



NAME OF ORGANIZATION/CORPORATION: _____

MAILING ADDRESS: _____

POLICY NUMBER: CPP _____ OR NEW POLICY APPLICATION

Please check the box (or boxes) that best describes your organization's operation and activities:		
<input type="checkbox"/> Day Camp	<input type="checkbox"/> Overnight Camp	<input type="checkbox"/> Retreat Centre

DECLARATION

- A.** Our organization has implemented a formal written abuse prevention plan to protect the children, youth and vulnerable adults in our care. Yes No
- B.** Our formal prevention plan contains the following measures:
1. A written **Statement of Policy** confirming our organization's commitment to:
 - a) A safe environment by preventing harm to those in our care, and
 - b) Protecting our staff and volunteer workers from false allegations, and
 - c) Declaring zero tolerance for abuse or neglect. Yes No
 2. Our Prevention plan assists workers by **Defining** physical, sexual and emotional abuse, child neglect, inappropriate touching and improper discipline. Yes No
 3. We conduct mandatory **Screening** for all workers (including all employees, board members, camp counsellors, seasonal workers and volunteers) serving in any position involving work with children, youth and vulnerable adults, including the following:

(PLEASE CHECK IF YES)	FULL-TIME EMPLOYEES	SEASONAL WORKERS <small>(See Note below)</small>
Signed Employee/Volunteer Application (including release for references/criminal check)	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Record Checks: Must be original copy and viewed within 60 days of issuance. > New Applicants – checked prior to serving in any camp position of trust with minors > Existing Workers – re-checked annually prior to serving in position of trust* (*Existing returning workers may be re-checked every five (5) years, or less, but only if they provide an annual Church Commendation Letter from the minister or church leader at the home church where they regularly attend; or from the program director at an organization where they regularly volunteer.) Note: Initial Check must be a V.S.V. for any New Worker born before February 28, 1986. Only a C.P.I.C., E.P.I.C., or E.C.R.C is required for those born on or after the above date. Re-Checks for Existing Workers screened as above may be a C.P.I.C, E.P.I.C. or E.C.R.C. NOTE: Due to privacy laws, criminal record checks are no longer allowable for applicants under 18 years of age. However all other screening is required. * C.P.I.C. means named-based Police Check through Canadian Police Information Centre * V.S.V. means Vulnerable Sector Verification (available through local Police Services) * E.P.I.C. means Enhanced Police Information Check (available through Third Party Providers) * E.R.C.R. means Enhanced Criminal Record Check (available through Third Party Providers)	<input type="checkbox"/>	<input type="checkbox"/>
Background Reference Checks (minimum 3) documented for new Employees/Volunteers including one Background Reference from the minister or church leader at the home church where they regularly attend, or from the program director at an organization where they regularly volunteer.	<input type="checkbox"/>	<input type="checkbox"/>
Personal Interviews documented for new Employees/Volunteers (in person or via telephone)	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Seasonal Workers include camp counsellors, leaders in training, lifeguards, kitchen staff, nurses, program leaders and any other paid staff or volunteers who have supervision of minors and vulnerable adults, who interact with minors and vulnerable adults or who are working on the camp premises during programs involving minors and vulnerable adults.

4. We have implemented written procedures for prevention through the following **Operational Procedures:**

(PLEASE CHECK IF YES)

- We follow applicable provincial standards for lifeguard supervision of public swimming pools and waterfronts, and Transport Canada standards for the operation of watercraft and water sports programs
- We screen campers for pre-existing medical conditions and allergies, obtain advance parental consent for emergency or first aid medical treatment and provide professional nursing services (paid or volunteer) for the administration of prescribed medication to minors and vulnerable adults
- Prohibiting corporal punishment and inappropriate touching, affection or discipline
- "Two-adult rule" (unrelated) for off-premises contact so never alone with minors
- Addressing health, safety and sanitation issues to prevent child neglect in accordance with provincial child protection acts and local health statutes
- Age appropriate supervision of washroom breaks and showers for children
- Avoiding activities that could easily lead to allegations of abuse or harassment, i.e. unsupervised internet access, unauthorized photography of minors and vehicle transportation by staff or volunteers alone with unrelated minor
- Obtaining written parental consent for minors for sponsored off-premises or overnight activities and camping trips
- Implementing a social media policy for leaders addressing appropriate communication content and confidentiality issues
- Keeping confidential documentation on file indefinitely for all workers, including original Criminal Record Checks
- Annual or bi-annual internal audit, including report to board (refer to *Abuse Prevention Newsletter* - page 12)

