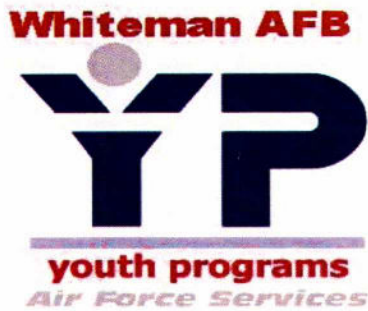


Please Email Completed Forms to Connie Morton at: Connie.Morton@us.af.mil



Whiteman AFB Youth Center
509th Force Support Squadron
Whiteman AFB, MO 65305
(660) 687-5586/3199

Volunteer Coaches Application Packet

Thank you for your interest in coaching with the Youth Sports program. Please complete this packet and return it to the Sports Director. Packet includes:

- Application Sheet:
- Volunteer Coach Position Description:
- Discipline Policy Letter:
- DD Form 2981:
- Reference Check:
- Child Abuse Training:
- Blood Borne Pathogens Training:
- NYSCA Coaches Code of Ethics:
- Confidentiality:

The following training is also required and will be provided for you if you do not have it:

- AF Form 1098
- NYSCA (National Youth Sports Coaches Association) Certification:
- CPR:
- First Aid or Self Aid and Buddy Care:

The Following items are items you are required to provide the Sports Director:

- Current Immunization Records

NYSCA Certification/Coaches training will be provided for you via an online course and paid for by the Youth Sports Program.

Gregg Gangemella
Youth Sports Director
gregg.gangemella.2@us.af.mil



Whiteman AFB Youth Center
509th Force Support Squadron
Whiteman AFB, MO 65305
(660) 687-5586/3199

WAFB YOUTH COACHES / OFFICIALS APPLICATION FORM

Circle sport you wish to coach / officiate

Baseball Soccer Basketball Flag Football Cheer
Grade level wanting to coach _____ Which Gender M / F
Child playing: Yes No _____ Shirts Size _____
Name: _____ Rank: _____ Squadron: _____
Address: _____ City/ State: _____
Work Phone: _____ Home Phone: _____
HOME E-mail: _____ Last 4
SSN _____

List all previous coaching / officiating experience: (include dates and age group)

Have you ever completed a NYSCA Certification course? _____ When and where? _____

Other volunteer experience: _____

Reason you want to coach:

I understand that prior to my coaching I must consent to an Installation Records Check as per AFI 34-144. I give consent at this time by signing below. I also understand that I must comply with all aspects of NYSCA and WAFB Youth Center sports directives. If I fail to comply, I could be removed as a coach and possibly decertified through NYSCA, which would revoke my coaching availability throughout the Air Force.

Signature: _____ Date: _____

REMARKS:

WHITEMAN AFB YOUTH SPORTS VOLUNTEER COACH POSITION

- TITLE:** Volunteer Coach
- DESCRIPTION:** Coach of a coed team between the ages of 5 and 18
You will be considered a role model for all athletes assigned to your team, therefore, sportsmanship, fair play, adherence to all rules and by-laws, and 100% commitment are required.
- RESPONSIBILITIES:** Plan, organize, and implement practices and games.
Direct assistant coaches and team parents.
Teach the young athlete the fundamentals of the sport.
Encourage the involvement of the parent(s) in the sport.
Schedule and conduct necessary meetings, i.e., parent meeting, end of season party, etc.
Provide a safe and fun environment for the children.
Learn and follow league rules, policies, and procedures.
Ensure the minimum playing time for each participant.
Put the feeling of the participants ahead of the desire to win.
Attend all league meetings and training.
- QUALIFICATIONS:** Successfully completes all necessary paperwork (Coach's Packet)
Attend all schedule meetings.
Successfully complete the NYSCA coaches certification training.
Possess a CPR W/child and First Aid certification.
Be enthusiastic
Be able to put winning in its place, after the needs and wants of the players.
Be patient
Be organized
Be dependable
- INFORMATION:** As a volunteer coach of the Whiteman Youth Sports Program, you are considered an extension of the staff. You must conduct yourself in the same manner as you would your own job. In the same respect, you will receive adequate training to make your experience as a volunteer coach an enjoyable one.

I certify that I have read and understood the above job description for a youth sports league coach and that I accept the terms of the job description.

Applicant's Signature

Name (Printed)

Date

FOR OFFICIAL USE ONLY

VOLUNTEER AGREEMENT FOR

APPROPRIATED FUND ACTIVITIES

NONAPPROPRIATED FUND INSTRUMENTALITIES

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1588, Authority to accept certain voluntary services; 5 U.S.C. 3111, Acceptance of volunteer service; and DoDI 1100.21, Voluntary Services in the Department of Defense.

PRINCIPAL PURPOSES(S): To acknowledge and document Volunteer Agreement for Appropriated Fund Activities or Nonappropriated Fund Instrumentalities before a statutory individual is allowed to provide volunteer services.

ROUTINE USES: There are no specific routine uses anticipated for this information; however, it may be subject to a number of proper and necessary routine uses that are identified in each of the following systems of records notices: (1) A0608b DFSC, Personal Affairs: Army Community Service Assistance Files (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>); (2) NM01754-2, DON Family Support Program Volunteers (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/570427/nm01754-2/>); and (3) F036 AFDPC, Family Services Volunteer and Request Record (at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DoD-wide-SORN-Article-View/Article/569815/f036-af-dp-c/>).

DISCLOSURE: Voluntary; however, lack of a signed Volunteer Agreement will limit Government support and eliminate certain benefits to individuals donating voluntary services to Appropriated Fund Activities and Nonappropriated Fund Instrumentalities.

