_
  - b. Additional Persons present: \_\_\_\_\_
  - c. Summary: \_\_\_\_\_
  
- 5. Teacher or representative will send written confirmation of report to Baltimore County Department of Social Services, Maryland Child Protective Services, Drumcastle Government Center, 6401 York Road, Baltimore, MD 21212

All parties should maintain strict confidentiality.

Any additional details:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

**Appendix 3**  
**Acknowledgement of Child Protection Policy**

I, \_\_\_\_\_, hereby acknowledge receipt and understand the Child Protection Policy of the Catonsville Cooperative Preschool.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Printed Name & Signature)

## Appendix 4 Questionnaire

(Please check the appropriate box. If more space is needed, please use an additional sheet of paper.)

1. Have you ever been arrested and convicted of child abuse and neglect (including child sexual abuse), sexual misconduct with a child or a youth, and/or child pornography?      YES  
NO
  
2. If your response to Question 1 is “yes,” please provide on a separate sheet of paper all details regarding each arrest and conviction, including a detailed description of the incident.
  
3. Have accusations of child abuse and neglect (including child sexual abuse), sexual misconduct with a child or a youth, and/or child pornography against you resulted in civil or criminal court proceedings on more than one occasion?  
YES                      NO
  
4. If your response to Question 3 is “yes,” please provide on a separate sheet of paper all details regarding each of those proceedings, including dates, circumstances, the jurisdiction where the proceedings occurred, the nature of the accusations, and the result of the proceedings.
  
5. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of children?  
YES                      NO

I verify that the answers I have provided on this Questionnaire are true and accurate to the best of my ability. I understand that false answers, as well as the failure to sign this form, will result in my being denied the position for which I’m being considered.

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

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_