



# Please fill out the packet electronically, if at all possible. If you cannot fill it out electronically, than it needs to be printed in BLACK INK ONLY

- Initials and Wet Signatures need to be done in Black ink ONLY (<u>PLEASE no digital signatures.</u>)
- You need to SIGN & DATE IT THE DATE YOU TURN IN THE PACKET at the facility you
  want to volunteer in, who will verify the packet before sending it to me.
- VMIS is now in a new location please follow link and register. (ALL Volunteers are required to register in VIMIS)
   Volunteer Management Information System <a href="https://vmis.armyfamilywebportal.com/">https://vmis.armyfamilywebportal.com/</a>
- Once we received your Background request, you will receive an email from the Functional Manager (FM) with the Security\_DHR Fingerprint Request Worksheet (S\_DHR\_FPRW) attached and email instructions, including appointment for Fingerprints.
- "Please follow instructions in the email from your FM"

  And return the completed S\_DHR\_FPRW to your FM as soon as completed
- !!!If your Fingerprints are not completed by the dategiven to you from the FM, your background request will be canceled and will have to be resubmitted!!!
- Once completed and S\_DHR\_FPRW is received by the FM, your Background request will be submitted to the HUB in San Antonio to get the process started.

ANY PII should not be send via email unencrypted, best to hand carry to facility or to your FM

• Once you decide you are permanently no longer Volunteering (PCS, ETS, ect...) You are required to let Sports and your FM know via email or verbal.

Any Questions? Call or email

(FM) Angel 915-568-9006 <u>angelika.a.schmidt.naf@mail.mil</u>
(Back up) Maria 915-568-4466 <u>maria.g.marshall2.naf@mail.mil</u>







## **PRINT in BLACK INK Only**

Prefix: M Mrs Miss	Ms		
Last: As reflected on official identification *	First As reflected on official identification *	* Middle As rej	flected on official identification *
Maiden Name (Non applicable – N/A)	Social Security Nur	nber	
Physical Address: Street	City	State	Zip Code
Phone:	Work Phone:		
Email Address			
Date of Birth (mm/dd/yyyy)	Place of Birth: Country	State	City
Have you had any personal experience(s) involved	ving children/youth, if so please explain.		
Transfer (moved here less than 2 years of Approximate year backgrounds where continued by the second process of the second proc	ompleted Completed By:  CDE/Volunteer position _		C/Job
Reference #1 Full Name, Telephone Number	er,		
Reference #2 Full Name, Telephone Number	er,		
Reference #3 Full Name, Telephone Number	er,		
Reference #4 Full Name, Telephone Numbe	er,		
I declare under penalty that the informati submitted with my application are to	ion contained in this application form rue and correct to the best of my kno		
Signature	Date (r	mm/dd/yyyy)	

# BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION (Department of Defense Child Care Services Programs)

OMB No. 0704-0516 OMB approval expires: September 30, 2021

The public reporting burden for this collection of information, **OMB Control Number** 0704-0516, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

#### PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450 and/or 34 U.S. Code § 20351; DoD Instruction 1402.05, Criminal History Background Checks on Individuals in Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.

PRINCIPAL PURPOSE(S): To require individuals who come into regular, reoccurring contact with children under the age of 18 years to self-report any arrests, charges or convictions that would keep the individual from obtaining or maintaining a favorable suitability or fitness determination. Programs impacted are referenced within the 34 U.S. Code § 20351 and include impacted individuals such as employees, DoD contractors, family child care providers, adults residing in a family child care home, volunteers, and others with regular reoccurring contact with children. Individuals who work or volunteer in DoD Child Development and Youth Programs must annually self-report changes to his or her status utilizing this form. All individuals required to complete this form must immediately self-report to their employer/supervisor if they are arrested, charged, convicted, or met criteria for any offense listed on the form. When completed, records are covered by one of the appropriate SORNs:

Army: http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwrc.aspx

Navy: http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570428/nm01754-3.aspx

Air Force: http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-c/

**ROUTINE USES:** This form will be initiated by DoD staff and will be maintained in the initiating DoD offices and/or appropriate Human Resources or Security Offices. Information received as a result of this release may be used to assess interim/on-going or final suitability or fitness for DoD personnel working with children. ONLY DoD Child Development and Youth programs are required to update and sign annually. A copy of the form is maintained in the staff member's personnel file. The DoD "Blanket Routine Uses" found at <a href="http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/">http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/</a> may apply to these records.

. NAME (Last	t, First, and Middle Name) (Do not use initials or a	abridgements.)	2. OTHER NAME	:(S) USED		
B. DATE OF E	BIRTH (MM/DD/YYYY) 4. INSTALLATIO	N/PROGRAM NAME			5. DATE O	F HIRE
Municipal la		child maltreatment? (Do	o not include anythinswered "Yes," exp	ning that happened before your plain your answer in the space p	16th birthday provided belo	y. Leave out traff ow or on the back
NEGLECT: SEX CRIME:	Yes No DRUG OR	ALCOHOL: Yes	es No A	VIOLENT CRIME/ ASSAULTIVE BEHAVIOR:	Yes	No
(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(City & Country	(4) COURT y if outside the United States)	STATE	(6) ZIP CODE
						-
					-	
	41		,		-	
7. I certify tha	t the information provided above is accural	te. I understand that I m	nust immediately re	eport to my employer/supervisor	r or Child an	d Youth Progran
a. SIGNATUR	•	mot ontone .s. s	The Telescone	block o.	b. DATE	(YYYYMMDD)
In the past Military law	CERTIFICATIONS (Required by Child Dev year, have you been arrested, apprehende, , State law, County or Municipal law or me	ed, charged, or convicted et the Family Advocacy c	d by Federal, State criteria for child mal	e, or local authorities for any vio Itreatment.		
	disclose accurate information may be g		b. 3rd YEAR	(1) SIGNATURE	n the progr	(2) DATE
a. 2nd YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	(Yes or No)	(1) SIGNATURE		(YYYYMMDE
c. 4th YEAR (Yes or No)	(1) SIGNATURE	(2) DATE (YYYYMMDD)	d. 5th YEAR (Yes or No)	(1) SIGNATURE		(2) DATE

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION (Department of Defense Child Care Services Programs)	
9. NOTES (Use this space to enter additional comments.)	
10. AUTHORIZATION AND RELEASE CERTIFICATION	1
I hereby authorize the Department of Defense and other authorized federal agencies to obtain any information government, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Defense Investigation Service (DIS), the U.S. Office of Personnel Management (OPM), the Department of Homela applicable), and from the State Criminal History Repository for each state where I have resided. This authorization the date this form was signed or upon termination of my affiliation with the Federal Government, whichever is soon.  I have been notified of any employer's or Agency's right to require a criminal history records check as a condita affiliation with DoD Child Care Services Programs. I understand that I may request a copy of such records as may the law. I understand that I have a right to challenge the accuracy and competencies of any information contained records check report. I also understand that pursuant to the Privacy Act, the information collected will be confider purposes authorized under the Privacy Act - mainly to conduct the background check.	of Investigation (FBI), the and Security (DHS), (if in is valid for one year from iner.  It is not employment, or y be available to me under in the criminal history
I release any individual, including records custodians, any component of the United States Government or the History Repository supplying information, from all liability for damages that may result on account of compliance, with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personature. Copies of this authorization that show my signature are as valid as the original release signed by me.	or any attempts to comply
WARNING: False statements are punishable by law and could result in fines and/or imprisonment for up to five y	ears.
a. SIGNATURE b. DA	TE SIGNED (YYYMMDD)

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TRE	ATMENT INFORMATION
For use of this form, see AR 600-85; the proponent agency is DCS,	G-1.
SECTION A - CONSENT	
I,, this,	day of,
(client's full name) do hereby voluntarily consent to the release of the following information by HQ	DA ASAP
pertaining to my identity, diagnosis, prognosis, or treatment from any Army rec	(name of installation ADAPCP) ord maintained in connection with
alcohol or other drug abuse education, training, treatment, rehabilitatiton, or res	earch to Child/Youth Svcs Suitability Prog
for the purpose of completing a background	check requirement in accordance with
Department of Defense Instruction 1402.05 and Army Directive 2014-23.	
*** see above***	namely,
(extent or nature of information to be disclosed)	
SECTION B - EXPIRATION/REVOCATION (Check applicable paragraph)	
<ol> <li>I understand that this consent automatically expires when the above of reliance thereon and that, except to the extent that such action has been taken any time.</li> <li>Or -</li> <li>(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-</li> </ol>	ken, I can revoke this consent at
2.   I understand that this consent automatically expires 60 days from tod	ay's date or when my present
criminal justice system status changes to	
Further, I understand that if my release from confinement, probation, or p participation in the ADAPCP, I cannot revoke this consent until there has termination or revocation of my release from such confinement, probation	been a formal and effective
SIGNATURE OF CLIENT	DATE
NAME OF WITNESS (Type or print) SIGNATURE	DATE
SECTION C - APPROVAL AUTHORITY FOR RELEASE OF II	NFORMATION
NOTE: Other than the MEDCEN/MEDDAC Commander, approval authority for release of informal Physician or the Clinical Director.	ion may be delegated to the Program
In my judgment, the release of an evaluation of the present or past status of	
in the alcohol or other drug treatment and rehabilitation program will not be har	(client's name) rmful to him/her.
NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE (Type or print)	DATE
IGNATURE	