PART 1 - GENERAL INFORMATION

1. NAME OF VOLUNTEER (Last, First, Middle Initial)	2. NAME OF PARENT/GUARDIAN (If volunteer is under age 18) (Last, First Middle Initial)	3. VOLUNTEER IS (Select one) <input type="checkbox"/> AGE 18 OR OVER <input type="checkbox"/> UNDER AGE 18
---	---	--

4. TELEPHONE NUMBER (Include Area Code)	5. E-MAIL ADDRESS
--	--------------------------

PART II • VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. INSTALLATION/COMPONENT ACTIVITY Whiteman AFB	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS 509 FSS	8. PROGRAM WHERE SERVICE OCCURS Youth Programs	9. ANTICIPATED DAYS OF WEEK 3	10. ANTICIPATED HOURS 6
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11. DESCRIPTION OF VOLUNTEER SERVICES

PART III - VOLUNTEER CERTIFICATION

12. CERTIFICATION
I expressly agree that my services (or those of my minor child) 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, to participate in any training required to perform assigned voluntary duties, and to follow all installation, unit and organization rules and procedures applicable to the voluntary services I (or my minor child) will be providing.

a. SIGNATURE OF VOLUNTEER	b. SIGNATURE OF PARENT/GUARDIAN (if volunteer is under age 18)	c. DATE SIGNED (YYYYMMDD)
----------------------------------	---	----------------------------------

13.a. NAME OF ACCEPTING OFFICIAL (Last, First, Middle Initial) Gangemella, Gregg A	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
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PART IV • TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR AND SIGNED BY VOLUNTEER

14. AMOUNT OF VOLUNTEER TIME DONATED	a. YEARS. (2,087 hours= 1 year)	b. WEEKS	c. DAYS	d. HOURS	15. SERVICE END DATE (YYYYMMDD)
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16.a. VOLUNTEER SIGNATURE	b. PARENT/GUARDIAN SIGNATURE (If volunteer is under age 18)	17.a. NAME OF SUPERVISOR (Last, First, Middle Initial)	b. SUPERVISOR'S SIGNATURE	c. DATE SIGNED (YYYYMMDD)
----------------------------------	--	---	----------------------------------	----------------------------------

FOR OFFICIAL USE ONLY

VOLUNTEER AGREEMENT FOR APPROPRIATED FUND ACTIVITIES or NONAPPROPRIATED INSTRUMENTALITIES INSTRUCTIONS FOR COMPLETING DD FORM 2793

DD Form 2793, Volunteer Agreement for Appropriated Fund Activities and Nonappropriated Fund Instrumentalities, is available online at, <http://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd2793.pdf>. A Volunteer Agreement must be completed and signed by both Volunteer (or Parent/Guardian of volunteer under the legal age of majority) and Government Accepting Official (Installation Volunteer Coordinator or similar) before volunteer begins voluntary service. The accepting official will furnish the volunteer a copy of DD Form 2793, and retain the original in accordance with *DoD Instruction (DODI) 1100.21, Voluntary SeNices in the DoD* and the Military Departments' Records Disposition Issuances.

VOLUNTEER AGREEMENT FOR APPROPRIATED FUND ACTIVITIES or NONAPPROPRIATED INSTRUMENTALITIES. To be completed by Government official applicable to the volunteer's assignment.

PART I - GENERAL INFORMATION (to be completed by Volunteer or Parent/Guardian as specified)

1. **NAME OF VOLUNTEER.** (Last, First, Middle Initial)
2. **NAME OF PARENT/GUARDIAN.** (if volunteer is under legal age of majority) (Last, First, Middle Initial) Parent/guardian signature is required only if volunteer is under the legal age of majority.
3. **VOLUNTEER IS: AGE 18 OR OVER OR UNDER AGE 18.** Check applicable box to indicate whether volunteer is an adult or minor child (under the legal age of majority).
4. **TELEPHONE NUMBER.** (Include Area Code) List number where volunteer prefers to be contacted.
5. **E-MAIL ADDRESS.** List address where volunteer prefers to be contacted.

PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. **INSTALLATION/COMPONENT ACTIVITY.** List the installation/component activity where voluntary service will be performed or that assumes primary responsibility for the volunteer program.
7. **ORGANIZATION or UNIT WHERE SERVICE OCCURS.**
8. **PROGRAM WHERE SERVICE OCCURS.** List organization or unit program or location where voluntary services will be performed.
9. **ANTICIPATED DAYS OF WEEK.** List anticipated day(s) volunteer will be donating services.
10. **ANTICIPATED HOURS.** List anticipated times or number of volunteer hours to be provided per specified time period.
11. **DESCRIPTION OF VOLUNTEER SERVICES.** Briefly describe assigned voluntary service duties.

PART III - VOLUNTEER CERTIFICATION

12. **CERTIFICATION.** Certification must be signed and dated by both Volunteer and Government Official accepting volunteers providing voluntary services. Accepting Official must check either Appropriated Fund Activity or **Non-appropriated** Fund Instrumentality at the top of DD Form 2793.
 - a. **SIGNATURE OF VOLUNTEER.**
 - b. **SIGNATURE OF PARENT/GUARDIAN.** (if Volunteer is under legal age of majority).
 - c. **DATE SIGNED (YYYYMMDD).** List date signed by Volunteer.
13. **NAME OF ACCEPTING OFFICIAL.**
 - a. (Last, First, Middle Initial).
 - b. **SIGNATURE.** Signature of Accepting Official.
 - c. **DATE SIGNED (YYYYMMDD).** List date signed by Accepting Official.

PART IV - COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR AND SIGNED BY VOLUNTEER

14. **AMOUNT OF VOLUNTEER TIME DONATED.**
 - a. **YEARS.** (2,087 hours= 1 year)
 - b. **WEEKS.**
 - c. **DAYS.** This may apply to volunteers designated as Special Government Employees. Consult Ethics Counselor for details.
 - d. **HOURS.** Total number of voluntary service hours donated.
15. **SERVICE END DATE (YYYYMMDD).** Volunteer Supervisor lists final day of voluntary service.
16. **VOLUNTEER SIGNATURE.**
 - a. **Volunteer's signature verifies voluntary service time donated.**
 - b. **PARENT/GUARDIAN SIGNATURE.** (if Volunteer is under legal age of majority).
17. **NAME OF SUPERVISOR.**
 - a. (Last, First, Middle Initial) of Volunteer Supervisor.
 - b. **SUPERVISOR SIGNATURE.** Signature of Volunteer Supervisor or Accepting Official verifies total amount of voluntary service time donated.
 - c. **DATE SIGNED (YYYYMMDD).** Date signed by Volunteer Supervisor or Accepting Official.



