

REPORTING SUSPECTED CHILD ABUSE

IN ORDER TO ENSURE THE WELL BEING OF ALL CHILDREN IN OUR CARE, OUR STAFF HAS A CONTINUING DUTY UNDER STATE LAW TO REPORT INCIDENTS OF POSSIBLE NEGLECT OR ABUSE, INCLUDING PHYSICAL, SEXUAL, AND PSYCHOLOGICAL ABUSE, TO THE DEPARTMENT OF CHILDREN AND FAMILIES AND TO COOPERATE IN ANY INVESTIGATION OF SUCH POSSIBLE NEGLECT OR ABUSE.

ALL STAFF MEMBERS ARE MANDATORY REPORTERS AND MUST FOLLOW FLORIDA STATUTE FOR MANDATORY REPORTING. WE MAY BE SUBJECTED TO CRIMINAL PENALTIES IF WE FAIL TO REPORT SUCH POSSIBLE HARM. STAFF ARE NOT ALLOWED TO COMMENT TO PARENTS, OTHER STAFF OR ANY OTHER PERSONS ON THE SUBJECT OF REPORTED CHILD ABUSE. PARENTS MAY NOT ACCUSE OR QUESTION STAFF CONCERNING CHILD ABUSE ALLEGATIONS. CHILD ABUSE INVESTIGATIONS ARE A MATTER FOR DCF OR LOCAL POLICE DEPARTMENTS.

GRIEVANCE PROCEDURES

ASCENSION WORKS VALUES ALL CONCERNS VOICED BY PROGRAM PARTICIPANTS. WE CARE ABOUT YOUR CHILD'S EXPERIENCE WITH US. EVERY EFFORT WILL BE MADE TO ADDRESS ALL CONCERNS SWIFTLY. CONCERNS REGARDING THE SUMMER PROGRAM SHOULD FIRST BE ADDRESSED TO THE CAMP DIRECTOR ONSITE. IF AT THAT TIME YOU ARE STILL IN NEED OF FURTHER RESOLUTION AND ARE DIS SATISFIED WITH THE OUTCOME, PLEASE CONTACT SUMMER CAMP PROGRAM DIRECTOR AT INFO@AWNOW.ORG OR 877-296-6912

CONFIRMATION RECEIPT OF SUMMER CAMP HANDBOOK

CHILD'S NAME _____

CHILD'S NAME (2) _____

I ACKNOWLEDGE RECEIPT OF THE ASCENSION WORK'S SUMMER CAMP HANDBOOK. I UNDERSTAND THE PROCEDURES OUTLINED IN THE HANDBOOK WERE DEVELOPED TO MAKE CERTAIN THE SAFETY AND WELL BEING OF ALL CHILDREN AND TO MAKE PARENTS/GUARDIANS AWARE OF IMPORTANT PAYMENT DEADLINES AND POLICIES.

PARENT/GUARDIAN NAME (PRINT)

PARENT/GUARDIAN (SIGNATURE)

DATE _____