# IMCOM-HQ CYS VOLUNTEER SPORTS AND FITNESS COACH JOB DESCRIPTION - PAGE 1



Organization: IMCOM-HQ, Child and School Services (CYS) Sports and Fitness (SF)

Position Title: CYS Sports and Fitness Volunteer Coach

Summary: A good coach improves your game. A great coach improves

your Life - Michael Josephson

Duties: Teach proper skills, fundamentals of rules, strategies and procedures needed to

participate in a specified sport in accordance with CYS requirements. Be present at scheduled practices and games at least 15 minutes before the scheduled starting time. Inform CYS sports and fitness staff members regarding changes, concerns, and issues. Keep players and parents informed about all practice and/or games times and any changes. Maintain a focus on sports skill development, recreation, maximum participation of players, and leisure activities. Maintain CYS property, role model appropriate behavior (e.g., Army Values, CYS sports and fitness Statement of

Time Required: Practices are generally held during the period:

Monday-Friday: 1700-2030

Note: Practices MUST be conducted IAW CYS Sports and Fitness guidance

Understanding) and abide by the CYS Sports and Fitness philosophy.

Games are generally held during the period, but not limited to:

Monday-Friday: 1700-2030 or Saturday: 0800-1700 Note: Average-one game per week; times vary.

Benefits: Program is designed to promote positive attitudes and reinforce CYS Sports and

Fitness philosophy and Army core values to offer children and youth

opportunities to feel competent and instill values associated with the pursuit of

skills in sports, fitness, nutrition, and recreational activities.

# IMCOM-HQ CYS VOLUNTEER SPORTS AND FITNESS COACH **JOB DESCRIPTION - PAGE 2**

Training:	National Youth Sports Coach Child Abuse Reporting, Prev Developmentally Appropriat First Aid/CPR Orientation Concussion Training	ention, Identificatior	-
Orientation:	CYS Sports and Fitness Certi- Parents Association for Yout Parent Meeting specific to s	h Sports (PAYS) Orie	
Qualifications:	Background/Clearance chec	k IAW CYS Youth Spo	orts guidance
Supervisor:	CYS Sports and Fitness Direc	tor	
Assessment:	CYS Sports and Fitness Volum Director	nteer Coaches will re	ceive feedback through CYS SF
	MUST be available approxim	nately 4-8 hours per	week
	SS (SF) SUPERIVSOR SIGNATU  Director / Assistant Director		
VOLUNTEER COACH/SF	VOLUNTEER:		
SIGNATURE: CYS Sport	ts and Fitness Volunteer Coa	ch/SF	
Volunteer Coach/SF Co	ntact Information:		
Print First and Last Nam	ne		
Email			
Contact phone number			

