



USAG STUTTGART CYS VOLUNTEER COACH PACKET

Attention Volunteer Coaches:

As of 1 May 2016, CYS Services switched to the new process for vetting and clearing volunteers as outlined in Army Directive 2014-23. All mandatory checks are processing through the Commander Designated Entity (CDE) and the Background Check Administrator (BCA). Once all portions of the enclosed Preliminary Background Check (PBC) packet have been received, prospective volunteers will be referred to the BCA office by CYS Staff for an appointment to initiate the FBI Fingerprint Check:

Local checks are run through Army Law Enforcement (ALE), Army Substance Abuse Program (ASAP), Army Central Registry (ACR)

No prior coaching experience necessary and candidates must be at least 16 years old to apply for a volunteer coach position. Fingerprinting checks are good for five (5) years.

The portions of this packet include:

- **Volunteer Application**
- **Volunteer Job Description**
- **DD 2981 - Disclosure Statement**
- **IRCR Form: Consent to run required local installation checks**
- **5018-R: Consent to run required local installation checks**
- **Volunteer Reference Form (2 references required)**
- **DD 2793 - Volunteer Agreement**
- **Statement of Understanding, Standards of Conduct**
- **Coaches Code of Ethics**

Once completely filled out, please forward the entire packet to CYS Sports Department and keep a copy at your site. We highly encourage candidates to submit the packet through email to the CYS Sports & Fitness group email box below:

usarmy.stuttgart.id-europe.mbx.youthsports@mail.mil

You may also submit the packet to the following locations and/or POC's listed below:

CYS Sports Office
Panzer Kaserne (Family Housing)
BLDG 3162
2nd Floor (Exterior Metal Staircase)

Parent Outreach Services Office
Patch Barracks
BLDG 2347
2nd Floor (Corner Entrance)

CYS Sports and Fitness POC's:

jason.m.kettenhofen.naf@mail.mil; colleen.m.watkins.naf@mail.mil; james.w.mcadams-thornton.naf@mail.mil

Once the packet is received, our office will reach out with further processing directions. For any additional questions, please contact 431-2616 (07031-15-2616). We appreciate your support of our youth sports program and look forward to working with you in future seasons!

-Your CYS Sports & Fitness Team-

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: _____

CMR Address: CMR _____ 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

USAG STUTTGART Volunteer Job Description

JOB TITLE: CYS Sports Head Coach/Assistant Coach

**Volunteering
CYS Sports & Fitness**

AGENCY: CYS Sports

DATE :

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

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://dpclid.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwrc.aspx>

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

Air Force: <http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569755/f034-af-sva-cl>

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 <http://dpclid.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/> may apply to these records.

DISCLOSURE: Voluntary; however, failure to furnish all requested information may result in an unfavorable adjudication decision and may affect suitability/fitness.

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)				2. OTHER NAME(S) USED	
3. DATE OF BIRTH (MM/DD/YYYY)		4. INSTALLATION/PROGRAM NAME USAG Stuttgart/CYS Sports			5. DATE OF HIRE
6. Have you been arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, or met the Family Advocacy criteria for child maltreatment? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one) Mark Yes or No for each category. If you answered "Yes," explain your answer in the space provided below or on the back of the form in block 9.					
CHILD ABUSE/ NEGLECT: <input type="checkbox"/> Yes <input type="checkbox"/> No		DRUG OR ALCOHOL: <input type="checkbox"/> Yes <input type="checkbox"/> No		VIOLENT CRIME/ ASSAULTIVE BEHAVIOR: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SEX CRIME: <input type="checkbox"/> Yes <input type="checkbox"/> No		DOMESTIC VIOLENCE: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) COURT (City & Country if outside the United States)	(5) STATE	(6) ZIP CODE
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 arrested, charged, convicted, or met criteria for any offense referenced in block 6.					
a. SIGNATURE				b. DATE (YYYYMMDD)	
8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers) In the past year, have you been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law or met the Family Advocacy criteria for child maltreatment.					
Failure to disclose accurate information may be grounds for dismissal, termination, or disbarment 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.					



Department of the Army

RELEASE/CONSENT STATEMENT

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 AND 10 USC 3013.

PRINCIPAL PURPOSE: TO COMPLY WITH REQUIREMENTS OF PUBLIC LAW 101-647, SECTION 231 (CRIME CONTROL ACT OF 1990), DoDI 1402.05 AND FOR NONAPPROPRIATED FUND, ARMY REGULATION (AR) 215-3.

ROUTINE USES: TO INITIATE THE BACKGROUND CHECK REQUIREMENTS OF THE STATUTE AND GOVERNING REGULATION.

Type or Print Name (Last, First MI):

Section I: Statement of Previous Arrest or Charge:

1. Have you ever been arrested for or charged with a crime involving a child? ____Yes ____No
2. Have you ever been asked to resign because of, or been decertified for, a sexual offense? ____Yes ____No
3. Have you ever been convicted of any offense against the law or forfeited collateral or are you now under charges for any offense against the law? (You may omit: (1) Traffic violations for which you paid a fine of \$300.00 or less unless the violation was alcohol or drug related, and (2) any offense committed before your 21st birthday **which was finally adjudicated in a juvenile court or under a youth offender law.**) ____Yes ____No

If you answer "yes" to any question above, describe the case disposition below. Include the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved; or if a **military action (to include Article 15)**, the military authority or court involved, and the final disposition of the case; to include fine(s)/amount paid, found guilty or not, loss of rank etc. Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you have been advised by your attorney that you do not need to disclose them on employment forms, as they will be identified in the background check process. You must also disclose all covered incidents even if you did so on a previous consent and release form, Optional Form 306, Department of Army Form 3433, or other such document and/or if the incident was previously considered by a Program Review Board or otherwise adjudicated IAW Army guidance. If additional space is needed, please attach a separate sheet of paper as a continuation page and include your printed name at the top and signature and date at the bottom.

