UNITED STATES ARMY
CHILD & YOUTH SERVICES

YOUTH SPORTS VOLUNTEER BACKGROUND CHECK PACKET

PLEASE CALL YOUR LOCAL YOUTH SPORTS OFFICE WITH ANY QUESTIONS

USAG Stuttgart

CYS Youth Sports & Fitness Office

Casablanca Platz, Bldg 3162, 2nd Floor
Panzer Kaserne Family Housing
DSN: 596-2617
Desk: +49 9641-70596-2617
Email our group box: usarmy.stuttgart.id-europe.mbx.youthsports@army.mil

UNITED STATES ARMY
CHILD & YOUTH SERVICES
YOUTH SPORTS & FITNESS

Packet Instructions & Essential Information

We appreciate your interest in coaching for USAG Stuttgart Youth Sports!

Friendly Reminder:

- You can choose to be a head coach or an assistant coach on Panzer Kaserne, Patch Barracks, Robinson Barracks, or Kelley Barracks.
- Earn between 20 and 50 volunteer hours per sport season, which are valuable for earning promotional points.
- Become certified as a Coach with NAYS, the National Alliance for Youth Sports.
- Gain CPR and First Aid certification.

Coach on-boarding process:

There three essential steps you'll need to complete:

Step 1: Fill out the coaching packet.
Step 2: Complete your Fingerprinting - Our team will assist with scheduling your appointment.
Step 3: Complete your trainings - Our team will assist you in obtaining all necessary certifications.

Following these steps, our team will request your Background Check Verification on your behalf.
Once completed, you will be ready to coach!

Packet Instructions:

- Inside, you ll find two reference forms for two non-family members to complete.
- When filling out the forms, please use the format MM/DD/YYYY unless otherwise specified.
- Provide a copy of your immunization record.
- Only handwritten signatures in black ink and CAC enabled signatures will be accepted. Adobe Acrobat template signatures will NOT be accepted by the processing agency CSSC).
- Please submit packet in person to the CYS Sports & Fitness office or to the group email box below: usarmy.stuttgart.id-europe.mbx.youthsports@army.mil
- Once the packet is received, our office will reach out with further processing directions.

We appreciate your support and look forward to working with you this season.

- Your Youth Sports and Fitness Team

READ ENTIRELY

UNITED STATES ARMY
CHILD & YOUTH SERVICES
YOUTH SPORTS & FITNESS

Acknowledgment Form - Immunization Records

Coach Name: _____

Coach Signature: _____

Date: _____

To ensure that your coaching file is in compliance with the order:
"01 to OPERATIONS ORDER 21-033: Child and Youth Services (CYS) Immunizations Requirements (U)"
We kindly request that you provide us with your immunization records. The following are required:

Immunizations:	Recurrence:
HEP B	Only once: three-dose series
MMR	Only once: two doses
Varicella	Only once: two doses
TDAP/Td	Every 10 years
Influenza	Annually

*** Active Duty service members can submit their DD Form 2766C.**

IMPORTANT

1. You must provide your current immunization records, even if you don't meet all the immunization requirements.

2. Approval for volunteer coaching position is pending until we receive your immunization records. Please submit them along with the completed packet in order to comply with the previously outlined order.

3. If you are unable to meet the previous immunization requirements, you must complete an Immunization Waiver. If applicable, please contact us to request the necessary form.

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UNITED STATES ARMY
CHILD & YOUTH SERVICES

CYS Programs Coaching Worksheet

Volunteer Information

U.S. ARMY MWR
SOLDIERS · FAMILIES · RETIREES · CIVILIANS

FIRST & LAST NAME

PHONE:

CELL PHONE:

EMAIL ADDRESS:

PLEASE CHECK WHAT PROGRAMS YOU WILL BE COACHING THIS SEASON

- ☐ Basketball Coach
- ☐ Baseball Coach
- ☐ Soccer Coach
- ☐ Flag Football Coach
- ☐ Volleyball Coach
- ☐ Tackle Football
- ☐ Fitness: Grades___
- ☐ XC Coach
- ☐ Pickleball Coach
- ☐ Tennis Coach
- ☐ Track Coach
- ☐ Cheer Coach
- ☐ Wrestling Coach
- ☐ Softball
- ☐ Lacrosse Coach

What **ages** are you interested in coaching/working with?