### FOR OFFICIAL USE ONLY

		VOLUN	NTEER AGREEM	ENTFOR			
APPROPRIATED FUND AC	CTIVITIES		X	NONAPPROPRI	ATED FUND INSTRUME	NTALITIES	
		PRIV	ACY ACT STAT	EMENT			Tr.
AUTHORITY: 10 U.S.C. 1588, Auth Services in the Department of Defen PRINCIPAL PURPOSES(S): To ack before a statutory individual is allower ROUTINE USES: There are no specuses that are identified in each of the http://dpcld.defense.gov/Privacy/SOf Volunteers (at http://dpcld.defense.g Volunteer and Request Record (at http://dpcld.defense.g Volunteer and Request Record (at http://dpcld.defense.g Volunteer and Request Record (at http://dpcld.defense.g Voluntary; however, voluntary services to Appropriated Fig. 15 The Private Record (at http://dpcld.defense.g	se.  knowledge and do ad to provide volur cific routine uses a bollowing system: RNsIndex/DoD-wid ov/Privacy/SORNs ttp://dpcld.defense l lack of a signed \	cument Voluntee teer services. Inticipated for thi s of records notice de-SORN-Article sIndex/DoD-wide gov/Privacy/SO /olunteer Agreer	er Agreement for Agreement for Agreement for Agreement for Agreement (1) A0608b land (1) A0608b land (1) Agreement Agreement for	Appropriated Fundamental Fundamental Appropriated Fundamental Fund	d Activities or Nonapproposition of proceedings of the Affairs: Army Community; (2) NM01754-2, DON F7/nm01754-2/); and (3) Fe-View/Article/569815/f03	pper and ned Service Ass Family Suppo 036 AFDPC 36-af-dp-c/).	essary routine distance Files (at ort Program distance Files (at
		PART 1	- GENERAL INF	ORMATION			
			3. VOLUNTE (Select on		OVER	UNDER AGE 18	
4. TELEPHONE NUMBER (Include	. TELEPHONE NUMBER (Include Area Code)  5. E-MAIL A		IAIL ADDRESS	IL ADDRESS			
	PART II - VO	LUNTEER ASS	IGNMENT (to be	completed by Acc	cepting Official)		
6. INSTALLATION/COMPONENT ACTIVITY	7. ORGANIZATI WHERE SER	ON/UNIT VICE OCCURS	8. PROGRAM V SERVICE OC		NTICIPATED DAYS OF VEEK	10. ANTI	CIPATED HOURS
11. DESCRIPTION OF VOLUNTEE		PART III -	VOLUNTEER CE	RTIFICATION			
12. CERTIFICATION  I expressly agree that my service Government or any instrumentality the volunteer services, tort claims, the Parm neither entitled to nor expect any regulations applicable to voluntary seand organization rules and procedura. SIGNATURE OF VOLUNTEER	hereof, except for rivacy Act, crimina present or future ervice providers, to	certain purposes al conflicts of inte salary, wages, o participate in a e voluntary serv b. SIGNATURE	s relating to comperest, and defense or other benefits for ny training require	ensation for injurie of certain suits a or these voluntary ed to perform assi or child) will be pro	es occurring during the perising out of legal malpra services. I agree to be be gned voluntary duties, ar	erformance of ctice. I expround by the and to follow a	of approved essly agree that I laws and all installation, unit
13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial)  b. SIGNATURE		i.	c. DATE SIGNED (YYYYMMDD)				
PART IV - TO BE COMP	LETED AT END	OF VOLUNTEER	R'S SERVICE BY	VOLUNTEER SU	JPERVISOR AND SIGNE	D BY VOLU	JNTEER
14. AMOUNT OF VOLUNTEER TIME DONATED	YEARS. (2,087 h	ours = 1 year)	b. WEEKS	c. DAYS	d. HOURS		RVICE END TE (YYYYMMDD)
16.a. VOLUNTEER SIGNATURE	b. PARENT/GUA SIGNATURE under age 18)	(If volunteer is		DF SUPERVISOR rst, Middle Initial)	b. SUPERVISOR'S SI	GNATURE	c. DATE SIGNED (YYYYMMDD)

*		R SERVICE RECORD 608-1; the proponent agency is OACSIM.			
		Y ACT STATEMENT			
AUTHORITY:	5 USC Section 301, Department F 608-1, Army Community Service (	Regulations; 10 USC Section 3013, Secretary of the Army; and Army Regulation Center.			
PRINCIPAL PURPOSE:		To record essential background information on volunteers to assist in determining qualifications and task assignments. To maintain record of positions held, hours volunteered, training and awards received.			
ROUTINE USES:	None. The "Blanket Routine Uses' Notices apply to this system.	None. The "Blanket Routine Uses" set forth at the beginning of the Army's Complications of System of Records Notices apply to this system.			
DISCLOSURE:		Voluntary. However, failure to provide the requested information may exclude you from participating in the Army Community Service Volunteer Program.			
		of this record will be furnished for the personal file of the volunteer and a duplicate of transfer, a duplicate record will be furnished to the gaining organization upon			
1. NAME OF VOLUNTEER (L	.ast, First, MI)	2. HOME ADDRESS (Street, City, State and ZIP Code)			
3. EMAIL ADDRESS					
4. TELEPHONE NUMBERS		5. SEX			
a. HOME		MALE FEMALE			
b. WORK		6. DATE OF BIRTH (YYYYMMDD)			
c. FAX 7a. SPONSOR NAME		7b. SPONSOR UNIT ADDRESS			
D. Mark all the demographic	late that applies to the valuators. Family,	mombers of service members about indicate the branch of service and etatus of			
the sponsor.	ata that applies to the volunteer. Family r	members of service members should indicate the branch of service and status of			
SERVICE MEN	MBER ARMY	AIR FORCE NAVY MARINE			
CIVILIAN EMP (APF and NAF)	I I OFFICER	ENLISTED			
ADULT FAMIL	Y MEMBER ACTIVE DU	JTY RETIRED			
YOUTH FAMIL (Under age 18	Y MEMBER RESERVE	GUARD			
CIVILIAN (Not the military)	connected with DECEASEI	D			
9. CHILDREN AT HOME NONE	PRESCHOOL IN SCHOOL	10. INITIAL COMMITMENT ONE DAY EVENT ONE MONTH EVENT THREE MONTHS			
11. EDUCATION  HIGH SCHOOL	COLLEGE ADVANCED DEGREE	SIX MONTHS NINE MONTHS OTHER			
40 MODIX EXPEDIENCE					
12. WORK EXPERIENCE					
1					
	105				
13. VOLUNTEER EXPERIEN	ICE				