AIR FORCE CHILD AND YOUTH PROGRAMS POSITIVE GUIDANCE AND APPROPRIATE TOUCH INSTRUCTIONAL GUIDE

September 2013

1. **TRAINING OBJECTIVE:** To assist Child and Youth Programs (CYP) personnel (CYP staff and managers, Family Child Care (FCC) providers and coordinators, contract workers and volunteers) in building relationships with children/youth through appropriate adult-to-child interactions.
2. **PURPOSE:** To outline appropriate adult-to-child interactions in CYP.
3. **OVERVIEW:**
 - a. Children/youth need guidance from adults to keep them safe, encourage development of self-control, self-reliance and respect for the rights of others. These skills are crucial to their future success as adults. Guidance of child/youth behavior is ongoing and requires skill and patience.
 - b. For guidance to be most successful, it needs to occur in the context of a caring and supportive relationship. It's important that the CYP personnel get to know and understand the child/youth's typical behavior. Effective guidance takes place when children/youth know and trust adults caring for them and the adults show children/youth their concern for them is unconditional.
 - c. CYP personnel must recognize children/youth as individuals and respect differing abilities, temperaments, activity levels, and developmental characteristics. No one specific guidance technique will work for every situation; therefore approaches will need to be adapted for each child/youth.
 - d. Touch is as necessary as food or water for children/youth to thrive and grow physically, cognitively, socially, and emotionally. Appropriate touch respects the personal privacy and space of children/youth; is nurturing (hugs, giving high-fives, etc.); keeps children/youth safe (separating physically conflicting children/youth, examining cuts/bruises/unusual marks, administering first aid to injuries); and assists with hygiene (face and hand washing, diaper changing, etc.). Remember, the age and individual needs and preferences of the child/youth should always be considered when determining if a touch is appropriate.
 - e. All CYP personnel must receive training on positive guidance techniques and appropriate touch and sign a written statement of understanding during New Employee/Provider Orientation. Annually thereafter, CYP personnel must receive training on positive guidance techniques and appropriate touch. All training is documented on the AF Form 1098, *Special Task Certification and Recurring Training*.

- f. Incidents of inappropriate guidance/touch are reported, using the *AF CYP Reportable Incidents Report Form*, to the Flight Chief, Family Advocacy, Squadron Commander/Director, Major Command Specialist/Installation Support Division, Air Force Personnel Center Directorate of Services Child and Youth Programs, and Headquarters United States Air Force Child and Youth Programs within 24 hours of occurrence.

4. APPROPRIATE GUIDANCE TECHNIQUES:

- a. **Consider Possible Reasons for Behaviors:** Behaviors are a form of communication. Due to the limited language and experiences of a child/youth, sometimes their actions speak louder than words. Avoid blaming the child/youth for the challenging behavior and look to identify the root cause of the behavior.
- b. **Listening:** An important element of communication is the ability to listen to the messages a child/youth is telling us. Adults should not only listen with their ears, but also “listen” with their eyes. Focus on body language, tone of voice, facial expressions, etc. to truly understand what children/youth are trying to communicate.
- c. **Understanding Development:** Knowing what to expect developmentally for children/youth helps to ensure adult expectations are appropriate. Knowing the ages of stages of child/youth growth and development helps adults ensure that they offer children activities and materials that are stimulating rather than frustrating. Children/youth gain competence and confidence in mastering tasks and facing challenges.
- d. **Providing Opportunities for Choices:** When appropriate, provide choices rather than directions to children/youth. Remember the developmental age of the child/youth when offering choices. Older children/youth do better with more open-ended choices (ex: “What would you like to do today?”), while younger children may need limited choices. (Ex: “It’s cold outside. Do you want to wear your sweater or your jacket?”)
- e. **Establishing Limits and Rules:** Create realistic and developmentally appropriate limits and rules which focus on taking care of “self, others and the environment and materials.” Involve children/youth in the development of rules and limits and communicate them clearly. Consider posting rules or scheduling a time to discuss/remind children/youth. Older youth and teens need clear limits with consequences other than expulsion. Youth and families should receive a copy of the program’s written code of conduct to ensure their understanding of expectations.
- f. **Anticipating and Preventing Challenging Behaviors:** Plan environments, activities, and projects based on the foundation of child/youth development. Use visual cues such as a schedule, sign-up sheet, rebus cards or pictures to reinforce expectations. Anticipate how children/youth may respond to certain stimuli or situations. Plan ahead to prevent problems.

- g. **Indirect Guidance:** Indirect guidance allows children/youth to know what the expectations are without a great deal of direction from adults. For example, if children/youth are given the opportunity to work the CD player, is there a way for them to know what an acceptable volume is? By simply marking a red line on the volume control, children/youth have a visual reminder about what is an acceptable volume.
- h. **Reinforcement:** Reinforce positive behavior using encouraging words. Be specific in your reinforcement and explain what the child/youth has done (ex. “You did a good job rearranging all of the art supplies. I really appreciate that you took the time organize the area.”) These words describe the actions the adult is praising instead of simply saying “Good job.”
- i. **Redirection:** Redirection is used to get a child/youth to “redirect” his/her thoughts or actions into a more appropriate activity. “You can run while you are on the playground. Do you want me to put some music on so you can dance?” “The locator board tells us the playground is full. I will keep my eye on the board and let you know when there is an open space. While you are waiting, there is a great cooking activity going on in the cafe.”
- j. **Intentional Environments:** The learning environment is an important and powerful teaching tool. If the environment is set up with the knowledge of how children/youth learn and develop, it can positively support teaching and learning. Staff/providers observing challenging behaviors should consider how the daily schedule, transitions, room arrangement or materials may be contributing factors.
- k. **Logical and Natural Consequences:** Consequences are positive or negative outcomes of an action. Natural consequences occur on their own. They are not controlled or manipulated by anyone, they simply just happen. For example: A child or youth who does not eat lunch is hungry later. Logical consequences are situations engineered by the person in authority and they are logically connected to the wrong. It is logical because it "fits" the offense. For example: If a child spills paint, it is not logical for him or her to have to leave the art area or to be lectured. These responses lack a follow-on connection to the occurrence. Cleaning the floor and refilling the container are both logical and educational. Children/youth that experience natural and logical consequences develop self-discipline and inner strength. They also learn to respect order because they see that following rules leads to better living as opposed to being in fear of punishment.
- l. **Conflict Resolution:** Conflict resolution is a time to find solutions, understand each person’s perspective and share feelings. It is not an opportunity to have one person win and the other lose. Conflict resolution is a very effective guidance tool because it allows children/youth to practice negotiation, compromise, listening skills, empathy, self-calming techniques and assertiveness without aggression.