☐ 3-4y ☐ 5-6y ☐ 7-8y ☐ 9-10y ☐ 11-13y ☐ 13-15y

☐ Head Coach ☐ Assistant Coach

Base you'll be coaching on?

Panzer Kaserne ☐ Patch Barracks ☐ Kelley Barracks ☐ Robinson Barracks ☐

Questions/Notes:

_____

_____

_____

_____

_____

USAG STUTTGART CYS Services
Sports & Fitness Volunteer Application

Full Name: Last _____, First _____, Middle _____

Maiden Name (If Applicable): _____

Place of Birth: City _____, State _____, Country _____

Status: Active Duty ☐ Civilian ☐ Contractor ☐ Spouse ☐ Dependent ☐
Retiree ☐ LN/FN ☐ Other: _____

PSC Address: PSC _____ Box # _____ Zip _____

Email Address (Personal): _____

Email Address (Work): _____

Cell Phone: _____ **Home Phone**: _____

This application is to volunteer in the following capacity (please circle all applicable):

Head Coach ☐ Asst. Coach ☐ Official ☐ Game Administrator ☐

Interest in coaching the following sports (circle all applicable):

Soccer ☐ Basketball ☐ Baseball ☐ Softball ☐ Track & Field ☐ Lacrosse ☐
Archery ☐ Cheerleading ☐ Wrestling ☐ Football ☐ Flag Football ☐ Golf ☐
Bowling ☐ Volleyball ☐ Other: _____

Please list previous coaching experience: _____

_____

I understand that as a volunteer coach, official or administrator, I am acting in this capacity under the direction of CYS Services and the Sports & Fitness program. All mandatory trainings, certifications and clinics must be completed on an annual basis and is a condition of appointment. I pledge to adhere to the coaches' code of conduct, all sporting regulations outlined in the IMCOM-E Operational Guidance and the governing bodies appointed within (Little League, NFHS, etc.).

I understand that parents, family members and all others wishing to assist must be registered volunteers with CYS Services, have the proper background checks and will refer all interested parties to their offices before allowing them to participation in practices and/or games.

_____ _____
Applicant's Signature Date

JOB TITLE: CYS Sports Head Coach/Assistant Coach

AGENCY: CYS Sports

DATE :

Volunteering
CYS Sports & Fitness

1ST LINE SUPERVISOR: Jason Kettenhofen

2ND LINE SUPERVISOR: Jay McAdams-Thornton

DEPARTMENT OF DEFENSE GUIDELINES FOR CONTRACTORS: Volunteers may not hold policy-making positions, supervise paid employees or military personnel, or perform inherently governmental functions, such as determining entitlements to benefits; authorized Volunteers may be used to assist and augment the regularly funded workforce, but may not be used to displace paid employees or in lieu of filling authorized paid personnel positions. Voluntary services may not be used to displace paid employees or in lieu of filling authorized paid personnel positions. Voluntary services may not be accepted in exchange for any personnel action affecting any paid employee or military member. Volunteers shall not perform duties that render them unusually susceptible to injury or to causing injury or to others. Volunteers are supervised by a paid employee (Civil Service or non-appropriated fund employee), a military member or volunteer who is so supervised. When required, volunteers must be licensed, privileged, appropriately credentialed or be otherwise qualified under applicable law, regulations, or policy to provide the voluntary services involved.

Job Duties: Maintain a positive and fun environment that encourages participation and safe enjoyment of the sport. Organizes practices that are fun and challenging, and use coaching techniques appropriate for each of the skills being taught as well as the age group being coached. Demonstrates fair play and sportsmanship to all players, officials and parents. Places the emotional and physical well being of the players ahead of a personal desire to win. Provide a sports environment that is free of drugs, tobacco, and alcohol. Reports violations directly to officials, CYS Staff or parents.

SKILLS REQUIRED: For each Sport, be knowledgeable in the rules and their application.

IMPORTANT – READ BEFORE SIGNING!

BACKGROUND CHECK REQUIRED: Disclosure is voluntary; however, failure to provide requested information may result in denial of your request to be a Volunteer. The information will be used primarily by CYS Services to determine your eligibility to serve in the requested Volunteer position as authorized by PL93-247, Child Abuse Prevention and Treatment Act of 1974, DoD Directives 6400. 1,6400.2, and 6400.3. Background inquiries are requested from but not limited to the following agencies: Alcohol Substance & Abuse Program (ASAP), Family Advocacy, USA Criminal Investigation Command (USACIDC), local law enforcement to include military police (MP), Behavioral Health and two reference checks. All background requests, except USACIDC check, must be finished before an individual may coach**. By signing this form, the volunteer applicant acknowledges that all checks must be initiated and completed before any volunteer coach can start working with the team.**

Required Training: Coaches' Orientation course, Child Abuse Prevention course, NAYS Online Certification, Coaches meeting

TIME REQUIRED: INITIAL TRAINING: 12-20 hours. Weekly coaching work load: 0-15 hours

USE OF VEHICLE REQUIRED: NO

Specific duties performed while using vehicle: NO

**The use of a government owned vehicle is strictly prohibited unless specifically authorized.*

Coach's Printed Name | Signature | Date

CYS S&F POC Signature | Date

VOLUNTEER AGREEMENT FOR

☐ APPROPRIATED FUND ACTIVITIES ☒ NONAPPROPRIATED FUND INSTRUMENTALITIES

PART I - GENERAL INFORMATION

1. TYPED NAME OF VOLUNTEER *(Last, First, Middle Initial)*	2. YEAR OF BIRTH

3. INSTALLATION	4. ORGANIZATION/UNIT WHERE SERVICE OCCURS
USAG Stuttgart	USAG Stuttgart, CYS Sports & Fitness

5. PROGRAM WHERE SERVICE OCCURS	6. ANTICIPATED DAYS OF WEEK	7. ANTICIPATED HOURS
CYS Sports & Fitness	2-4 Days	4-12 Hours

8. DESCRIPTION OF VOLUNTEER SERVICES

CYS Sports & Fitness volunteer coach for our youth sports program. Sports will vary based on the availability of the volunteer as well as their knowledge of the sport to be coached.

DOB

SSN

PART II - VOLUNTEER IN APPROPRIATED FUND ACTIVITIES

9. CERTIFICATION

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services, tort claims, the Privacy Act, criminal conflicts of interest, and defense of certain suits arising out of legal malpractice. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services I will be providing.

a. SIGNATURE OF VOLUNTEER	b. DATE SIGNED *(YYYYMMDD)*
NA	

10.a. TYPED NAME OF ACCEPTING OFFICIAL *(Last, First, Middle Initial)*	b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*
NA	NA	

PART III - VOLUNTEER IN NONAPPROPRIATED FUND INSTRUMENTALITIES

11. CERTIFICATION

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of the United States Government or any instrumentality thereof, except for certain purposes relating to compensation for injuries occurring during the performance of approved volunteer services and liability for tort claims as specified in 10 U.S.C. Section 1588(d)(2). I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the laws and regulations applicable to voluntary service providers, and agree to participate in any training required by the installation or unit in order for me to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the installation or unit that apply to the voluntary services that I am offering.

a. SIGNATURE OF VOLUNTEER	b. DATE SIGNED *(YYYYMMDD)*

12.a. TYPED NAME OF ACCEPTING OFFICIAL *(Last, First, Middle Initial)*	b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*
CYS Staff -		

PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR

13. AMOUNT OF VOLUNTEER TIME DONATED				14. SIGNATURE	15. TERMINATION DATE *(YYYYMMDD)*
a. YEARS *(2,087 hours=1 year)*	b. WEEKS	c. DAYS	d. HOURS		

16.a. TYPED NAME OF SUPERVISOR *(Last, First, Middle Initial)*	b. SIGNATURE	c. DATE SIGNED *(YYYYMMDD)*

(Updated 20250926)

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

OMB No. 0704-0516
OMB approval expires: 20271130

PRIVACY ACT STATEMENT

AUTHORITY: 34 U.S.C 20351, Child Care Worker Employee Background Checks Requirements for Background Checks; Public Law 115-91, Section 925, (NDAA for FY2018) Background and Security Investigations for Department of Defense Personnel (10 U.S.C. 1564 note); 5 U.S.C. 9101, Access to Criminal History Records for National Security and Other Purposes; Executive Order 10450 Security Requirements for Government Employees; DoD Instruction 1402.05, Background Checks on Individuals in DoD 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 collect criminal history information of DoD personnel or contractors seeking to work with children in DoD child care services programs. Information received may be used to assess preliminary interim, on-going, or final suitability/fitness of DoD personnel or contractors working with children in these programs.

ROUTINE USES: In addition to those disclosures generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside of DoD pursuant to 552a(b)(3), including as follows: To designated officers and employees of Federal, State, local, territorial, tribal, international, or foreign agencies, or other public authorities, or to other offices or establishments in the executive, legislative, or judicial branches of the Federal Government, in connection with the hiring or retention of an employee, the conduct of a suitability, credentialing, or security investigation, the classifying of jobs, the letting of a contract, or the issuance of a license, grant or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter and the Department deems appropriate; to the appropriate Federal, State, local, territorial, tribal, foreign, or international law enforcement authority or other appropriate entity where a record, either alone or in conjunction with other information, indicates a violation or potential violation of law.

A complete list of routine uses may be found in the applicable System of Records Notice (SORN), DUSDI-02 DoD, Personnel Vetting Records System, at https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DUSDI-02-DoD.pdf

DISCLOSURE: Voluntary. However, failure to provide all requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children.

1. NAME *(Last, First, and Middle Name) (Do not use initials or abridgements.)*	2. OTHER NAME(S) USED

3. DATE OF BIRTH *(YYYYMMDD)*	4. INSTALLATION/PROGRAM NAME	5. DATE OF HIRE *(YYYYMMDD)*

6. Have you EVER been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law or Municipal law? (Do not include traffic fines of less than $300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. For any YES answers, complete columns 1-6 and provide a complete summary of the incident on page 2, block 9. Summary should include any disposition or potential mitigating information.

CHILD ABUSE/ NEGLECT: ☐ Yes ☐ No DRUG OR ALCOHOL: ☐ Yes ☐ No VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: ☐ Yes ☐ No

SEX CRIME: ☐ Yes ☐ No DOMESTIC VIOLENCE: ☐ Yes ☐ No OTHER: ☐ Yes ☐ No

(a) Month/ Year *(MM/YYYY)*	(b) Offense	(c) Action Taken	(d) Court or Law Enforcement Agency *(City & Country if outside the United States)*	(e) State	(f) Zip Code	(g) Date of Self-Report *(YYYYMMDD)*

7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law referenced in block 6. In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.

a. SIGNATURE	b. DATE *(YYYYMMDD)*

8. **ANNUAL CERTIFICATIONS** *(Required by Child Development and Youth Program Staff and Volunteers. Certify for the most year recent only.)*
In the past year, have you been apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law? (Do not include traffic fines of less than $300.) In addition, are you aware of a current allegation/investigation of child abuse/neglect or domestic violence by you, or have you otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category.

