Safe Child Policy and Procedures Thomaston Opera House

To help protect children from the possibility of abuse, the Thomaston Opera House Commission (TOH) and/or Landmark Community Theatre (LCT) has adopted the following policies:

- 1. LCT/TOH performs a criminal record background check on all full-time and regular part-time employees. All background checks are performed in compliance with the Fair Credit Reporting Act and LCT/TOH obtains written authorization from prospective employees for background checks in advance. Authorization forms are available through the Town of Thomaston, Human Resource Department.
- 2. LCT/TOH will not knowingly employ convicted sex offenders or knowingly permit convicted sex offenders to loiter in the vicinity of any LCT/TOH programs and activities.
- 3. LCT/TOH will follow these procedures for recruiting and selecting employees and volunteers who will be working with children or youth
 - A. Every employee and volunteer shall:
 - a. Complete a confidential application
 - b. Agree to a confidential check of public records
 - c. Participate in annual training on policy and procedures
 - B. LCT/TOH will conduct periodic checks of the Connecticut Registered Sex Offenders list maintained by the Connecticut Department of Public Safety.
 - C. Application Form: The completed application forms for employees, contractors, and volunteers shall be maintained in a confidential file and include:
 - a. Personal information: Name, Address, Phone, etc.
 - b. Areas of interest (business, acting, singing, box office, ushering, costumes, etc).
 - c. Short resume of theater involvement or other work or volunteer activities.
 - d. References (personal or professional) for paid staff positions
 - e. Record of dates that Safe Child training has been completed.
 - f. A copy of procedures concerning the care and guidelines for working with children and youth

g. Signature indicating that the employee or volunteer has read the procedures and agrees to observe the safeguards. (If under 18, a parent/guardian should also sign.)

4. LCT/TOH requires all employees and volunteers to follow these prevention methods:

- A. <u>Avoid isolation:</u> Adult employees and volunteers are to observe the two-person caregiver rule. This requires that adults are never in an isolated setting with children or youth without an additional caregiver.
 - a. Theater and building: It is recommended that two or more adults be present in each location (eg, theater, costume room) where children or youth are present. If only one adult is present, there must be someone else monitoring any areas where children or youth are present. Keep a door open.
 - b. Transporting children and youth: When transporting children or youth the adult must never be alone in the car with one child. There must always be at least two adults or two children in the vehicle at all times. A copy of a driver's license and driver insurance card will be kept in confidential file.
 - **c.** If it is necessary for a volunteer or staff to meet individually with a child or youth, it should be done in a public setting, or where they are clearly visible by others.

B. Sign In/out Policy

- a. Parent/guardian sign-in and sign-out procedures are required for all participants in LCT/TOH programs who are minors. All parents and guardians of participants as well as individuals authorized to sign actors in and out will be required to show photo identification the first time they register for a program. Verification of participants will be annotated in the LCT/TOH files. The LCT/TOH staff can only release participants who are minors to people authorized by the parent/guardian. This will be done at auditions.
- **b.** Parents of performers who are minors must read and sign the "Parent Statement of Understanding" form, to be returned and filed with the child's records.
- **c.** LCT/TOH will not release a child to an authorized person if there is any doubt that the safety of the child will be irresponsibly compromised.

C. Parental Consent and Medical Authorization

- a. The parent or legal guardian will fill out a parental consent certification and medical authorization form for each child who will be participating in any events in the theater.
- **b.** Forms will be kept with the leader of the activity until the activity is over **and then filed for 3 months.**
- c. LCT/TOH will provide reasonable accommodation for students with special needs and all medical information supplied to the LCT/TOH will be kept confidential and only distributed on a need to know basis.

5. Reporting Procedures:

- A. **Reporting Obligations**: Employees and volunteers are to immediately report any suspected child abuse and/or neglect to the DCF **Careline** and/or the Police. The report should be shared with the Executive Director, Managing Director, or designee first.
- B. <u>An employee or volunteer who suspects</u> that a child involved in any program of this theater has been abused or neglected should take the following steps
 - a. Report the suspected abuse/neglect directly to the DCF **Careline** at 1-800-842-2288 and share the report with the Executive or Managing Director first.
 - b. A **person who is a minor** (under 18 years of age) who suspects that a child involved in any program of LCT/TOH has been abused or neglected should first share their concern with the Executive or Managing Director.
 - c. Do not interview the child regarding the suspected abuse/neglect unless requested to do so by DCF Staff
 - d. Do not confront the suspected perpetrator and/or responsible adult in question
 - e. Do not discuss the suspected abuse with other employees (except the Executive or Managing Director or designee), volunteers, parents, friends, etc.
 - f. All information should be kept confidential and shared only with Executive or Managing Director or designee.
 - g. A written report of the suspected abuse/neglect must be completed and submitted- to DCF as directed within 24 hours. A copy of the written report should be given to the Executive or Managing Director.
 - h. The Executive or Managing Director is available to assist and support employees and volunteers in meeting legal, moral, ethical, or professional responsibilities to protect children.

C. <u>Any person suspected of child abuse/neglect or who fails to make</u> the required reports will voluntarily relinquish or be removed from their duties involving direct contact with children until the issue is resolved.

6. Training and Education for Volunteers and Paid Staff

- A. Once each year all volunteers who work with children and youth will attend training on the policies and procedures to have a safe theater. All theater employees and volunteers will review together the policies and procedures for a safe theater on a yearly basis
- B. All theater staff and Commissioners will review the policies and safe theater on a yearly basis.
- C. All theater people will have access or a copy of the Safe Child Policy and Procedures.
- D. Copies of the Safe Child Policy and Procedures will be available to any persons on request.
- E. Any interested person may attend the training session for Safe Child Policy.

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form and return it to the Director of the production.

I understand that LCT/TOH staff is not allowed to baby-sit or transport children outside of the TOH. The TOH will take immediate disciplinary violations. I understand that I am not to leave my child or children at TOH unless a LCT/TOH staff member or an adult volunteer is there to receive and supervise my child.

I understand that TOH/LCT employees and volunteers are required to ask for photo identification pending declaration of individuals who are authorized to sign out my child from a rehearsal/program.

I understand that my child will not be allowed to leave a rehearsal or performance without an authorized person. Authorized individuals must either be listed with LCT/TOH or arrangements must be made by presenting written authorization to the Director or Stage Manager of the production. The parent or guardian will pick up the child in the theater at appointed time. If late the child will be picked up at the front entrance near the box office.

I understand that LCT/TOH will not release my child to an authorized person who appears to be under the influence of drugs or alcohol or who otherwise seems unfit to exercise custody of the child. If an authorized person who arrives to pick up my child does appear to be under the influence of drugs or alcohol or otherwise seems impaired, LCT/TOH will have no recourse but to contact the child's parents/guardians or the police if necessary.

I understand that the staff and volunteers of LCT/TOH are mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Child's Name	Child's Date of Birth
Parent/Guardian Signature	Date
Production Director or. Stage Manager's Signature	Date

COPY OF STATEMENT TO BE FILED WITH CHILD'S RECORDS.

CHILD PROTECTION POLICY

STUDENT WAIVER FORM

To be filled out only by parents/guardians who wish to waive Landmark Community Theatre (LCT) and/or Thomaston Opera House (TOH) sign-in/sign-out policy.

I do hereby give permission for my child,	n/herself out and
Children will not be released to leave on their own unless this form has been completed by a parent/guardian. This form must be completed in front of a LCT/TOH Theatre staff person.	
In signing this form, I do hereby agree to hold free from any and all li Theatre and its respective officers, employees, volunteers, and mem for myself, my heirs, executors and administrators, waive and releas discharge any and all rights and claims for damages which I may have to me arising once my child has been released from LCT/TOH Theat	bers, and do hereby e and forever ve hereafter accrued
This form must be completed in front of a LCT/TOH Theatre staff per the showing of a document establishing the parent or guardian's idea	
Parent/Guardian's printed name:	
Parent/Guardian's signature:	
Home Phone number:	
Date:	
Other phone numbers to contact parent/guardian:	
Form of ID supplied by Parent/Guardian:	_ ID #:
TOH Theatre staff verifier's signature:	
Date of verification:	