

# Lake Sherwood OPC Safety Team Ministry Policy And Procedures

Last Revised: 2/18/2015



## **Policy Overview:**

It is a priority of Lake Sherwood Orthodox Presbyterian Church to provide a safe environment for ministry and fellowship within all church facilities and at all church activities.

Because there are potential dangers in the world and in our community, the church has established a Safety Team Ministry that will provide services to assist in promoting and maintaining a safe and secure ministry environment.

Our church leadership takes seriously the responsibility of being a wise steward of the resources and facilities that God has so graciously provided to Lake Sherwood Orthodox Presbyterian Church. In an effort to provide adequate levels of safeguards to church members, infants and children, visitors, staff, facilities, and other church assets, procedures will be established from the results of performing periodical safety reviews and making changes or additions to this document when necessary. All reasonable efforts will be made to maintain the physical assets of the church in good repair and in compliance with existing federal, state and county codes and laws.

## **Team Structure:**

The Safety Ministry will be composed of two teams: a security team and a medical response team. Because of the authority granted to the safety response members and the trust required for the performance of their duties, it is important for ministry participants to understand the composition of the team, the selection process involved, the training requirement, and the standards imposed on all team members.

**Team Composition:** The Safety Ministry will have three levels of member participation.

1) The **Safety Director (SD)**, appointed by the majority of the board of trustees for a term of three(3) years, will be ultimately responsible for administering the security and medical programs. The SD must also be screened and required to take all the security and medical training required by all team members. Responsibilities will also include the development of all operating procedures, as well as implementation of all security and medical policies contained in this document. The safety director shall regularly report to the board of trustees at each board meeting.

2) **Team Leaders:** The SD will appoint a team leader for each of the security and medical response teams for a term of three(3) years. Team Leaders will also be required to take all of the security and medical training required by all team members. Responsibilities will include the management and appointment of specific duties to each team member; oversee training requirements and generation of incident reports. The team leader will also be responsible to advise the SD of problems, incidents, and needs of the ministry.

3) **Team Members** are individuals who have been screened, trained and assigned duties within the security and/or medical teams by the SD and/or team leader, and provide the skilled labor required to accomplish the goals of the safety ministry. Once approved for membership, members will serve for a three (3) year term. After the third year, members may choose to reenlist for another 3 year term upon approval by the SD and Team Leader or take a recess from the team responsibilities for a period of time. While critical to the safety and security of the church, greeters, ushers, traffic attendants, ministry leaders, and staff members will only be considered safety ministry members if they have been screened, trained and assigned duties within the team.

The current list of all team members can be found in the appendix.

## **Team Member Selection**

Every member of the security and medical response team, prior to being included on the team, must be screened by the SD and appropriate team leader. Membership will be considered for all members of Lake Sherwood Orthodox Presbyterian Church in good standing. Screening includes the submission of a completed Safety Team application and Volunteer Consent form to allow a background investigation. (See appendix for forms) Refusal to cooperate in the screening process will exclude the candidate from consideration as a team member. Any information discovered during the screening process that poses a possible threat to the health and safety of others will also exclude the candidate from consideration as a team member. The SD and appropriate team leader will carefully review the application for the purpose of confirming that the candidate is an appropriate match for the ministry position. The SD will see that all application materials, applications forms, background checks, and notes from in-person interviews are stored in a locked file cabinet, secured electronic file, or other secured location.

## **Training Requirements**

Because the duties delegated to the security and medical response team requires a level of special knowledge and skill, training of team members is extremely important. Experience in law enforcement, the military or medical profession is beneficial, but not an absolute necessity. All training will be approved, monitored and/or supervised by the SD and/or the appropriate team leader.

1. **Security Team Training** – Following the completion of the initial ministry start-up training, each team member will be required to complete at least four(4) hours of general safety and security training each year. Qualified training events will be provided to team members by the SD/Team Leaders. Team members are to report their attendance at a qualified training event to the SD on a course completion form provided by the SD. The SD is the final authority as to what training events satisfy this policy provision.

2. **Medical Team Training** – Following the completion of the initial ministry start-up training, each medical team member will annually complete 4 hours of a basic first aid course authorized by the SD. Team members are to report their attendance at an authorized training course to the SD on a course completion form provided by the SD. Any certificate of completion or other evidence of satisfactory completion will be submitted to the SD.