14. SPECIAL SKILLS	S, INTEREST, HOBBIES	
15. POSITIONS HELI	D	
START DATE (YYYYMMDD)	TYPE OF POSITION	END DATE (YYYYMMDD)
(,		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16. AWARDS AND S	PECIAL RECOGNITION	
DATE	TYPE OF AWARD/SPECIAL RECOGNITION	PRESENTED AT
(YYYYMMDD)	TIFE OF AWARD/SFECIAL RECOGNITION	FRESENTEDAT
		<u></u>
17. TRAINING		
DATE	TYPE OF TRAINING	HOURS
(YYYYMMDD)		COMPLETED
_		
	NUAL HOUR RECORD	
YEAR HOURS		
19a. SIGNATURE	19b. DATE (*	YYYYMMDD)

# Statement of Understanding Child and Youth Services Personnel

Standards of Conduct and Accountability in Child and Youth Services (CYS) Programs

#### I understand that:

- 1. I am responsible for providing guidance in accordance with (IAW) CYS Policy by using knowledge, skills and abilities to identify appropriate and inappropriate behavior of children/youth based on their age and social/emotional development. I will role-model and explicitly teach problem-solving strategies, impulse control, empathy and acceptance of self and others as well as pro-social behavior.
- 2. I will never use corporal/physical punishment, psychological abuse or coercion as an acceptable form of guidance. Guidance will never be punitive in nature. Children will not be punished physically or verbally for lapses in toilet training or refusing food. I will never punish children/youth by any of the following: spanking, pinching, dragging or grabbing, shaking, or other corporal punishment; isolation; confinement in closets, boxes, or similar places; time away/timeout; binding to restrict the movement of mouth or limbs; humiliation, verbal abuse, taunting or teasing; deprivation of meals, snacks, outdoor play opportunities, or other program components. Restricting the use of specific play materials and equipment, or participation in a specific activity will be based on the developmental age and social/emotional development of the child and if it poses a safety concern for the child or others.
- 3. I am responsible for knowing the boundaries for appropriate and inappropriate touching that are established to ensure that CYS personnel have a clear understanding of what is acceptable and what is not. These boundaries are specified in the Standards of Conduct and Accountability SOP.
- 4. If an allegation of abuse/neglect is made against me, it will be grounds for immediate closure of my Family Child Care (FCC) home or reassignment outside of CYS until the investigation is completed.
- 5. I am responsible for supervising Infants, Pre-toddlers and Toddlers by sight and sound at all times, including when sleeping. Mirrors and video monitoring do not replace direct sight and sound supervision. Preschool and kindergarten children are supervised by sight most of the time, with the exception of brief periods when children cannot be seen but still heard, as long as I check frequently on children who are out of sight (i.e. child using the toilet independently, child in a library area). Kindergarteners and School-age children may leave my supervision for brief periods, so long as they are in a safe environment (such as going to a hall bathroom) but must be within sight and/or hearing most of the time. Middle School and Teen youth are supervised by monitoring areas where youth are engaged in activities and requires that I move throughout the facility.