Date of Violation/Incident	Explanation of Violation/Incident or Charge	Place of Occurrence	Name and Address of Police Department or Court Involved	If Military, Military Authority or Court Involved	Final Disposition of the Case

RELEASE/CONSENT STATEMENT (Cont)

Type or Print Name (Last, First MI) _____

Section II: Statement of Understanding and Release:

1. I have been advised that my being hired or selected for, and continuing employment or service in a position having regular contact with children under the age of 18 will be based upon favorable completion of all required background checks. I understand that these may include:

- a. Army Law Enforcement Reporting & Tracking System (ALERTS) // Defense Central Index of Investigations (DCII)
- b. Army Substance Abuse Program (ASAP) to include records from the Substance Use Disorder Clinical Care (SUDCC) which may include that pertaining to my identity, diagnosis, or treatment from any Army record maintained in connection with alcohol or other drug abuse education, training, treatment, rehabilitation or research.
- c. Medical Treatment Facilities (MTF) – Army Central Registry (ACR)
- d. Federal Bureau of Investigation Fingerprint Special Agreement Check (FBI-FP-SAC)
- e. State Criminal History Repository (SCHR) Checks for each state where I have resided for the last five years.
- f. Any other records as appropriate and to the extent permitted by law.

2. I have been advised and understand that the above listed checks will be completed annually, or every three or five years (depending on the position) while I am employed/contracted/volunteering in a position that requires regular contact with children under the age of 18, and that these checks may also be completed to authenticate issues that surface during my employment or service. I understand that this consent does not expire and will be utilized to conduct these periodic reverification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this will preclude my continued service in a child services position. I also understand that if the report of these checks contains adverse information, I have a right to challenge the accuracy or completeness of the information contained therein.

3. I understand that failure to disclose this information or provide consent precludes me from employment or continued service in a child services position, and may form the basis for withdrawal of a tentative (conditional) job offer, or removal from my position and/or the federal service.

Section III: Signature:

A false statement may result in adverse action up to and including removal. Under U.S. Code 1001, the federal punishment for perjury is fine or imprisonment for up to 5 years or both.

I declare under penalty of perjury that the information contained in this application form and any attachments or documents submitted in connection with my application for this position are true and correct to the best of my knowledge, information, and belief.

I hereby confirm my understanding of the information in this statement; and authorize the release of my name and Social Security Number for the purpose of conducting the required checks in Section II.

Signature

Date

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.

Signature

Date

ADAPCP 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 - CONSENTI, _____, this _____ day of _____, 20____,
(client's full name)do hereby voluntarily consent to the release of the following information by HQDA ASAP
(name of installation ADAPCP)
pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with
alcohol or other drug abuse education, training, treatment, rehabilitatiton, 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.

SSN: _____

DOB: _____

namely,

*** see above***

(extent or nature of information to be disclosed)

SECTION B - EXPIRATION/REVOCATION

(Check applicable paragraph)

1. ☒ 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 6-9b(4)(b) and 6-10e(3), 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 ADAPCP, 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 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 COMMANDER OR DESIGNATED REPRESENTATIVE (Type or print)

DATE

SIGNATURE



Attention Volunteer Coaches:

All candidates initiating a volunteer packet to become a coach are required to have two (2) reference checks completed using the following form.

Both forms must be returned to be able to initiate the required checks.

Completed forms can be returned to our Sports Office located in Panzer Kaserne Family Housing on the 2nd floor of building 3162 or emailed to:

usarmy.stuttgart.id-europe.mbx.youthsports@mail.mil

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
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

VOLUNTEER AGREEMENT FOR			
<input type="checkbox"/> APPROPRIATED FUND ACTIVITIES		<input checked="" type="checkbox"/> 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, CYS Sports & Fitness	
5. PROGRAM WHERE SERVICE OCCURS CYS Sports & Fitness		6. ANTICIPATED DAYS OF WEEK 2-4 Days	7. ANTICIPATED HOURS 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.			
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 NA		b. DATE SIGNED (YYYYMMDD)	
10.a. TYPED NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial) NA	b. SIGNATURE NA		c. DATE SIGNED (YYYYMMDD)
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)
PART IV - TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR			
13. AMOUNT OF VOLUNTEER TIME DONATED		14. SIGNATURE	
a. YEARS (2,087 hours=1 year)	b. WEEKS	c. DAYS	d. HOURS
15. TERMINATION DATE (YYYYMMDD)			
16.a. TYPED NAME OF SUPERVISOR (Last, First, Middle Initial)		b. SIGNATURE	
		c. DATE SIGNED (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 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 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 and Preschool and School age children by sight supervision and for short intervals by sound (for instance when the child is toileting). 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 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 Video Surveillance System.

12. As a mandated reporter I will immediately and directly report to the Reporting Point of Contact (RPOC) and State Child Protective Services (CPS) (if located in the U.S.) any incident I witness which a reasonable person would consider child abuse or neglect.

13. 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.

14. I am responsible for completing reports on accidents, injuries to children/youth, or other unusual incidents that occur while I am on duty.

15. 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. While under Line Of Sight Supervision (LOSS), I will ensure that I am in view of another cleared staff member at all times. If providing LOSS for another staff member, I will keep that person in line of sight at all times (does not apply to FCC Providers).

16. 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.

17. 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, instagram, 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 at work.

18. 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.

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