Any team member designated especially as a medical responder will annually complete a CPR course authorized by the SD. Medical responders will also maintain certification for the use of the Automatic External defibrillator (AED). The SD may also require completion of an advanced first aid course by medical responders. Medical responders are to report their attendance at any required training course to the SD on a training completion form provided by the SD. Any certificate of completion or other evidence of satisfactory completion will be turned in to the SD.

## **Team Discipline**

It is important that every participant in our church ministries and activities have the upmost confidence in the security and medical response teams. Trust is essential to effectively handling a crisis. To foster and maintain the high level of trust required, all team members will be required to maintain team discipline as described below.

## **Code of Conduct**

All members of our safety team ministry agree to abide by the following code of conduct as long as they are members of this team. Team members are expected to:

1. Approach every problem and perform every duty understanding that they are performing a ministry with an ultimate goal of bringing glory to God. Team members will display a servant's heart in performance of any team duty.
2. Submit to God's Law as revealed in the Bible and as implemented by the spiritual leadership of the church when performing any team duty.
3. Submit to the civil law as it applies to the church's activities when performing any team duty.
4. At all times honor the unique value of every human being, regardless of their conduct or character, when performing any team duty.

## **Practice Standards**

All members of our safety team ministry agree to abide by the following practice standards as long as they are members of the team.

1. Follow all church policies, rules and procedures.
2. Complete all training requirements specified by church policies, rules and procedures.
3. Abide by laws and regulations that apply to that member's duties and activities.
4. Provide documentation of training, injuries, incidents, and other events required by church policies, rules, and procedures in a timely and effective manner.
5. Perform their duties in a manner that will maximize the safety and security of ministry participants.
6. Cooperate with law enforcements officers and other emergency responders.
7. Protect sensitive or confidential information.
8. Use their authority with restraint and discretion, avoiding the use of unnecessary force.
9. Display exemplary character and conduct in their public and personal lives.

## Disciplinary Actions

Team members must notify either the SD or the appropriate team leader whenever they become aware that the provisions of the policy have been violated by themselves or others.

The board of trustees, once they are made aware by the SD, of any violation of this policy, will take all reasonable and necessary steps to ensure future compliance with the policy or take steps to remove team members from their duties.

## Safety Team Procedures

### I. Security Team:

1. **Security Patrol** – At each service, the security team leader will designate one of the ushers that is a member of the security team to be on security patrol. The responsibilities are as follows:

A) During the Sunday school hour, the designated person will periodically patrol the parking lot perimeter, the educational building, the nursery and fellowship halls assisting those needing help and looking out for anything suspicious.

B) During the morning and evening services, the designated person will station themselves in the front foyer of the church and monitor activity entering and leaving the building making sure they are leaving and returning safely to the service.

C) Several times during the service, the person will patrol the buildings not being used checking that thermostats are not on “hold” with fan switch set to “auto” and all lights turned off and all doors locked. **Note: the two doors leading to the AED and first aid kit in the kitchen area will remain UNLOCKED during service hours in case of a medical emergency.** Then check-in with the nursery workers followed by a walk through the entire parking area.

D) Carry a cell phone with you set on “vibrate” and a paper pad and pen to record any descriptions of vehicles or persons involved in an incident. Refer to the information sheet in the appendix for details for giving a description of a vehicle or a suspect. Have team member cell numbers of both the security team and the medical response team members pre-programmed into your cell phone for fast retrieval when needed.

E) If an incident arises, stay calm and avoid a confrontation on your own. Call the Team Leader or other team members from the team member list, located in the appendix section, to address the issue. Remember that “Two is one and one is none”.

F) Memorize the church address and phone number:

Lake Sherwood Orthodox Presbyterian Church  
8200 Balboa Dr.  
Orlando, FL 32818  
Phone # (407) 295-3631

## **2. Church Staff Safety Procedures**

The following procedures are recommended for staff personnel working at the church from Monday to Saturday

- The perimeter gates should remain locked when the pastoral staff and church secretary are working at the facility.
- In the event of the arrival of an unknown or suspicious visitor, the gates are not to be unlocked until it has been determined the person is not a threat to the safety of the church staff personnel. If it is determined that the visitor is a threat, call 911 to report the situation to Orange County Police.
- When all staff personnel are leaving the church, the security alarm system should be activated and all doors and gated should be locked.

3. **Collection of money** – During each service when offerings are collected, a member of the security team will accompany the usher(s) to the church office where monies will be placed and locked in the safe. All doors to the office are to be locked when not occupied. The head usher will make a schedule designating two trustees each month to count and record all offerings received in the church computer. One of the trustees (preferably a security team member) will be responsible for depositing the funds at Sun Trust Bank within three business days after collection.

4. **Disruptions during services** – If a person, or group of people, attempt to disrupt any service, the following procedure is recommended:

A) The resident pastor presenting the message will address the individual or group, from the pulpit, and request they cease their disruptive activity. If they do not comply, he will request a second time that they be seated and discontinue their disruption, If they still do not cease, they will be approached by several security team members and requested to leave the service. Should they refuse to leave, law enforcement should be notified. Though a church, it is still private property. Once asked to leave by a person with the authority to do so, if they still refuse to leave they may have violated Florida Law.

B) Physical force should **always** be avoided and only used as a last resort and then only to prevent injury to the pastor or any other member or visitor.

C) Any demonstrations on the property should be immediately reported and law enforcement notified. To insure consistent notification of the proper civilian authorities, the security team leader or the team member on the scene will make, or cause to be made, the phone call to the proper authorities.

## **5. Intruder / Assailant**

A. In the event of an intruder posing a potential threat and disrupting the service without a visible weapon, the following action is recommended.

a) Multiple safety team members should engage the intruder verbally in attempt to remove him/her from the sanctuary or facility but only using force as a last resort.

b) Call 911 if the person continues to be a threat

B. In the event of an intruder posing an active threat with a visible weapon, the following action is recommended:

- a) If the threat is capable of causing death or great bodily harm to any attendee of the service, the security team members should be ready to do anything that will immediately stop the threat up to and including the use of deadly force by those team members having the capability.
- b) A call to 911 for police assistance should be made immediately!

## **6. Smoke / Fire Evacuation**

A) In the event of fire or smoke accumulation, a fire pull station located in each building, should be activated in order to sound the fire alarm. A security team member will quickly proceed to the fire alarm control station located in the closet room at the north end of the building to determine where the alarm was initiated.

B) All other security members and ushers will canvas the entire facility to confirm the location of the fire or a false alarm. In the event of a false alarm, an announcement will be made over the PA system that it is a **“false alarm / no need to evacuate”** and the alarm will be silenced.

C) In the event of a real fire, the evacuation order will be given over the PA system and all safety members and ushers will start an orderly evacuation of the entire facility by directing all personnel along the safest route, heading away from the danger area, to the staging/meeting area located next to the storage shed at the south/west corner of the property.

D) All buildings will be doubled checked by safety team members to make sure NOBODY is left in the building. While at the holding area, heads of households will make sure that all family members are accounted for. Notify any safety team member if anyone is missing

E) All personnel will remain in the holding area until released by the safety team director. No one will be allowed in the east and north parking area in order to not inhibit the Fire Department's access to the main buildings.

## **7. Tornado / Severe Weather**

A) In the event of an approaching tornado, all personnel in the nursery will be brought to the sanctuary by an usher or safety team member and everyone will be directed to seek shelter by lying down between and under the pews as able. Team members may want to help equalize the inside pressure of the sanctuary by opening the front and side doors and windows to reduce the possibility of broken and flying glass. This will also help in preventing the roof from being lifted upward.

B) Personnel in the fellowship hall and kitchen area can seek shelter in the basement room located down stairs at the south/east side of the front of the church.

C) All safety team members and ushers will lead and direct personnel in a calm and orderly manner.

D) Team leaders will call 911 as necessary.