- 6. I am responsible for maintaining specific accountability for each Child Development Center (CDC)/Family Child Care (FCC) child in my group or each School Age Center (SAC)/Middle School Teen (MST) youth in my facility. I will follow the systems in place to account for children and youth at regular intervals, especially during periods of transition in CDC/SAC and during off-site activities based on risk assessment analysis. If I observe a child slipping away from or leaving his/her primary care group or discover a youth in an off-limits area within the facility, I will notify the primary caregiver. These instances are not considered abuse/neglect. I am part of a team and am responsible for assisting my teammates as needed.
- 7. I will conduct or participate in a face-to-name count of children conducted once per hour in CDCs and during transitions in and out of the classroom. I will monitor all School Age children and Middle School/Teen youth while they independently move throughout the facility.
- 8. I must ensure the physical count of children/youth and/or the system that is used to monitor the whereabouts of children matches the number signed in (applies to direct care and management staff). I must ensure that the physical count of children/youth matches the number swiped into Child and Youth Management System (CYMS) (applies to management staff only).
- 9. I will focus my full attention on the children/youth in my care and will refrain from using personal electronic devices (to include cell phones, tablets, laptops and smart watches) while counted in ratio.
- 10. I am responsible for ensuring that all children/youth safely evacuate the building in the event of an emergency.
- 11. I understand that CYS facilities are under continuous video and audio surveillance through Closed Circuit Television (CCTV). I also understand that recordings may be used to substantiate or refute allegations of child abuse/neglect or recognize positive performance.
- 12. I may be observed by a manager or Training Specialist as part of a documented training or performance observation any time during my duty hours, either in person or through the use of the CCTV System.
- 13. As a mandated reporter I will immediately and directly report to the Reporting Point of Contact (RPOC) and local Child Protective Services (CPS) (if located in the U.S.) any incident I witness which a reasonable person would consider child abuse or neglect.
- 14. If I witness an incident that a reasonable person would not consider child abuse or neglect, but is still a violation of this guidance, I will immediately verbally report it to my supervisor or other management staff, and follow up in writing.

- 15. I am responsible for completing reports on accidents, injuries to children/youth, or other unusual incidents that occur while I am on duty.
- 16. I will wear my appropriate color coded apparel (ensuring apparel can be seen at all times and from all angles) when caring for children/youth.
- 17. I will refrain from commenting, passing judgment, or providing guidance or input on sensitive topics with children/youth. I will encourage children/youth to reach out to a trusted family member or counselor for discussion.
- 18. The following Social Media and Electronic Communications are prohibited:
  - Displaying in the workplace or any other place likely to embarrass or undermine the professional credibility of the CYS program or otherwise interfere with CYS operations, any material that is sexually explicit, provocative, inappropriate, inflammatory, or unprofessional. Such materials shall not be present on CYS premises.
  - Communication to staff or children/youth that is unprofessional or inappropriate.
  - Communication with children/youth through social media platforms except via the program's official social media pages (e.g. facebook, twitter).
  - Communication with children/youth by email and messaging except via staff's .mil email address all electronic communications with children/youth will have a parent and at least one other staff member on the cc line.
  - Communication with children/youth by text message via a personal device.
  - Sharing home or personal email, messaging, phone numbers or social media addresses with children/youth.
  - Posting media to a personal social media site which includes non-familial children/youth enrolled in CYS programs.
  - Use of Personal Electronic Devices while on duty.
- 19. I am required to immediately inform my supervisor/program director if I am charged with a crime referenced on the DD Form 2981 Basic Criminal History and Statement of Admission.

#### **CAREGIVER'S CREED**

"I am an Army Caregiver, a professional trained in my duties. I serve Department of Defense Families who protect the nation, by protecting their children/youth. I will always provide a safe, nurturing, enriching environment and ensure accountability for children/youth in my care. Never will I put children/youth in harm's way or allow others to do so. I will build trust with parents/guardians so they can concentrate on their mission. I will always treat Families with the dignity and respect they deserve. Army Caregivers are key members of the Army Team. I am an Army Caregiver."

My signature acknowledges that I have read, understand, and will comply with the Caregiver's Creed and the Standard of Conduct and Accountability SOP on appropriate

guidance, touching, interactions, social media, and accountability of children/youth, and my role in preventing and reporting child abuse or neglect in CYS programs.

In addition, my signature acknowledges I have read and understand:

- a. AR 608-10, sections pertaining to the Touch Policy and supervision of children, and other sections as directed by management;
- b. AR 608-18 Chapter 8, Out of Home Cases in DoD Sanctioned Activities;
- c. Latest CYS Multi-Disciplinary Team Inspection tool sections on Risk Management and Supervision; and
- d. My Position Description, which states my designation as a mandated reporter of child abuse or neglect.

I understand that failure to comply with these policies may result in adverse disciplinary action taken against me.

<u>Year 1:</u>			
CYS Personnel Signature	Print Name	Date	
<u>Year 2:</u>			
CYS Personnel Signature	Print Name	Date	
Year 3:			
CYS Personnel Signature	Print Name	Date	