- m. **Providing Language to Identify Expressions of Emotions:** One of the most important social/emotional development skills we can teach is helping a child/youth move from physical reactions to verbal responses that communicate their feelings/needs. They must be able to connect and communicate with others in order to be successful in current and future relationships. Younger children might have difficulty identifying a feeling and may benefit from prompting or exploring feelings. (Ex. Does that make you feel sad?)
- n. **Modeling Prosocial Behaviors:** CYP personnel promote prosocial behavior by interacting in a respectful manner with children/youth, families, and co-workers. Examples include: discussing behavioral challenges privately, ensuring each child/youth has the opportunity to contribute to the group, building a classroom/home community, assisting children/youth in conflict and countering bullying behaviors.
- o. **Be in Control without Being Overly Controlling:** Consistency is very important; however, it is equally important to have flexibility. Once in a while, it is OK to give in about the small stuff, provided that it is not something dangerous. For example, teens passionately expressing their opinion about procedures in the program, even when they are not the opinions of the adults, could result in a life skill regarding compromise and respecting differences. Drug and alcohol use, on the other hand, are non-negotiable. Know that sometimes the best response is to ignore a behavior.
- p. **Restraint:** As a last resort, restraint is used ONLY when children/youth are endangering themselves and/or others. Restraining a child/youth requires careful action by CYP personnel and should only be used when a child is unresponsive to all other guidance techniques. The intent of restraining is to keep a child/youth safe and to assist with calming the behaviors. It is critical for the CYP personnel to remain calm, use a soothing tone of voice, know when to call for assistance and ensure the child is not hurt.

5. INAPPROPRIATE GUIDANCE TECHNIQUES:

- a. CYP personnel never use threats or derogatory remarks about children/youth or their families.
- b. At all times, children/youth should be free from criticism, repression and punishment. Therefore, the following techniques are unacceptable for use by any adult (including parents) in CYP. NOTE: This list is not all-inclusive. Remember, any act that risks harming a child/youth physically or psychologically is not permitted in CYP.
 - Spanking, slapping, biting, hitting, pinching, yanking, shoving, shaking, pulling hair or any other form of physical abuse
 - Threats, name-calling, sarcasm, belittling, teasing or any other form of verbal abuse
 - Isolation away from adult contact/sight
 - Confinement in closets, boxes or similar places
 - Binding to restrain movement of mouth or limbs
 - Withholding or forcing meals, snacks, toileting, outdoor play experiences or rest time
 - Allowing children/youth to remain in soiled or wet clothing



- Intimidating a child with facial expression, tone of voice or a physical presence (ex. standing over them, finger pointing)
- Touching children/youth in uncomfortable or inappropriate ways, such as: tickling, kissing, forced goodbye hugs/kisses, fondling or touching genitals (except when necessary to clean a child who has soiled himself/herself)
- Coercion or other forms of exploitation of a child's lack of knowledge

6. BEHAVIOR SUPPORT PLANS:

- a. It might be time to consider a behavior support plan when children/youth display behaviors that are consistent, intense and/or put themselves or others at risk. The plan should include a mix of strategies which build relationships between the child/youth, staff and family, reduces the need for conflict, and teaches them to be successful in their relationships with others.
- b. A behavior support plan should be developed with the understanding that adults (including parents/guardians) in the life of the child/youth recognize the individual needs and challenges of the child/youth and are going to provide support and understanding to assist in their development of social and emotional skills. There will need to be changes and compromises in order for a plan to be effective. In addition, everyone will have to be accountable for trying new things. A good plan outlines everyone's responsibilities and provides the time for change to occur.
- c. CYP Managers and Training & Curriculum (T&C) Specialists support staff/providers, parents and children/youth by increasing observations, debriefs, and parent conferences to facilitate successful implementation of the plan, processes and strategies. Managers and T&Cs also play an essential role in obtaining outside resources to provide additional support such as the Military Family Life Consultant (MFLC), Kids Included Together (KIT), School Liaison Officers (SLO), Exceptional Family Member Program (EFMP) Coordinators and installation CYP Medical Advisor.

I have received training and understand I must follow the requirements outlined in the Air Force Child and Youth Programs Positive Guidance and Appropriate Touch Instructional Guide. I will receive annual training on positive guidance and appropriate touch. All training will be documented on the AF Form 1098, *Special Task Certification and Recurring Training*.

Printed Name

Date

Signature

13 Feb 2024

Volunteer Coaches
Whiteman AFB Youth Sports Program

Dear Coaches:

This letter is to serve as a recap of our Child and Youth Programs Air Force Instruction 34-144. Per our AFI “Individuals with pending or incomplete checks are readily identifiable from a distance by means of distinctive clothing, or other visible and apparent markings.”

As we go forward, it is imperative that you meet the following expectations:

- **Must wear either the vest or shirt during practice provided by the Sports Director.**
- **Must wear team jersey during games provided by the Sports Director.**

Additionally, this letter serves as a formal notice that you understand this expectation and failure to comply will result in removal as a volunteer coach. I trust that you will be able to meet these expectations. Please feel free to contact me if you have any questions.

Sincerely,

Gregg Gangemella

CC: Noel Posey

Coach Printed Name and Signature

Date

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

OMB No. 0704-0516
 OMB approval expires:
 20271130

The public reporting burden for this collection of information 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@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: 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://dpclid.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 Whiteman AFB. MO/Youth Programs	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: <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	OTHER: <input type="checkbox"/> Yes <input type="checkbox"/> 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)
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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.

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)

INSTRUCTIONS

This Department of Defense Form is to be completed by prospective or current employees, volunteers, DoD contractors or employees of DoD contractors, Family Child Care (FCC) providers, and adults residing in the FCC home upon application for any position within a Department of Defense Child Care Services Programs. The form will be utilized for initial certification that said individual has not been apprehended, arrested, charged, or convicted by Federal, State, or other Local authorities for any violation of any Federal law (including the Uniform Code of Military Justice), Military law, State law, County law, or Municipal law, Regulation or Ordinance, nor have they been apprehended, arrested, charged or held by Federal, State or Local Authorities for any crime or offense involving any of the following: Crime involving a child, sex crime, drug or alcohol offense, domestic violence, violent crime/assaultive behavior, or other. FCC providers will also report the same offenses for members in their household. Individuals who work and volunteer in DoD Child Development and Youth Programs must update this form on an annual basis.

