

3. Completing the CDC Concussion Awareness course: www.train.org/cdctrain/course, is encouraged for all CFS leaders.
4. Maintaining CPR/First aid certification is encouraged of all leaders.
5. Submit to background checks from a CFS-approved vendor upon application for leadership (unless a background check was supplied within four years) and every four years thereafter.
6. CFS members sign a liability waiver in the application process, but non-member leaders should also sign the liability waiver before assuming the leadership position.
7. Non-member leaders should also submit a one-time letter of recommendation from their pastor as members did in the application process.
8. Policy reviews may be placed on the website for ease of access, but the review will be documented on the annual leadership renewal form (appendix A) and turned into the administration ambassadors before a leader meets with students.
9. The administration ambassadors will keep a master list of activity leaders, including dates of compliance, with the assistance of the ambassador for each activity leader. This will include records of child safety training, background checks, and annual leader renewal applications with attested policy reviews (purpose, statement of faith, CFS conduct guidelines, eligibility guidelines, and the child safety policy), screening questions, and liability waiver.

III. CFS Conduct Guidelines for Leaders

- A. Leaders should strive to be above reproach in student interactions.
- B. There will be no 1:1 interaction with a leader and a CFS student, outside of the leader's immediate family, at CFS activities (such as before practice or a leader driving a student to an event).
- C. There will be two leaders present at all CFS activities. If unplanned circumstances prevent this, the "rule of three," in which other students or parents are present (at least three individuals), can be used for a short time until another leader arrives.
- D. There will be a same-sex sponsor with students if opposite-sex leaders are present behind closed doors (such as a locker room at half-time). This may be a parent or intern.
- E. There will be no isolated messaging or communication of any kind between a leader and student. Group messaging between a leader and team is allowed, but must adhere to the two leaders present standard in #B. If an individual student must be contacted, the student's parent must be included in the communication. If a leader receives inappropriate communications from a student, they must immediately report it to the next person in the chain of authority.
- F. There should be no frontal hugging or contact between a leader and student. Side hugs/shoulder squeezes, etc. are allowed if the student is comfortable, but high fives and fist bumps are preferred.
- G. Leaders assume responsibility for child safety and therefore should report instances of suspected child abuse or neglect to their board ambassador and/or local authorities. If unsure, the ambassador may contact the CFS lawyer to have a written opinion issued within 24 hours as to whether reporting is warranted. The ambassador should also ensure the liability insurance carrier is notified if the incident involves CFS leadership.
- H. Leaders should not leave a student or group of students alone at a CFS activity (such as waiting for rides after practice) and should continue to observe the no 1:1 interaction guideline. If a student is left, another leader or group of students/parents should remain or the interaction must take place in a public, visible environment, such as outdoors.
- I. Leaders may never use corporal punishment for discipline. Leaders should not verbally abuse, shame, or otherwise harm a student.

IV. Incident Reporting

- A. An instance of on-site physical injury (abusive or accidental) shall be reported to the student's parent the same day and an incident report (appendix B) filed with the board ambassador for the activity. Minor injuries will be treated with first aid and the parent informed at pick-up; injuries requiring further medical treatment will involve immediate parental notification and shall be treated via the parent's discretion, unless the injury requires an emergency response, in which case the CFS sports medical release authorizes CFS to seek such treatment on behalf of the parent.
- B. Injuries to the head will follow the CFS concussion protocol (appendix C).
- C. If a student reports abuse to a CFS leader, the CFS leader will not express doubt in the student nor ask leading questions. The leader will listen, letting the student use his/her own words, determine if the student is in immediate danger or if an emergency response is needed, notify the next person in the chain of authority (assuming that person is not the alleged abuser), document what was shared/seen (appendix B), and together notify appropriate authorities with the next person in the chain of authority. The board ambassador for that activity should be notified. The allegation or suspicion should be shared with a minimum number of people-those in the chain of authority, but students should be protected from further contact. Allegations need not be confirmed prior to reporting as that is best left to trained professionals. Parents will be notified immediately unless they are the suspected perpetrator. As always, the reported victim has 1st priority and consideration, except that reporting should take place even if the reporting individual does not want that to occur. Note: CFS leaders are not mandatory reporters, but take the responsibility of child safety to be of utmost importance, and so may determine reporting to be in the best interest of a student.
- D. Any CFS leader involved in an accusation will submit to investigation and will cease and desist his/her leadership role until cleared by investigation and/or reinstated by the board. The accused will cease leadership activity as per policy, not as a confession of guilt, and will not hold CFS liable for implementing the policy. Admission or a finding of guilt will permanently remove a CFS leader from volunteering.

V. Illness

- A. Students and leaders experiencing a fever must refrain from CFS activities until fever-free for 24 hours.
- B. Students or leaders who may be in a contagious stage of an infection must refrain from CFS activities until reasonably sure they are not able to spread the contagion.
- C. CFS leaders may inform students/families they have been exposed to a contagion, but should not name the involved individual(s) unless given permission.

Version History

Version	Description	Date
1.0	Policy G-008 Leadership Requirements and Code of Conduct adopted by Board of Directors	4/27/2019
2.0	Completely rewritten as Child Safety Policy and adopted by Board of Directors	1/30/2023
2.1	Added a note to concussion protocol to acknowledge some diagnoses may overlap concussion symptomology. Deleted photo release appendix C.	2/22/2023

Appendix A: Annual Leadership Renewal Form and Liability Waiver

By signing below, I certify that I:

1. Have reviewed the CFS Orientation, Statement of Faith, Child Safety Policy (G-008), and Conduct Policy (G-006) available on the website under "Activity Leader Forms."
2. Am in agreement with and will submit to the policy therein.
3. Have had a pastoral recommendation form submitted upon initial membership or initial non-member leadership position. (The form is available on the website under the "Become a Member" tab.)
4. Will complete the Child Safety Training my first and every subsequent two years in leadership, as offered by the administration ambassadors.
5. Will consent to a background check either upon initial membership or leadership and every four years thereafter, or whenever deemed necessary by the CFS Board.
6. Understand that all leaders and committees report to the CFS Board through their ambassador and are subject to the CFS Board policies.
7. Authorize CFS to obtain copies of telephone or internet records related to my leadership activities with CFS youth, if needed to investigate or document an incident or allegation. I agree to help CFS obtain any records it requests.
8. Am not aware of any traits, tendencies, or habits which could potentially harm students under my authority. If so, I have explained below for review by the committee or board:

9. Have no reasons I should not work with students. (This would include involvement with child pornography or previous inappropriate encounters with youth, since repentance and redemption are real in Jesus, but the nature of these struggles disqualifies a person from serving in positions with access to these vulnerable populations.)
10. Have signed the 18+ Liability Waiver (available on the website under the "Become a Member" tab) upon initial membership or initial leadership if not a member.
11. Release CFS, its members, and its leadership from any and all claims, liability, or causes of action for damages associated with this form and any investigation it authorizes. This includes breach of privacy, defamation, libel, slander, emotional distress, and/or negligence.
12. I have read the above waiver and release, understand that I have given up substantial rights by entering my name and submitting the form, and do so voluntarily.

Print Name

Signature

Date

Appendix B: CFS Incident Report

Student Name: _____ Date: _____ Time: _____ am/pm
CFS Activity: _____ Leader(s) Present: _____

Incident appeared:

- minor (ice and rest required)
- moderate: (first aid required)
- to require follow-up (parents were immediately contacted to provide medical care)
- an emergency: student was taken to the hospital or ambulance was called

Parents were contacted: immediately within the hour at pick-up
 were not reachable by emergency personnel

Activity Coordinator was contacted _____ and incident report filed _____

Board Ambassador for activity was given incident report: _____ (initial)

Describe incident:

Signed, _____ as Witness Reporter

For Board Ambassador: Please report any follow-up or reporting required:

Signed, _____

Appendix C: CFS Concussion Protocol

CFS follows the KSHSAA recommendations for suspected concussions/head injuries which can be found at: [KSHSAAConcussionGuidelines.pdf](#)

From this document:

"The U.S. Department of Human Services, Centers for Disease Control and Prevention has published the following lists of signs, symptoms and behaviors that are consistent with a concussion:

SIGNS OBSERVED BY OTHERS

- Appears dazed or stunned
- Is confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness
- Shows behavior or personality changes
- Cannot recall events prior to hit
- Cannot recall events after hit"

SYMPTOMS REPORTED BY ATHLETE

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion

(These lists may not be exhaustive)

Because a second injury before symptoms are resolved can result in second impact syndrome, and because head injuries require an evaluation by a medical provider as per KSHSAA guidelines, a CFS athlete who experiences the above signs must cease activity for that day and not return until or unless cleared by a medical provider. While this may place a financial burden on the family and a time crunch on the team, CFS places a higher value on the safety and future of its students.

CFS coaches will follow any re-entry protocols issued by medical providers to ensure the safe return of our athletes. Such protocols should be shared with the coach by the parent/guardian, be signed as needed, and a copy shall be supplied to the sport coordinator.

Again, from KSHSAA documents:

"When in doubt, sit them out!"

"If you suspect that a player has a concussion, follow the 'Heads Up' 4-step Action Plan.

1. Remove the athlete from play.
2. Ensure the athlete is evaluated by an appropriate health-care professional.
3. Inform the athlete's parents/guardians about the possible concussion and give them information on concussion.
4. Keep the athlete out of play the day of the injury, and until an appropriate health-care professional has given written clearance that the athlete is symptom-free and may return to activity."

"Call 9-1-1 for any athlete that demonstrates any of the following signs or symptoms after a bump, blow, or jolt to the head or body for transport to the emergency department:

- One pupil larger than the other.
- A headache that gets worse and does not go away.
- Convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, slurred speech, weakness, numbness, or decreased coordination, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously."
- Drowsiness or inability to wake up.
- Repeated vomiting or nausea

Note: Should a CFS student have a pre-existing condition with symptomology overlapping the signs and symptoms of a concussion (ex. type I diabetes, POTS, etc.), a doctor's note explaining the overlap may be added to the medical release to be kept with the coach or coordinator and shared with the officiant as needed.