5. We have modified or altered our **Premises** to prevent or discourage abuse incidents by ensuring the following:

(PLEASE CHECK IF YES)

- Open door policy in activity rooms and/or windows in activity rooms and/or designated camp monitors circulating periodically from room to room and around camp premises during daytime for indoor and outdoor activities, for safety, surveillance and to protect camp leaders against false allegations
- Locking camp buildings and rooms that are not in use or contain hazardous materials when minors or vulnerable adults are on premises, to avoid abuse or injury

- Two screened leaders overnight either; a) in the same room; or b) two screened leaders in an adjacent room, cabin or dormitory (or one screened leader in an adjacent room, cabin or dormitory with a circulating screened camp hall monitor); depending on the building layout and age appropriate supervision of younger campers.

NOTE: It is **not** advisable or acceptable to have just one leader alone overnight with minors in the same room, both for the sake of the campers and the leader, in the event of a false allegation.

- Controlled access and parental sign-in/sign-out for family camps with children's programs for children age 5 and under
- Adequate lighting inside and outside of building(s) where camper activities take place

6. We conduct **Training** for all staff and other workers in positions of trust with minors or vulnerable adults to assist them in understanding the issue of abuse, abuse prevention and the legal responsibility to report actual or alleged incidents, including the following:

(PLEASE CHECK IF YES)

- Annual Abuse Prevention training for new and returning workers

7. In cases of suspected or alleged abuse, our written protocol for **Responding** includes the following:

(PLEASE CHECK IF YES)

- We will immediately complete an incident reporting form
- We will fulfill statutory reporting obligations to child protective agencies or police authorities
- Without admitting legal liability or making public statements prior to obtaining legal counsel, we will assure a compassionate response to the alleged victim and their family
- We will maintain confidentiality for the alleged victim and alleged perpetrator
- We will immediately suspend the alleged perpetrator pending outcome of investigation
- We will consult a lawyer and will report the incident to our insurance company

Note: For any boxes left unchecked, please attach a written explanation signed by the authorized representative of the organization. Approval is subject to underwriting review. Please keep a photocopy of this Declaration form for your records and for your internal auditing purposes.

Declaration

We, the undersigned, are duly authorized to make representations on behalf of the organization/corporation and apply for coverage eligibility under a contract of liability insurance (new policy or renewal) with the participating Insurer(s) arranged through Robertson Hall Insurance Inc. To the best of our knowledge and after having made reasonable inquiries, we hereby state that all of the declarations contained in this document are accurate and true, and that our organization/corporation is in compliance with the provisions of its abuse prevention plan, as stated in this Abuse Prevention Declaration. We understand and recognize that any misrepresentation of these declarations, whether through false or partial disclosure or omission to disclose resulting in a sexual, physical, psychological or emotional abuse, molestation, harassment, corporal punishment or child neglect claim, may be grounds for material breach of this contract of insurance and consequently, denial of coverage in whole or in part for such claim (s) under our policy.

~ TWO NAMES AND SIGNATURES ARE REQUIRED ~

NOTE: IF THE NAMES HERE ARE RELATED INDIVIDUALS, PLEASE PROVIDE A 3rd SIGNATURE FROM AN UNRELATED AND AUTHORIZED DIRECTOR OR OFFICER.

THANK YOU.

1 _____
Name of Camp Executive Director

Title

Signature

Date

2 _____
Name of Chairman or President of the Board

Title

Signature

Date

Any boxes left unchecked, please attach a written explanation: