



Church Safety Team FOLLOW-UP REPORT

Release of Information on Juveniles is Restricted



REPORTING SOURCE			
Name of Reporter:		Position:	
Ministry / Event:		Phone:	
Street:	City:	State:	Zip:
BRIEF SUMMARY OF INCIDENT			
RESPONSE / ACTION TAKEN			
SUPERVISOR COMMENTS / INTERVENTIONS			
MINISTRY LEADER INFORMATION			
<div><div><div><div></div><div>Print Name (Staff Member)</div></div><div><div></div><div>Signature (Staff Member)</div></div></div><div><div></div><div>Today's Date</div></div></div>			



Church Safety Team INCIDENT REPORT

Release of Information on Juveniles is Restricted



INCIDENT INFORMATION						
Campus	Incident Occurred	Service Personnel Contacted			Notified Safety Director	Notified Church Leadership
		Police	EMS	Fire		
Date:						
Time:						
Name of Reporter:					Phone:	
INCIDENT TYPE						
<input type="checkbox"/> Lost Child / Parent		<input type="checkbox"/> Medical Emergency		<input type="checkbox"/> Violent Physical Behavior		
<input type="checkbox"/> Lost / Stolen Property		<input type="checkbox"/> Fire / False Alarm		<input type="checkbox"/> Terroristic Threat		
<input type="checkbox"/> Damage to Property		<input type="checkbox"/> Suspicious Person		<input type="checkbox"/> Safety / Security Concern		
<input type="checkbox"/> Other:						
PERSONS INVOLVED						
PERSON 1	Name:			Age:	Phone:	
	Street:			City:	State:	Zip:
	Parent/Guardian:			Phone:		
PERSON 2	Name:			Age:	Phone:	
	Street:			City:	State:	Zip:
	Parent/Guardian:			Phone:		
PERSON 3	Name:			Age:	Phone:	
	Street:			City:	State:	Zip:
	Parent/Guardian:			Phone:		
DESCRIPTION ALLEGED PERPETRATOR						
DESCRIPTION OF PERSON				DESCRIPTION OF VEHICLE		
Height:	Hair:	Build:	Make:		Color:	
Weight:	Eyes:	Clothes:	Model:		# of Doors:	
Other:			Other:			
DESCRIPTION OF INCIDENT						
SAFETY AND SECURITY TEAM MEMBER INFORMATION						
<div><div>Print Name (Safety Team Member)</div><div>Signature (Safety Team Member)</div><div>Today's Date</div></div>						



Church Safety Team PATROL LOG

Release of Information on Juveniles is Restricted



SAFETY MINISTRY / PATROL INFO.			CAMPUS / ACTIVITY INFO.	
Date		<input type="checkbox"/> Observation	<input type="checkbox"/> Facilities	<input type="checkbox"/> Grounds
Time		<input type="checkbox"/> Operations	<input type="checkbox"/> Service	<input type="checkbox"/> Mid-Week
Reporter		<input type="checkbox"/> Incident	<input type="checkbox"/> Other:	
General Description				

SAFETY MINISTRY / PATROL INFO.			CAMPUS / ACTIVITY INFO.	
Date		<input type="checkbox"/> Observation	<input type="checkbox"/> Facilities	<input type="checkbox"/> Grounds
Time		<input type="checkbox"/> Operations	<input type="checkbox"/> Service	<input type="checkbox"/> Mid-Week
Reporter		<input type="checkbox"/> Incident	<input type="checkbox"/> Other:	
General Description				

SAFETY MINISTRY / PATROL INFO.			CAMPUS / ACTIVITY INFO.	
Date		<input type="checkbox"/> Observation	<input type="checkbox"/> Facilities	<input type="checkbox"/> Grounds
Time		<input type="checkbox"/> Operations	<input type="checkbox"/> Service	<input type="checkbox"/> Mid-Week
Reporter		<input type="checkbox"/> Incident	<input type="checkbox"/> Other:	
General Description				

SAFETY MINISTRY / PATROL INFO.			CAMPUS / ACTIVITY INFO.	
Date		<input type="checkbox"/> Observation	<input type="checkbox"/> Facilities	<input type="checkbox"/> Grounds
Time		<input type="checkbox"/> Operations	<input type="checkbox"/> Service	<input type="checkbox"/> Mid-Week
Reporter		<input type="checkbox"/> Incident	<input type="checkbox"/> Other:	
General Description				