## **8. Children's Ministry**

Safety and security for our infants and children is of the utmost importance. Be aware that you have an important responsibility. Keep your eyes and ears open at all times for any safety concerns, suspicious visitors, safety hazards, and potential accidents. As you interact with children and discover any of the above, please report them immediately to the SD or security team leader. All teachers and leaders of our children's ministry, 18 years of age and older, must fill out a Volunteer Consent Form and return it to the SD. This will authorize the church to conduct a background investigation, if necessary, on the applicant prior to being approved for service at Lake Sherwood Orthodox Presbyterian Church.

### **Childcare Area/Nursery**

Only the main entrance is to be unlocked. This should be the only entrance or exit for all who come and go apart from fire exits. At times, you may want to lock the main entrance door in order to better control access to the nursery.

We ask that there always be at least two leaders in the nursery. One must be 21 years or older with a helper that can be under 21 years old. The best situation is to have three leaders to cover situations when a leader must take a child out of the room. If there are only two leaders in the room and a child needs to leave, a safety team member can be called to step in to assist. No one should be alone with a child, and a child should **NEVER** be left alone.

- Please, no coffee or hot beverages without lids in the classrooms.
- NO food for adults in any classroom at any time.
- All infants are to be put on their backs to sleep unless instructed otherwise by the parent.
- Place a container in the sink with hot water to heat a bottle or use a bottle warmer when available. Do not use a microwave unless instructed by the parent.

### **Check-in/Check/out Procedures**

This procedure is applicable to infants through age two (2) being placed in the nursery.

- The person checking in the child is required to fill out the Nursery Sign In/out sheet. Please enter the child's name, the date/time, the person's signature and relationship to the child, an alternate pick-up person, (sign an "X" for No Alternative pick-up person) and their cell phone number if they would need to be contacted during the service. (We recommend that parents then have their cell phones handy and set to vibrate during the service in order to be readily able to respond to a nursery call for assistance.)
- A nursery worker will attach a name ID sticker to the child and any diaper bag and items brought in with the child.
- Diaper changing – All diapers must be changed and/or checked each time a child is in our care and noted on the sign-in sheet for the parents reference. Only individuals 15 years of



age and older may change diapers. Diaper changing duties are to be shared by the appropriate nursery ministry personnel. Should you need help in changing diapers, contact the security team member assigned to the security patrol for that service.

- Bathroom Procedures – Children **must not** go to the bathroom alone. Nursery personnel will walk with the child to the bathroom. It is best to take at least two children at a time. Do not allow boys and girls to share the same bathroom. Verify the bathroom is unoccupied before allowing children to enter the area. Ask the child if they need help; otherwise, let them take care of themselves.
- Medicine – No medicine will be administered by any nursery worker or staff to a child while in our care. If it is necessary that a child receive medicine during his/her stay with us, a parent must return to administer it. Medicines also include teething ointment, sunscreen, and diaper rash cream.
- Hand Washing – All nursery workers must wash their hands when they arrive, after using the restroom, after handling bodily fluids, after changing a diaper or assisting a child in the bathroom, and before serving snacks to children.
- Snacks and Allergies – We serve no dairy/peanut products at any of our children’s programs. An exception is made for dairy in bottles for children less than one (1) year of age. Due to potential allergies, there may be no food in the nursery other than Cheerios or graham crackers unless it is a parent-provided snack for a child with allergies to graham crackers or Cheerios, still following the “no dairy/peanut product” guideline listed above.
- Injury Reports – When a child in our care is injured, always take care of the child first. Perform first aid with the help of a member of the medical response team when necessary. If the incident requires immediate emergency attention, dial 911 then alert the parents and medical team leader. If there is an injury to the head, please notify the parents immediately. For open wounds with severe bleeding, contact the SD/medical team member to administer first aid. The nursery worker along with the medical team leader must complete the injury report and sign it.
- Good Health Guidelines – Be aware of the Good Health Guidelines posted outside the nursery room and found in the appendix of this document. As children are being checked in, look for signs of illness. We cannot accept a child if he/she exhibits any of these symptoms. Politely inform the parent we are unable to accept his/her child due to the child’s illness, but please bring back the child when he/she is well.
- Suspected Child Abuse or Neglect Procedure – Every church employee or volunteer that suspects the abuse or neglect of any child that participates in any church activity will report those suspicions to the SD immediately. All reports will be kept confidential.

The SD or the security team leader will conduct an investigation into the suspicion solely for the purpose of determining whether enough evidence exists to warrant reporting to state officials. No one other than the SD or security team leader will conduct any investigation into suspected abuse or neglect or make an official report to state officials on the church’s behalf.

- Missing Child Procedure – In the event a child is unaccounted for, the safety team will be primarily responsible for coordinating the search effort for the missing child.
  - When a child is unaccounted for while a ministry activity is in progress, the nursery leader will contact the SD or security team leader to report the situation. The safety team members will then establish an appropriate perimeter around the ministry activity and begin a systematic search for the missing child.
  - If the child is not quickly located, the SD or designated safety team member will contact the parents and apprise them of the situation.
  - Search efforts will continue until the child is found or law enforcement authorities are called and take over responsibility for the search.
- Children can only be picked up by the person signing the child in or by a person listed as the alternate pick-up person.
- When picking up a child from the nursery, the person that signed in the child or the listed alternate pick-up person will fill out the “Sign Out” portion of the Nursery Sign In/Out sheet. The nursery worker will confirm the child’s name, checking an ID if necessary, and release the child to the person picking up the child. All items checked in with the child will be returned with the child at this time.

## 9) Securing of Church Buildings

- The head usher will schedule for each month, one of the ushers as the designated facility locker. His duty will be to lock all doors and gates following each service and make sure the alarm system is activated.
- He will also be responsible to remain at the facility until all personnel have vacated the property. A member of the security team may also be called upon to assist in performing this duty.

## II. Medical Team:

1. **Medical Emergencies:** In the case of a medical emergency, the first team member to respond will assess the injury to determine whether or not it involves a significant medical condition. The SD and/or medical team leader will then be informed of the location and nature of the sickness or injury and if local Emergency Medical Services (EMS) should be contacted. For minor injuries, the first aid kit will be brought to the scene and the medical team member will administer the necessary first aid.

If the sickness or injury involves chest pains, shortness of breath, no detectable heart beat, or a loss of consciousness, the AED should be brought to the scene. Only security/medical team members trained for medical response will attend to significant medical conditions. If needed, the AED should be properly attached to the patient to monitor their heart function. The AED will automatically decide if the person needs external defibrillation with the use of a high voltage pulse in order to regain a normal heart rate. All efforts should be made to keep the patient comfortable and stabilized until the EMS arrives.

The responding team member will stay with the injured person until released to the care of others or to their own care. The team member will report all relevant events and details of the incident in the incident report form.

**2. Medical Disruptions during the service:** If any person becomes ill or in need of immediate medical attention during a church service, all attempts will be made to remove them from the auditorium. If this is not possible due to the illness or injury, the pastor presenting the message will stop the service and the pastor will pray for the individual(s) until they are treated and able to be safely removed.

**3. First Aid Equipment and Supplies:** It shall be the responsibility of the SD and/or Medical Team Leader to ensure that medical supplies and equipment are ready for use during each church service or church sponsored event. This includes the filling of stock used by the emergency medical team from the first aid kit. The AED shall be checked for functionality after every use to ensure that applicable supplies are reordered.

# APPENDIX



# Lake Sherwood Orthodox Presbyterian Church

## Safety Team Application

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Daytime Telephone # \_\_\_\_\_ Social Security # (Optional) \_\_\_\_\_

In which team role(s) do you want to become involved? \_\_\_ Security \_\_\_ Medical \_\_\_ Both

Have you completed any formal training or certification related to this role? If so, please describe:

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What skills would you bring to the team? \_\_\_\_\_

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What other security or medical related work experience do you have? (Please list)

Organization	Program	Dates	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Have you ever:**

- Been accused, arrested, or convicted of any crime? \_\_\_ YES \_\_\_ NO
- Been investigated by a state agency for misconduct? \_\_\_ YES \_\_\_ NO
- Lost or been denied the privilege to carry a concealed weapon? \_\_\_ YES \_\_\_ NO
- Been treated for depression within the last five (5) years? \_\_\_ YES \_\_\_ NO
- Been under the care of a Psychiatrist within the last five(5) years? \_\_\_ YES \_\_\_ NO
- Had any mental or physical condition that would hinder you from a productive ministry on the Safety Team. \_\_\_ YES \_\_\_ NO

If you answered YES to any of these questions, please explain in detail below or attach additional Pages if necessary:

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*Continued on back.....*

**Church Activity**

What church or churches have you attended in the past five years?

Church Name and City/State	Pastor's Name	Years Attended
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**References (other than relatives). Please provide at least two.**

Name/Relationship	Address	Phone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Verification and Release**

I recognize that Lake Sherwood Orthodox Presbyterian Church is relying on the accuracy of the information I provide on the application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity on the application form, and I further authorize any such person or entity to provide the organization with information, opinions and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed on the application form from liability involving the communication of information relating to my background or qualifications. I further authorize the organization to conduct a criminal background investigation if such a check is deemed necessary.

I agree to abide by all policies and procedures of the organization and to protect the health and safety of the people assigned to my care or supervision at all times.

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

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

# Lake Sherwood Orthodox Presbyterian Church

## Volunteer Consent Form

### NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTAGATIONS

I understand that a consumer report (background screening report) an/or investigative consumer report (reference checks and/or interviews) that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with **Lake Sherwood Orthodox Presbyterian Church**.

I understand that, if I am approved for volunteer service by Lake Sherwood Orthodox Presbyterian Church, this background check authorization will be kept on file and may be used at any time during my service to procure information when, in the judgment of Lake Sherwood Orthodox Presbyterian Church, such may be necessary.

I hereby release and discharge to the extent permitted by law, Lake Sherwood Orthodox Presbyterian Church, its employees, any individual or agency obtaining information for Lake Sherwood Orthodox Presbyterian Church, and any personal or professional reference, from any and all claims, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my service and declare in no way shall I be considered an employee or subcontractor or independent contractor of Lake Sherwood Orthodox Presbyterian Church.

By signing below, I, \_\_\_\_\_, have read, understand, and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future.

I understand that I have specific prescribed rights as a consumer under the Fair Credit Reporting Act and may have additional rights under relevant state laws. I hereby certify that I have read the Summary of Rights under the Fair Credit Reporting Act located at <http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre35.pdf>.

### AUTHORIZATION

\_\_\_\_\_  
Print Name (last, first, middle)

\_\_\_\_\_  
Social Security # (Optional)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

Any other names I have been known by: \_\_\_\_\_

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

Previous Addresses (Last 7 Years) \_\_\_\_\_

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

**LAKE SHERWOOD ORTHODOX PREBYTERIAN CHURCH**  
**INCIDENT REPORT**



Instruction: Use this form to record details about any incident involving injury, property damage, or physical threat.

**PERSON IN CHARGE OF THE ACTIVITY**

Leader's Name: \_\_\_\_\_

Leader's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Number: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**INCIDENT DETAILS**

Nature of the Activity: \_\_\_\_\_

Place of the Incident: \_\_\_\_\_

Date of the Incident: \_\_\_\_\_ Time of the incident \_\_\_\_\_

Exact Location of the Incident: \_\_\_\_\_

Weather Conditions (if applicable): \_\_\_\_\_

Was there physical injury or property damage? \_\_\_NO \_\_\_Yes (if YES, complete back page)

Description of Incident (if vehicle involved, attach owner, driver and registration info): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**POLICE DETAILS** - Complete only if incident was reported to the police

Police Station Name, Number: \_\_\_\_\_

Police Station Address: \_\_\_\_\_

Name and Number of Officer in Charge: \_\_\_\_\_

Police Report Number: \_\_\_\_\_

**INCIDENT REPORT** (continued)

## INJURED PERSON

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Relationship to Organization:  Member  Visitor  Volunteer  Employer

Student/Camper  Other

Injuries Sustained: \_\_\_\_\_

How did the injury occur: \_\_\_\_\_

What first aid was administered: \_\_\_\_\_

Where was the injured person taken: \_\_\_\_\_

Do the injured have personal medical insurance that may apply?  YES  NO

Name of Health Insurance Company: \_\_\_\_\_

## PROPERTY DAMAGE

Nature of Damage: \_\_\_\_\_

Location of Damage: \_\_\_\_\_

Detailed of Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERSON COMPLETING REPORT

Print Full Name : \_\_\_\_\_

Relationship to Organization: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Number: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

## GOOD HEALTH GUIDELINES

### GOOD HEALTH GUIDELINES

We want to provide a healthy environment in our nursery, so we ask you to keep your child home when you observe any of the following:

Fever/Vomiting

Green or Yellow Running Nose

Diarrhea

Excessive Coughing

Discharge in or around the eyes

Questionable Rash

- If your child becomes ill while in the nursery, you will be notified promptly.
- If your child is being treated with an antibiotic, he/she should have received treatment for at least 24 hours before attending.

