

Appendix

Policy Safety Incident Report Part 1

This form should be used to report to the CSAIR Child Protection Committee any violation of the CSAIR Child Protection Policy, boundary violations, disclosures of abuse, child safety concerns, or other behaviors or allegations of behavior that might jeopardize the safety of a child. Proof or first-hand direct knowledge of a behavior or incident is not necessary to submit this form. The information contained in this report is confidential and will only be shared as part of its discussion regarding the incident with the members of the CPC and legal authorities if so directed.

1. Date/Time of incident/behavior _____

2. Location of incident/behavior _____

3. Name individual(s) – adult or child – who accidentally or intentionally violated the Child Protection Policy, harmed or potentially harmed a child, or who otherwise engaged in a concerning behavior

4. Name of the child(ren) involved in noted incident

5. Describe, with as many details as possible, the incident/behavior

6. Individual submitting this report (optional):

Printed Name

Signature

Date

Email Address

Cell phone number

Please submit this form to the CSAIR Child Protection Committee by emailing childsafety@csair.org, mailing it to the synagogue to the attention of the Child Protection Committee, 475 West 250th Street, Bronx NY 10471, or dropping it in the slot of the Committee's private, locked mailbox, located in the lower lobby of the synagogue.

Policy Safety Incident Report

Part 2

(For Child Protection Committee use)

1. Date/Time/Name of CPC member in contact with individual submitting report in Part 1

2. Summary of conversation between CPC member and reporting individual

3. Date/Time of full CPC discussion of reported incident, including those in attendance

4. Key discussion points, and actions recommended by the CPC

5. Follow up to discussion, and recommended actions

6. Additional information

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