Church Safety Ministry

SAFE ACCESS LOG



SAFE ACCESS INFO.		NAMES (Please Print Legibly)	INITIALS	PURPOSE
Date				<input type="checkbox"/> Deposit
Time				<input type="checkbox"/> Petty Cash
Ministry/Dept.				<input type="checkbox"/> Mgr Access
Campus				<input type="checkbox"/> Bank Dep.
SAFE ACCESS INFO.		NAMES (Please Print Legibly)	INITIALS	PURPOSE
Date				<input type="checkbox"/> Deposit
Time				<input type="checkbox"/> Petty Cash
Ministry/Dept.				<input type="checkbox"/> Mgr Access
Campus				<input type="checkbox"/> Bank Dep.
SAFE ACCESS INFO.		NAMES (Please Print Legibly)	INITIALS	PURPOSE
Date				<input type="checkbox"/> Deposit
Time				<input type="checkbox"/> Petty Cash
Ministry/Dept.				<input type="checkbox"/> Mgr Access
Campus				<input type="checkbox"/> Bank Dep.
SAFE ACCESS INFO.		NAMES (Please Print Legibly)	INITIALS	PURPOSE
Date				<input type="checkbox"/> Deposit
Time				<input type="checkbox"/> Petty Cash
Ministry/Dept.				<input type="checkbox"/> Mgr Access
Campus				<input type="checkbox"/> Bank Dep.
SAFE ACCESS INFO.		NAMES (Please Print Legibly)	INITIALS	PURPOSE
Date				<input type="checkbox"/> Deposit
Time				<input type="checkbox"/> Petty Cash
Ministry/Dept.				<input type="checkbox"/> Mgr Access
Campus				<input type="checkbox"/> Bank Dep.
SAFE ACCESS INFO.		NAMES (Please Print Legibly)	INITIALS	PURPOSE
Date				<input type="checkbox"/> Deposit
Time				<input type="checkbox"/> Petty Cash
Ministry/Dept.				<input type="checkbox"/> Mgr Access
Campus				<input type="checkbox"/> Bank Dep.

Signature (Safety Team Member)

Today's Date



Church Safety Ministry

SUSPECTED CHILD MALTREATMENT REPORT

Release of Information on Juveniles is Restricted



SUSPECTED MALTREATMENT TIMELINE

Campus	Child Maltreatment Suspected	Service Personnel Contacted		Church Leadership Contacted	Report Completed	
		Police	County Social Services		Oral	Written
Date:						
Time:						
Requirement:	If it is a Recent Incident or further Abuse is Imminent Report Immediately. Otherwise, Oral Report in 24 hours.					
Did intake worker accept the oral suspected maltreatment report? <input type="checkbox"/> Yes <input type="checkbox"/> No						

PEOPLE / AGENCIES INVOLVED

RECEIVING AGENCY	Worker Name:	Phone:	
	Agency Name:	Fax:	
	Street:	City:	State:
REPORT SOURCE	Worker Name:	Position:	
	Ministry / Event:	Phone:	
	Street:	City:	State:
ALLEGED VICTIM	Name:	<input type="checkbox"/> M <input type="checkbox"/> F Age:	Phone:
	Home Address:	City:	State: Zip:
	Parent/Guardian:	Phone:	
	Parent/Guardian:	Phone:	
ALLEGED PERPETRATOR	Name:	<input type="checkbox"/> M <input type="checkbox"/> F Age:	Phone:
	Relationship to Family or Child?	Resides with victim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Home Address:	City:	State: Zip:
	Interpreter Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language Spoken?	

ALLEGED VICTIM'S CURRENT HOUSEHOLD / FAMILY INFORMATION

List all people associated with victim (except perpetrator - that info is listed separately above)

Household / Family Member Name	Relationship to Victim	Age or DOB	Reside with Victim	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADDITIONAL FAMILY INFORMATION

(i.e. non-custodial or absent parent contact info, custodial arrangements, need for interpreters, language)

DESCRIPTION OF INCIDENT	
RESPONSE / ACTION TAKEN	
SUPERVISOR COMMENTS / INTERVENTIONS	
SAFETY AND SECURITY TEAM MEMBER INFORMATION	
<div><div><div></div><div>Print Name (SST Staff Member)</div></div><div><div></div><div>Signature (SST Staff Member)</div></div></div> <div><div></div><div>Today's Date</div></div>	