

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with the YMCA of St. Joseph, I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), will be requested by Client for employment or volunteer purposes, whichever is applicable, from Averity (Protect Youth Sports), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. Client also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Client. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-877-319-5587. For information about Averity's privacy practices, see www.protectyouthsports.com.

Acknowledgement and Authorization

By signing below, I authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary document explaining my rights under the Fair Credit Reporting Act.

Signature TODAY'S DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN

D/L or STATE ID

STATE ISSUED

EMAIL ADDRESS

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 FAMILY CARE SAFETY REGISTRY
WORKER REGISTRATION

FCSR USE ONLY

Register online at www.health.mo.gov/safety/fcsr OR mail this form, copy of Social Security card, and payment to Missouri Dept. of Health and Senior Services, Fee Receipts, PO Box 570, Jefferson City, MO 65102. Register only once!

REGISTRATION TYPE (Check all that apply. Complete column on right only if Long Term Care/Personal Care selected from left.)

Adoptive Parent
 Agency Name: _____

Child Care

Missouri Foster Parent/Family Member of Foster Parent
 Children's Division County Office: _____

Hospital

Long Term Care/Personal Care (Please choose subcategory at right ▶.)

Mental Health/Psychiatric Hospital

Voluntary (Select voluntary if no other registration type applies.)

Long Term Care / Personal Care Subcategories (Complete if LTC/PC selected at left.)

Adult Day Care

Assisted Living Facility

Hospice

Hospital LTAC/Swing Bed

Mental Health – Residential Facility/ICF

Nursing Facility/Skilled Nursing

Personal Care – Home Health

Personal Care – In-Home Services

Personal Care – Consumer Directed Services/Center for Independent Living

Personal Care – HCY/PDW/DDD/Other

A one-time registration fee of \$15.00 applies to all categories except Missouri Foster Parents, who must list the Missouri Children's Division county office.

Have you or an immediate family member ever served in the U.S. Armed Forces? Yes No
 If Yes, would you like information about military-related services in Missouri? Yes No

SOCIAL SECURITY NUMBER (Mail copy of card with form.)

— — —

PERSONAL INFORMATION (Provide all names you have used, starting with most recent. Include legal names and nicknames.)

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX (JR., SR., II, III)
BIRTH NAME (LIST FULL NAME)		PRIOR NAMES USED (IF APPLICABLE, LIST FIRST AND LAST NAMES.)	DATE OF BIRTH (MM-DD-YYYY)
		GENDER <input type="checkbox"/> M <input type="checkbox"/> F	

CONTACT INFORMATION

MAILING ADDRESS (ENTER YOUR STREET ADDRESS OR POST OFFICE BOX. THIS ADDRESS MUST BE DIFFERENT FROM EMPLOYER ADDRESS.)

CITY STATE ZIP CODE COUNTY

TELEPHONE EMAIL ADDRESS (REQUIRED) COUNTRY (COMPLETE ONLY IF OUTSIDE U.S.)

EMPLOYER ASSOCIATED WITH THIS REGISTRATION (Complete either left or right column, not both.)

<input type="checkbox"/> My current/potential child care, long term care or mental health care employer is:	<input type="checkbox"/> No Employer, because I am a(n):
EMPLOYER NAME	<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent/Family Member <input type="checkbox"/> Home Child Care Provider <input type="checkbox"/> Private Pay/Private Duty <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Explain: _____)
EMPLOYER ADDRESS	
EMPLOYER CITY STATE ZIP	
EMPLOYER TELEPHONE EMPLOYER CONTACT NAME EMPLOYER CONTACT TITLE	

REGISTRATION AGREEMENT

The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant my permission for the Missouri Department of Health and Senior Services (DHSS) to obtain any and all background information authorized by law to process this request. Furthermore, I authorize the DHSS to release the fact that I am a registrant in the Family Care Safety Registry (FCSR) and any related background information to the requester of the FCSR for employment purposes only, as provided in §210.921, subsection 1, subdivisions (1) and (2), RSMo. For purposes of the FCSR, "employment purposes" includes direct employer/employee relationships, prospective employer/employee relationships, and screening and interviewing of persons or facilities by those persons contemplating the placement of an individual in a child care, elder care or personal care setting. I understand that if I dispute the information contained in the FCSR I have the right to appeal the accuracy of the transfer of information to the FCSR within thirty (30) days of receiving the results of the background screening.

NOTICE: The FCSR may choose to deposit the check enclosed electronically as an ACH debit entry to my designated bank account. I understand that my signature below authorizes my financial institution to deduct this payment from my account. In the event that DHSS or its subcontractor is unable to secure funds from my account or I provide insufficient or inaccurate information regarding my account, my obligation to the DHSS will remain unpaid and further collection action may be taken by the DHSS or its subcontractor, including, but not limited to, returned check fees.

SIGNATURE OF APPLICANT DATE OF SIGNATURE (MUST BE WITHIN SIX MONTHS OF SUBMISSION.)

WHAT IS THE FAMILY CARE SAFETY REGISTRY?

The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

- State criminal history and sex offender registry records maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The Employee Disqualification List maintained by the Missouri Department of Health and Senior Services
- The Employee Disqualification Registry maintained by the Missouri Department of Mental Health
- Child care facility licensing records maintained by the Missouri Department of Elementary and Secondary Education
- Foster parent records maintained by the Missouri Department of Social Services

WHO HAS TO REGISTER?