Completion of this form is voluntary; however, failure to provide requested information may result in an unfavorable adjudication or determination regarding suitability or fitness to work with children in support of DoD child care services programs

1. Provide your last, first, and middle name. Do not use initials or abridgements.
2. Provide any other names used to include maiden name.
3. Provide your date of birth in YYYYMMDD format.
4. Provide the installation and DoD program where you seek employment or to volunteer; if operating or residing in a FCC home, provide the address of the FCC home.
5. Provide the date of hire. *To be completed by HR or Security Manager.*
6. Place an X in the appropriate box based on whether 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. Be sure to disclose any covered charges or incidents, even if they were expunged, and/or even if you would not otherwise need to disclose them on an employment application or forms, as they may be identified in the background check process. You must also disclose all covered incidents, even if you did so on a previous consent and self-disclosure form and/or even if the incident was previously adjudicated.

If you answered "Yes," explain your answer in the space provided. If additional space is needed, use block 9.

Use column 6.g for subsequent self-reports (as applicable).

7. Sign and Date.
8. On an annual basis, for the most recent year only, select the appropriate answer (yes or no) or write in the appropriate response indicating if you have 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.
9. If needed, use this space for additional comments to explain blocks 6 and/or 8.
10. Sign and date.

COACH'S REFERENCE CHECK

Name of Coach: _____ Address: _____

City/State: _____ Phone: _____

Provide two local references (if possible) **NONE FAMILY MEMBERS** that can provide information about your suitability for serving as a positive adult role model in Youth Sports:

A. Name _____ Phone #: _____

Address _____ City/State/Zip: _____

E-mail _____

B. Name _____ Phone #: _____

Address _____ City/State/Zip: _____

E-mail _____

DO NOT FILL IN BELOW

Reference Check:

1. How long and in what capacity have you known this person?

A. _____

B. _____

2. To your knowledge, how does this person interact with children?

A. _____

B. _____

3. Would there be any reason you feel this person would not be suitable for a coaching position with youth?

A. _____

B. _____

4. To your knowledge, is this person punctual, trustworthy and honest?

A. _____

B. _____

Reference Check completed by: _____ on _____



June 2007

Disponible en español
www.childwelfare.gov/pubs/factsheets/sp_signs.cfm

Recognizing Child Abuse and Neglect: Signs and Symptoms



The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect. The presence of a single sign does not prove child abuse is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination.

If you do suspect a child is being harmed, reporting your suspicions may protect the child and get

What's Inside:

- Recognizing child abuse
- Types of abuse
- Signs of physical abuse
- Signs of neglect
- Signs of sexual abuse
- Signs of emotional maltreatment



help for the family. Any concerned person can report suspicions of child abuse and neglect. Some people (typically certain types of professionals) are required by law to make a report of child maltreatment under specific circumstances—these are called mandatory reporters. For more information, see the Child Welfare Information Gateway publication, *Mandatory Reporters of Child Abuse and Neglect*: www.childwelfare.gov/systemwide/laws_policies/statutes/mandatory.

For more information about where and how to file a report, contact your local child protective services agency or police department. An additional resource for information and referral is the Childhelp® National Child Abuse Hotline (800.4.A.CHILD).

Recognizing Child Abuse

The following signs may signal the presence of child abuse or neglect.

The Child:

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen

- Lacks adult supervision
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home

The Parent:

- Shows little concern for the child
- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

The Parent and Child:

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

Types of Abuse

The following are some signs often associated with particular types of child abuse and neglect: physical abuse, neglect, sexual abuse, and emotional abuse. It is important to note, however, that these

types of abuse are more typically found in combination than alone. A physically abused child, for example, is often emotionally abused as well, and a sexually abused child also may be neglected.

Signs of Physical Abuse

Consider the possibility of physical abuse when the **child**:

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver

Consider the possibility of physical abuse when the **parent or other adult caregiver**:

- Offers conflicting, unconvincing, or no explanation for the child's injury
- Describes the child as "evil," or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child

Signs of Neglect

Consider the possibility of neglect when the **child**:

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Consider the possibility of neglect when the **parent or other adult caregiver**:

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

Signs of Sexual Abuse

Consider the possibility of sexual abuse when the **child**:

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting

- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver

Consider the possibility of sexual abuse when the **parent or other adult caregiver**:

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members

Signs of Emotional Maltreatment

Consider the possibility of emotional maltreatment when the **child**:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
- Is delayed in physical or emotional development

- Has attempted suicide
- Reports a lack of attachment to the parent

Consider the possibility of emotional maltreatment when the **parent or other adult caregiver**:

- Constantly blames, belittles, or berates the child
- Is unconcerned about the child and refuses to consider offers of help for the child's problems
- Overtly rejects the child

RESOURCES ON THE CHILD WELFARE INFORMATION GATEWAY WEBSITE ▾

Child Abuse and Neglect

www.childwelfare.gov/can/index.cfm

Defining Child Abuse and Neglect

www.childwelfare.gov/can/defining/

Preventing Child Abuse and Neglect

www.childwelfare.gov/preventing/

Reporting Child Abuse and Neglect

www.childwelfare.gov/responding/reporting.cfm

This factsheet was adapted, with permission, from *Recognizing Child Abuse: What Parents Should Know*. Prevent Child Abuse America. © 2003.

Sign _____

Print _____

Date _____

BLOODBORNE PATHOGENS: QUESTIONS & ANSWERS

PROGRAM OUTLINE

BACKGROUND

- In 1992, OSHA issued Standard 1910.1030 that requires certain employers to have a Bloodborne Pathogens Program.
- This covers organizations that have employees who are required to perform first aid as part of their jobs as well as employees that may be exposed to potentially infected materials.
- Along with the Bloodborne Pathogens Program, the OSHA standard mandates training for affected employees. The purpose of this training is to protect employees from exposure to bloodborne pathogens.

WHAT ARE BLOODBORNE PATHOGENS?

- Bloodborne pathogens are microorganisms that can cause diseases, some fatal, such as Hepatitis B and C as well as HIV.
- These microorganisms can be carried in infected blood and bodily fluids.
- A vaccination is available against the Hepatitis B virus, but there is currently no vaccine or cure for Hepatitis C or HIV.

PREVENTING EXPOSURES

- The best way to avoid dealing with potentially infected blood is to follow safe work practices and to have safety engineered into our workplaces.
- Hazards should be identified and removed before they can cause injury.
- Make sure warning signs and labels are up to date and clearly visible.
- Good housekeeping practices will also help reduce the risk of exposure to bloodborne pathogens. Keep your workplace neat and clean to help prevent accidents.
- If you have a job that requires personal protective equipment, wear it. PPE only works when you use it according to the manufacturer's instructions.

HOW INFECTIONS OCCUR

- Bloodborne pathogens must find a direct route of entry into the body for infection to be possible.
- The infected blood or bodily fluid must enter the body through breaks in the skin, such as cuts, burns or other breaks caused by dermatitis, acne or skin rash.
- Bodily fluids can also splash into the eyes and cause infection.
- You cannot catch a bloodborne disease when an infected person touches you or sneezes and coughs on you. Also, you will not contract a bloodborne disease from a toilet seat or by using someone's cup or glass.
- You should not share razor blades or toothbrushes, which may contain blood or bodily fluids.
- You may be exposed to bloodborne pathogens if your skin is penetrated by a needle, broken glass or other sharp object that has been contaminated by infected material.

UNIVERSAL PRECAUTIONS & OTHER PRECAUTIONS

- Universal precautions should be practiced at work as well as off the job when exposure to someone's

bodily fluids can occur. These precautions require you to treat blood, vomit, saliva and other bodily fluids as if they were infected.

- Wear protective gloves when disposing of feminine hygiene products.
- Never pick up a needle or broken glass with your hands, even if you don't see blood on them. Use a broom and dust pan or tongs.
- Place all sharp objects in a puncture-resistant, leak-proof container. Don't carry the material to the container; take the container to the needles or broken glass.
- You should always have some type of barrier between you and the fluid. Disposable latex gloves and plastic face shields are good examples.
- If you can, carry a pair of disposable gloves at all times or have them close at hand. Put them on in any situation where your hands may be exposed to blood or bodily fluids.
- Be sure to check disposable gloves for holes or tears before putting them on your hands.
- As a preventive measure, have infection control kits available that include gloves, eye protection and a pocket respirator or other barrier device for CPR. You can add these items to your regular first aid kit.

RESPONDING TO INJURIES

- If a co-worker has a minor accident that causes bleeding, try to have the victim bandage his or her own wound. This will reduce the possibility of others being exposed.
- If the injury is serious, call the emergency response team. Members of this team should always wear appropriate PPE such as gloves and other barrier devices when treating anyone.
- If you feel that you don't have time to wait for the emergency response team and the injury could be fatal, make sure you take universal precautions. Wear latex gloves, use a barrier device for CPR and wear goggles or a face shield if there is a possibility of bodily fluids splashing into your eyes.
- Use anything practical to stop the bleeding while preventing exposure to the victim's blood. You may want to use a large quantity of paper towels or several layers of clothing.
- Remember that vomit, burns, abrasions, head injuries and internal injuries can release bodily fluids that are difficult to see.
- When removing disposable gloves, roll the first glove off the hand inside out. Use the clean inside part of the first glove to remove the second glove.
- Never wash or attempt to disinfect disposable gloves. They must be placed in an approved biohazard bag. Wash your hands immediately after removing any gloves.
- If you have been exposed to a victim's bodily fluids, wash the affected area thoroughly with soap and water. If you think you may have been splashed in the eyes, bathe the eyes thoroughly using an eyewash.

CLEANING UP POTENTIALLY INFECTED MATERIALS

- Wear rubber utility gloves when cleaning spills of blood or bodily fluids. Replace any gloves that are cracked, torn or damaged in any way that may prevent them from acting as an effective barrier.
- You must thoroughly wash the area that has been contaminated as well as any tools or other items that may have been contaminated.
- Use alcohol or a solution of one part household bleach to nine parts water as your cleaning agent.

- Contaminated clothing and bandages must be disposed of in an approved biohazard bag. This material must be sent to a facility that is licensed to dispose of hazardous waste.

OTHER SAFETY TIPS

- Don't eat, drink, smoke, apply cosmetics or handle contact lenses until you have thoroughly washed your hands.
- Report every incident that involves exposure to blood or bodily fluids to your supervisor immediately. He will ensure that the appropriate people are informed.
- Your employer may ask you to be tested by your company doctor or you may request testing to determine if you have been infected.
- If you are frequently at risk of exposure because of your occupation, your employer can vaccinate you for the Hepatitis B virus.
- By always taking universal precautions and using common sense, you can prevent almost all exposures to bloodborne pathogens.

BLOODBORNE PATHOGENS: QUESTIONS & ANSWERS
REVIEW QUESTIONS

Name _____

Date _____

The following questions are provided to check how well you understand the information presented during this program.

1. Of the three major bloodborne pathogens viruses, a vaccine is only available for_____.
 - a. Hepatitis B
 - b. Hepatitis C
 - c. HIV
 - d. none of the above

2. You can catch a bloodborne disease if an infected person sneezes or coughs on you.
 - a. true
 - b. false

3. You can catch a bloodborne disease if an infected material splashes into your eyes.
 - a. true
 - b. false

4. Which of the following should be placed in all infection control kits at your facility?
 - a. latex gloves
 - b. goggles or face shield
 - c. barrier device for CPR
 - d. all of the above

5. Universal precautions require you to treat all bodily fluids as if they were not infected by bloodborne pathogens.
 - a. true
 - b. false

6. When cleaning up broken glass or needles, you should_____.
 - a. carry the sharp objects to an approved container and dispose
 - b. carry an approved container to the sharp objects and dispose
 - c. use any container to dispose of the objects
 - d. none of the above

7. You should never attempt to wash or disinfect used disposable gloves, even if you think no exposure occurred.
 - a. true
 - b. false



Inclusion of Children with Disabilities

Disabilities Guide

Suggestions when working with children with ADHD

- Get the child's attention before talking to them.
- Keep instructions simple.
- Keep directed activity periods short.
- Arrange for the participant to sit near the coach or assistant coach during practice, when attending or participating becomes a problem.
- Limits, rules, and consequences should be clearly stated and carried out consistently.
- Create situations in which the participant can interact positively with peers and not become overstimulated or frustrated.
- Try to determine which activities seem to calm the child and which activities seem to overstimulate.

Suggestions when working with children with Autism

- Transitions may be difficult. Allow the participant to sit and watch before participating.
- Show pictures of the facilities (i.e. practice fields, gymnasium, etc.) to the participant beforehand to help him or her prepare. This will allow the participant to be prepared as to what to expect and hopefully make smoother transitions.
- Find out what motivates the participant - use as reinforcers.
- Allow the participant to make choices, as appropriate; try to avoid power struggles.
- Be aware of sensory issues (i.e. personal space, touching, etc).

Suggestions when working with children with Cerebral Palsy

- Allow for physical adaptations, such as wheelchairs, walkers, and/or braces.
- Allow for communication devices, such as computers or communication boards - individuals with cerebral palsy often have difficulty with language. Be patient - if they do not use communication devices, ask them to show you what they are trying to say. Ask for clarification if you do not understand.
- Grasping large and small objects may be difficult. Add foam handles for better grasping and allow for hand over hand assistance (e.g. batting).
- Be aware of proper transfer techniques if the participant uses a wheelchair.

- Do not assume someone with cerebral palsy wants assistance, even if it looks like they are struggling - always ask if you can help before jumping in with assistance.

Suggestions when working with children with Mental Retardation

- Use concrete, interesting, age-appropriate, and relevant materials. Because they function at a lower intellectual level does not mean you should provide activities that meet their IQ level... Instead, focus on the participant's age, and provide activities that same-age participants without disabilities would do.
- Present information and instructions in small, sequential steps and review each step frequently. Allow the participant to sit back and watch the activity before participating. Explain the activity while the activity is going on. Listening to instructions and watching their peers will allow them to learn how to play the activity.
- Provide prompt and consistent feedback. Let them know they did a good job by telling them exactly what they did.
- Treat the participant as you would anyone else. Use the same discipline techniques that you would use for participants without disabilities. Do not treat them differently because they have a disability.
- People with mental retardation will perform as you perform. Therefore, role model your expectations, such as appropriate social and listening skills. Let them know what is expected of them and the consequences if they do not meet expectations.

Suggestions when working with children with Learning Disabilities

- Capitalize on the participant's strengths, as the learning disability is not a pervasive disability.
- Provide structure and clear, concrete, expectations. Use short sentence and simple vocabulary. Help participants organize themselves and manage their time during practice and activity sessions.
- Allow flexibility in terms of accommodations. For example, have a written explanation of the rules of the activity in addition in addition to the verbal explanation.
- Provide positive reinforcement. Do not embarrass the participant by asking him or her to do a task that will draw attention to the disability.
- If the participant has difficulty with coordination, be sure to analyze the activities for any safety issues and to manage any identified risks.

Suggestions when working with children with Mental Illness

- Some children with mental illness may have difficulty concentrating due to loss of motivation, depression, and drowsiness caused by medications. Slow down, give simple, direct instructions.
- Various medications used to treat mental illness may cause side effects such as tremors, slurred speech, excessive thirst, and extreme sensitivity to the sun. These side effects can be very frustrating for the participant - give them extra time or accommodations as needed.

- Get to know the participant and focus on his or her strengths. Find out what works and what doesn't work to help them in social situations.
- Create an atmosphere that celebrates diversity. Everyone in the group does not have to act or be the same. Create a group norm that is more accepting of a wider range of behaviors that are not disruptive or harmful. If a participant's behavior is inappropriate, let them know of a quiet place they can temporarily use to regain control.
- Always challenge any damaging comments or remarks about mental illness. Be a constant advocate in your program – people with mental illness, no matter how serious the illness, are people first.

Suggestions when working with children with Physical Disabilities

- Children with physical disabilities will feel most welcome in your sport or recreation program if your staff are aware of basic rules of conduct.
- Do not push a child's wheelchair or grab the arm of someone walking with difficulty. Ask first if you can be of assistance.
- Never move someone's crutches, cane, or other mobility aide without permission
- Do not make assumptions about what a child can or cannot do. A child with a physical disability is the best judge of his or her own capabilities.
- If you offer assistance and the child declines, do not insist. If accepted, ask how you can best help.

Suggestions when working with children with Hearing Impairments

- Face the person directly and maintain eye contact. Don't turn your back or walk around while talking. If you look away, the person might assume the conversation is over. Don't cover your mouth with your hands or any object when you are speaking.
- If you are writing a message, don't talk at the same time.
- If you do not understand something that is said, ask the person to repeat it or write it down. The goal is communication – do not pretend to understand.
- If you know sign language, try using it. It may help you communicate and it will at least demonstrate your willingness to meet the person halfway.
- Each person should be consulted as to their type of interpreting.

Suggestions when working with children with Visual Impairments

- Identify yourself when you approach who is blind. If a new person enters, introduce them.
- Face the person and speak directly to him or her. Use a normal tone of voice.
- Don't leave without saying you are leaving.
- If you are offering assistance or directions, be as specific as possible, and point out obstacles in the path of travel (e.g., steps, branches, curbs). For example, state "Go five feet and turn to your left. There is a 12-inch step down after the turn."
- Never pet or otherwise distract a guide dog unless the owner has given permission.

- If a person has taken your arm, do not pull the person along. Allow the person to grip your elbow, keeping your arm relaxed.

Suggestions when working with children with Speech Impairments

- Talk to people with speech impairments as you would talk to any person.
- Be patient—it may take the person a while to answer.
- Give the person your undivided attention, as you would any person.
- Be friendly. Start up a conversation. It may be more difficult for a person with a speech impairment to get others' attention.
- Ask people with speech impairments for help in communicating with them. Often printed instructions on communication devices explain how to use them to communicate.
- Tell people with speech impairments if you do not understand what they are saying. Ask them to repeat their message, say it differently, or write it down.
- To obtain information quickly, ask short questions that require brief answers or a head nod.

Sign _____

Print _____

Date _____

Reference

Anderson, L. & Kress, C. B. (2003). *Inclusion: Including people with disabilities in parks and recreation opportunities*. State College, PA: Venture Publishing, Inc.

CONFIDENTIALITY

Security

The importance of the installation in the national defense establishment requires that a strict security program be maintained. The nature of your work may place you in a position to learn top security or confidential material. IF you become aware of any violations in the security program, notify your activity manager immediately. Do not discuss military or classified material. You will be required to take OPSEC and Anti-Terrorism training.

Employee Expectation

It is mandatory that employees realize the importance of maintaining confidentiality in all instances of working with families or children. Failure to maintain the confidentiality of a child, family or employee related issue may result in a disciplinary action.

Your Obligation

This installation has always maintained high standards of work performance and conduct in all official relationships. Employees have helped to maintain the standards and take pride in their part in the organization and its work. You are now a member of this organization and the installation relies on you to keep the standards in mind and give your efforts to help maintain them. The emphasis in an organization such as ours is always on the positive aspects of performance and conduct. As an employee of a NAF activity, your conduct, in many instances, will be subject to more restrictions and to higher standards, than may be the case in private employment. USAF NAF employees are expected to conduct themselves, both at work and off the job, in a manner which will reflect favorably upon themselves and the Air Force. Although, the Air Force does not want to interfere in the private lives of its employees, they are expected to be loyal to the government, Air Force, and NAF employer.

EMPLOYEE NAME (PRINTED) _____

DATE _____

SIGNATURE _____



COACHES' CODE OF ETHICS

I hereby pledge to live up to my certification as a 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 promise to review and practice 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 not cheat or engage in any form of unethical behavior that violates league rules.
- 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 all of those skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for children and no adults.

Coach Signature

Date

DEPARTMENT OF DEFENSE CONSENT TO CONDUCT INSTALLATION RECORDS CHECK (IRC)		OMB No. 0704-0586 OMB Approval Expires: 20261130
The public reporting burden for this collection of information, OMB Control Number 0704-0586, is estimated to average 10 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: 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.		
SECTION I. SUBJECT'S INFORMATION		
1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements)		2. OTHER NAME(S) USED (e.g., maiden name, nickname, birth name)
3. PLACE OF BIRTH (City, State, OR Country, if born outside the US)	4. DATE OF BIRTH (YYYYMMDD)	5. SOCIAL SECURITY NUMBER
6. CURRENT ADDRESS (Street, City, State, Zip Code)		
SECTION II. AUTHORIZATION AND RELEASE CERTIFICATION (To be signed by Subject or Parent/Legal Guardian)		
I hereby authorize the DoD to conduct an IRC, which includes the release of information pertaining to me within military law enforcement records, the Defense Central Index of Investigations (DCII) and information pertaining to Family Advocacy Program (FAP) records (child and domestic abuse) maintained in the FAP Central Registry to include US State specific Child Abuse/Neglect registries. I also authorize the other Services within DoD to release the same information listed above from their systems of record for the purposes of completing the IRC. I understand that this consent does not expire and may be utilized to conduct periodic re-verification checks. I also understand that except to the extent such action has been taken, I can revoke my consent at any time but this may preclude my continued service in a Child Care Services position. I understand that pursuant to the Privacy Act, the information collected will be confidential and disclosure limited to purposes authorized under the Privacy Act. I understand that I may request a copy of such records as may be available to me under the law, and that I have a right to challenge the accuracy and completeness of any information contained in the results of the background checks. I release any individual, including records custodians, any component of the United States Government, or the individual supplying information, from all liability for damages that may result on account of compliance or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates, and personal representatives of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.		
7a. PRINT NAME (Subject or Parent/Legal Guardian)	7b. DATE (YYYYMMDD)	7c. SIGNATURE (Subject or Parent/Legal Guardian)
7d. EMAIL ADDRESS	7e. PHONE NUMBER	
SECTION III. POSITION AND BACKGROUND CHECK INFORMATION		
8a. COMMAND / INSTALLATION / ORGANIZATION AFGSC/WHITEMAN AFB/509 FSS		8b. POSITION HIRE / START DATE (estimated) (YYYYMMDD) YOUTH SPORTS COACHING
8c. POSITION CATEGORY		
<input type="checkbox"/> Civilian Employee (APF)	<input type="checkbox"/> Civilian Employee (NAF)	<input type="checkbox"/> Contractor
<input type="checkbox"/> Military Personnel	<input checked="" type="checkbox"/> Volunteer	<input type="checkbox"/> In-Home Care Providers (Respite Care, Foster Care, Family Child Care)
<input type="checkbox"/> Junior Reserve Officer (JROTC) Instructor	<input type="checkbox"/> Other	<input type="checkbox"/> In-Home Care Family Members
		<input type="checkbox"/> Teen Employee

SECTION IV. INSTALLATION RECORDS CHECK (To be completed based on service specific procedures)

9. FAMILY ADVOCACY PROGRAM

Type of Check: Initial: Annual: 5 Year Check:

Date initiated: (YYYYMMDD) _____ Date Completed: (YYYYMMDD) _____

No record of applicant Record on file

Met criteria incident found: Yes No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

9a. Printed Name of Certifying Official: _____

9b. Signature: _____ Date: (YYYYMMDD) _____

10. INSTALLATION LAW ENFORCEMENT

Type of Check: Initial: Annual: 5 Year Check:

Date initiated: (YYYYMMDD) _____ Date Completed: (YYYYMMDD) _____

No record of applicant: Record on file:

Any derogatory information found: Yes No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

10a. Printed Name and Title: _____

10b. Signature: _____ Date: (YYYYMMDD) _____

11. DEFENSE CENTRAL INDEX OF INVESTIGATIONS (DCII) (Optional check)

Type of Check: Initial: Annual: 5 Year Check:

Date initiated: (YYYYMMDD) _____ Date Completed: (YYYYMMDD) _____

No record of applicant: Record on file:

Any derogatory information found: Yes No

Remarks: _____

I CERTIFY a records check required by DoDI 1402.05 has been completed and no information exists, unless shown above, that precludes working with children.

11a. Printed Name and Title: _____

11b. Signature: _____ Date: (YYYYMMDD) _____