Failure to disclose accurate information may be grounds for dismissal, termination, or debarment from participating in the program.

a. 2nd YEAR *(Yes or No)*	(1) SIGNATURE	(2) DATE *(YYYYMMDD)*	b. 3rd YEAR *(Yes or No)*	(1) SIGNATURE	(2) DATE *(YYYYMMDD)*
c. 4th YEAR *(Yes or No)*	**(1) SIGNATURE**	**(2) DATE** *(YYYYMMDD)*	**d. 5th YEAR** *(Yes or No)*	**(1) SIGNATURE**	**(2) DATE** *(YYYYMMDD)*

Failure to provide information may result in an unfavorable adjudication decision.

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

I hereby authorize the Department of Defense and other authorized federal agencies to obtain any information required from the Federal government, state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Counterintelligence and Security Agency (DCSA), the U.S. Office of Personnel Management (OPM), the Department of Homeland Security (DHS), (if applicable), and from the State Criminal History Repository for each state where I have resided. This authorization is valid for one year from the date this form was signed or until termination of my affiliation with the Federal Government, whichever is sooner.

I have been notified of any employer's or Agency's right to require a criminal history records check as a condition of employment, or affiliation with DoD Child Care Services Programs. I understand that I may request a copy of such records as may be available to me under the law. I understand that I have a right to challenge the accuracy and completeness of any information contained in the criminal history records check report. I also understand that pursuant to the Privacy Act, the information collected will be safeguarded, including for the purpose of conducting the background check.

I release any individual, including records custodians, any component of the United States Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of good-faith compliance, or any good-faith attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

I declare under penalty of perjury that the statements made by me on this form are true, complete and correct. In addition to the annual certification, I understand that it is my responsibility to immediately inform my employer/supervisor or Child and Youth Programs representative if I am apprehended, arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), State law, County law, or Municipal law with a crime referenced in block 6. (Do not include traffic fines of less than $300.). In addition, I will immediately report when I am aware of a current allegation/investigation of child abuse/neglect or domestic violence, or have otherwise been involved in any act or received notification from the Family Advocacy Program of an incident that met Department of Defense criteria for child maltreatment or domestic abuse? Mark Yes or No for each category. I also understand that if I am a family child care provider that I will make the same report for the same offenses for members in my household.

WARNING: False statements are punishable by law and could result in fines and/or imprisonment for up to five years.

a. SIGNATURE	**b. DATE SIGNED** *(YYYYMMDD)*

11. PARENT CONSENT FOR MINORS:

If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background checks. The Parent/Legal Guardian is certifying they understand the purposes of these checks and hereby provide consent for the background checks.

a. SIGNATURE OF PARENT/GUARDIAN *(if under age 18)*	**b. DATE SIGNED** *(YYYYMMDD)*

ASAP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

For use of this form, see AR 600-85; the proponent agency is DCS, G-1.

SECTION A - CONSENT

I _____ (Client's Full Name) , this _____ day of _____ 20 ____ ,

do hereby voluntarily consent to the release of the following information by HQDA ASAP (Name of Installation ASAP)

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitation, or research 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.

_____ namely,

*** see above***

(extent or nature of information to be disclosed)

SECTION B - EXPIRATION / REVOCATION

(Check applicable paragraph)

1. [X] I understand that this consent automatically expires when the above disclosure action has been taken in reliance thereon and that, except to the extent that such action has been taken, I can revoke this consent at any time.

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 10-22 and 10-27, AR 600-85)

2. [ ] I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to _____

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ASAP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

SIGNATURE OF CLIENT	DATE

NAME OF WITNESS *(Type or print)*	SIGNATURE	DATE

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

NOTE: *Other than the MEDCEN/MEDDAC/DHA Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.*

In my judgment, the release of an evaluation of the present or past status of _____ (Client's Name)

in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC/DHA Commander OR DESIGNATED REPRESENTATIVE *(Type or print)*	
SIGNATURE	DATE

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, time away/timeout, or overly punitive restrictions; confinement in closets, boxes, or similar places or locked seclusion; manual, mechanical, or chemical restraint; humiliation, demeaning, shaming, verbal abuse, taunting, teasing, degrading language or activities, or psychological pain; deprivation of meals, hydration, snacks, outdoor play opportunities, or other program components; aversive stimuli; forced physical exercise to eliminate behaviors; punitive work assignments; punishment by peers; or group punishment or discipline for individual behavior. 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 (e.g. 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 employee misconduct, as a training aide, or to 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 paid 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.

Digitally signed by KING.SUZANNE.VIRGINIA.1008280033
Date: 2024.07.19 07:43:56 -05'00'

SUZANNE V. KING
Chief, Child and Youth Services

CYS PROFESSIONAL'S CREED

I am an Army CYS a professional trained in my duties. I serve Department of Defense Families who protect the nation by protecting their children/youth and ensure accountability for children/youth in my care.

I will always provide a safe, nurturing, and enriching environment. Never will I put children/youth in harm's way or allow others to do so. I will build trust with parents so they can concentrate on their mission. I will always treat Families with the dignity and respect they deserve. Army professionals are key members of the Army Team. I am an Army professional.

My signature acknowledges that I have read, understand, and will comply with the Caregiver's Creed and the Standards 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.

Year 1:

_____	_____	_____
CYS Personnel Signature	Print Name	Date

Year 2:

_____	_____	_____
CYS Personnel Signature	Print Name	Date

Year 3:

_____	_____	_____
CYS Personnel Signature	Print Name	Date

Coaches' Code of Ethics

I hereby Pledge to live up to my certification as an NYSCA Coach by following the NYSCA Coaches' Code of Ethics.

- **I will place the emotional and physical well-being of my players ahead of a Personal desire to win.**
- **I will treat each player as an individual, remembering the large range of emotional and physical development for the same age group.**
- **I will do my best to provide a safe playing situation for my players.**
- **I will promise to review and practice the basic first aid principles needed to treat Injuries of my players.**
- **I will do my best to organize practices that are fun and challenging for all my players.**
- **I will lead by example in demonstrating fair play and sportsmanship to all my players.**
- **I will provide a sports environment for my team that is free of drugs, tobacco, and alcohol, and I will refrain from their use at all youth sports events.**
- **I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.**
- **I will use those coaching techniques appropriate for each of the skills that I teach.**
- **I will remember that I am a youth sports coach, and that the game is for children and not adults.**

_____	_____	_____
Coach's Printed Name	**Coach's Signature**	**Date**

USAG STUTTGART, CYS Sports & Fitness

Volunteer Coach and Sports Official Reference Check

1. Name of prospective coach/official: _____
2. Name of the person completing form: _____

Please answer the following questions based on your experience with the applicant and indicate by check marking the appropriate column based on your evaluation of the following factors

	Outstanding	Excellent	Adequate	Unsatisfactory
3A. DEPENDABILITY:	☐	☐	☐	☐
3B. COOPERATION:	☐	☐	☐	☐
3C. SOUND JUDGEMENT:	☐	☐	☐	☐
3D. CONSIDERATION FOR OTHERS:	☐	☐	☐	☐

4A. Do you have any reason to question this person's ability to work with the USAG Stuttgart, CYS Youth Sports Program? YES ☐ NO ☐

4B. Do you have any knowledge of any behavior, activities or associations which tend to show that this person is not reliable, honest, trustworthy and of good conduct or character?

YES ☐ NO ☐

_____ _____

Signature Date

USAG STUTTGART, CYS Sports & Fitness

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4A. Do you have any reason to question this person's ability to work with the USAG Stuttgart, CYS Youth Sports Program? YES ☐ NO ☐

4B. Do you have any knowledge of any behavior, activities or associations which tend to show that this person is not reliable, honest, trustworthy and of good conduct or character?

YES ☐ NO ☐

_____ _____

Signature Date