



Christ Community Fellowship

Christ Community Fellowship (CCF) prohibits and has a Zero-Tolerance for sexual abuse in the workplace or in any ministry activity.

Procedures are provided for employees, volunteers, family members, board members, victims of sexual abuse, or others to report sexual abuse.

No employee, volunteer, or third party, no matter their title or position, may commit or allow sexual abuse.

Definition: Sexual abuse is inappropriate sexual contact of criminal nature or interaction for gratification of the adult who is a caregiver and responsible for the child's care. Sexual abuse includes sexual molestation, sexual assault, sexual exploitation, or sexual injury, but does not include sexual harassment.

The policy of CCF is to provide a three-fold approach to sexual abuse.

1. Provide adequate screening and training of personnel to prevent any occurrence.
2. Provide a proper reporting environment.
3. Properly investigate the incident. Upon completion of an investigation, disciplinary action up to and including termination of employment or volunteer status, loss of membership and criminal prosecution may ensue.

The primary focus of our efforts is prevention.

Prevention: Every CCF employee or volunteer working with children of any age must adhere to the following requirements.

- Must be associated with CCF for six months
- Must have a background check, which includes prior church membership, volunteer work, references and criminal records
- Must have at least two adults to supervise a group of children at all times. In certain classroom situations, one adult may supervise with an open door or unobstructed window into the classroom.
- Must be trained to identify inappropriate behavior

Reporting: If you are or become aware of or suspect sexual abuse taking place, you must immediately report it to a pastor or an elder.

If the suspected abuse is to an adult, the abuse is reported to the local or state Adult Protective Services (APS) Agency.

If a child is the victim, then it is reported to the local or state Child Abuse Agency. If the child abuse agency is unknown, call the Child Help's National Child Abuse Hotline at 1.800.422.4453, or TDD 1.800.222.4453.

In addition, appropriate family members should be notified of alleged instances of sexual abuse.

Reporting (Continued)

CCF will report the alleged sexual abuse incident to our insurance agent.

CCF prohibits retaliation made against any employee, volunteer or board member who reports a good faith complaint of sexual abuse or who participates in any related investigation.

Because making false accusations of sexual abuse in bad faith can have serious consequences for the wrongly accused, CCF prohibits making false and/or malicious sexual abuse allegations, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action up to and including termination.

Investigation and Follow-up: CCF will take all allegations of sexual abuse seriously and will promptly and thoroughly investigate whether sexual abuse has taken place. CCF will cooperate fully with any investigation conducted by law enforcement or other regulatory agency. The objective is to conduct a fair and impartial investigation.

Acknowledging Receipt and Understanding of Sexual Abuse Policy

I acknowledge that I have received and read the Sexual Abuse Policy and/or had it explained to me.

I understand that the organization, Christ Community Fellowship, will not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse.

I understand that it is my responsibility to abide by all rules contained in the policy.

I have received training on preventing and recognizing inappropriate behavior.

I also understand how to report incidents of sexual abuse, as set forth in the abuse policy, including prohibitions on retaliating against any employee/volunteer exercising their rights under the policy.

Accepted by:

Employee/Volunteer Printed Name

Name

Employee/Volunteer Signature

Date

Date

Date of Annual Review