**NO medications will be given under any circumstances. Parents may return and give medications if necessary.**

## HOW TO GIVE A VEHICLE DESCRIPTION

### THE VEHICLE

- A. Color, Make and Year**  
If unknown, give your best guess, such as "reddish", "late 60's", "Ford or Mercury", etc.
- B. Body Type**  
Pickup Truck, sports car, van, sedan, hatch back, convertible, etc. How many doors? Sliding doors?
- C. License Number and State**  
If you cannot get the whole number, two or three numbers will be helpful.
- D. Distinguishing Features**  
Damage (dents, bumps, paint not matching, etc.)  
Exterior Accessories (antennas, spoilers, rack, etc.)
- E. Number and Description of Occupants**

### METHOD, DIRECTION, AND TIME OF TRAVEL

**Example:** Medium-sized, reddish Ford, early 70's  
2 door, sports car  
NC license DT-3???  
Broken right (passenger side) tail light  
Headed north on Cedar toward Interstate 40.  
White male driver, black male passenger  
(Add further details if available)

## Vehicle Description

The following information is needed by the police when you see a suspicious vehicle.

### COLOR OF VEHICLE

(What on What?)  
Blue on White, etc.

### LICENSE PLATE

plate number?  
Is it out of state?



### SPECIAL DESIGNS OR UNUSUAL FEATURES

vinyl top  
rims  
dents

2 door  
4 door



### FOR A VAN, are there:

side windows  
pinstrips  
mag wheels  
murals

### MAKE OF VEHICLE

dodge  
ford  
datsun  
chevrolet, etc.



## HOW TO GIVE A PHYSICAL DESCRIPTION

Practice organizing and giving descriptions in the following order:

### A. Personal Description

1. Sex
2. Race
3. Age - estimate as close as possible
4. Height - estimate in 2" increments (i.e. 5'8" to 5'10")
5. Weight - estimate in 10 pound increments (i.e. 130-140 lbs). Also note type of build (heavy, thin, stocky, etc.)
6. Hair (color, style, quantity, facial hair)
7. Distinguishing Features - Note features a suspect cannot easily disguise or dispose of, i.e. teeth (Are they white, stained, straight, crooked, missing, gold or silver fillings?), complexion, glasses, scars or marks, tattoos, speech dialect or stutter, limp or nervous twitch, right or left handed.

**B. Clothing Description (Head to Toe)** - Type, color, style, newness, special identifying marks (i.e. tears, burns), hat or cap, coat, shirt, trousers, and shoes.

**C. Directional Information** - Where was the suspect headed? Is he on foot or in a vehicle? (If a vehicle is used in the escape, see next page.) What direction was he headed and at what time (Only use north, east, south and west when you are certain; otherwise use common physical landmarks.)

**EXAMPLE:** White, male, about 30 years old, 5'6"-5'8", 140-150 lbs, medium build, reddish-brown hair and moustache, scar on left cheek. Wearing blue baseball cap, white tee shirt, red plaid trousers and sneakers. Exited the south parking lot door, got into a red sports car and drove east on Elm Street toward the highway.

## HOW TO DESCRIBE A SUSPECT

*FILL IN ALL BLANKS*  
and give to the first law enforcement officer on the scene.

SEX	RACE	AGE	HEIGHT	WEIGHT	TYPE OF WEAPON
GLASSES (TYPE)	HAT				
HAIR/FACIAL HAIR	TIE				
TATTOOS	COAT				
COMPLEXION	SHIRT				
SCARS/MARKS	PANTS/SHOES				
AUTO MAKE MODEL COLOR	LICENSE NUMBER	DIRECTION OF ESCAPE	TIME OF DEPARTURE		