Any person hired on or after January 1, 2001, as a child care worker or elder care worker, hired on or after January 1, 2002, as a personal care worker, or hired on or after January 1, 2009, as a mental health worker, as provided in §210.906, RSMo, is required to make application for registration in the Family Care Safety Registry within fifteen (15) days of the beginning of employment. **Such person who fails to submit a completed registration form to the DHSS without good cause, as determined by the department, is guilty of a class B misdemeanor.** Employees and volunteers from non-state and/or federally regulated entities are NOT REQUIRED to register with the FCSR.

HOW DO I COMPLETE THE REGISTRATION FORM?

Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select "Voluntary." (A "voluntary registrant" is a person who is not mandated to register with the Family Care Safety Registry pursuant to §210.900 et seq., RSMo.) If you checked Long Term Care / Personal Care, please also make one or more selections from the column on the right for subcategory.

Social Security Number – You must provide your Social Security number pursuant to 19CSR 30-80.030(1). This identifying information, including Social Security number, will be used for internal identification purposes and to conduct background screenings for the resource information listed in paragraph one above.

Personal Information – List your current Last Name, First Name, Middle Name, and any suffix associated with your last name. List any other names by which you may have been known, including maiden names, past married names, and nicknames (attach additional sheets if needed). For identification purposes, list your gender and date of birth.

Contact Information – List your address, city, state, ZIP code, and county. Include your telephone number and email address. We will use this information to notify you of registration results and any background screenings conducted. Email notifications will be encrypted for improved security. To reduce postage costs, the Registry may contact you to request a personal email address if one is not provided.

Employer Associated with this Registration - If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right. The employer entered in this section will not receive a copy of the registration notification. **Employers eligible to use the Registry for caregiver screenings must make a separate request for your background information.**

Registration Agreement – Sign and date the registration form. Your signature will authorize the Family Care Safety Registry to conduct the background screening outlined in §210.903.2, RSMo and to provide the information to requesters for employment purposes, as provided in §210.921.1, RSMo.

WHERE DO I SEND MY REGISTRATION FORM?

Send your completed registration form and photocopy of Social Security card and required fee to the **Missouri Department of Health and Senior Services, ATTN: Fee Receipts, P.O. Box 570, Jefferson City, MO 65102**. If you have questions, please call the Registry using the toll-free telephone number, **866-422-6872**.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?

After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requester, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your contact information. Notify the Family Care Safety Registry of changes in personal or contact information using the toll-free telephone number, 866-422-6872, by email to fcsr@health.mo.gov, or by mail to FCSR, PO Box 570, Jefferson City, MO 65102.

WHAT IF I DON'T AGREE WITH THE RESULTS OF MY BACKGROUND SCREENING?

As provided in §210.912, RSMo, you have the right to appeal the information transferred to the Family Care Safety Registry. Your right to appeal is limited to the accuracy of the transfer of information from the state agency that maintains the background information and does not include a right to appeal the accuracy of the substance of the information transferred. An appeal must be filed in writing to the Office of the Director, Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO, 65102, within 30 days of receiving the results of the background screening determination. An administrative appeal shall be set within 30 days of the filing of the appeal and a decision shall be made within 60 days. This right to appeal is in addition to any other appeal rights granted by state law.

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?

Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).

7.1 Employee Code of Conduct/Child Abuse Prevention

Some of the guidelines employees are expected to follow are:

1. In order to protect YMCA staff, volunteers and program participants, at no time during a YMCA program may a staff or volunteer person be alone with a single child where they cannot be observed by others. As staff or volunteers supervise children, they should space themselves in such a way that other staff or volunteers can see them.
2. Staff and volunteers shall never leave a child unsupervised.
3. Restroom supervision: Staff and volunteers will make sure suspicious or unknown individuals do not occupy the restroom before allowing children to use the facilities. Staff and volunteers will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff or volunteers are assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip or other off-site locations. Always send children with at least 3 children (known as the rule of three) and 1 staff together. If staff is unable to go in with children, send one child at a time into restroom by self.
4. Staff and volunteers should conduct or supervise private activities in pairs – diapering, putting on bathing suits, taking showers before swimming, etc. When this is not feasible, staff and volunteers should be positioned so that they are visible to others.
5. Staff and volunteers shall not abuse children, including:
 - Physical abuse – to strike, spank, shake, slap, etc.
 - Verbal abuse – to humiliate, degrade, threaten, etc.
 - Sexual abuse – to inappropriately touch or speak, etc.
 - Emotional/Mental abuse – to shame, withhold kindness, be cruel, etc.
 - Neglect – to withhold food, water, basic care, etc.

No type of abuse will be tolerated and may be cause for immediate dismissal.

6. Staff and volunteers must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff and volunteers will have age appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in pre-determined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner, and must be documented in writing.
7. Staff and volunteers will conduct a health check of each child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented.
8. Staff and volunteers are to respond to children with respect and treat all children equally regardless of sex, race, religion, culture, economic level of the family, and/or disability.

9. Staff and volunteers will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
 10. Staff and volunteers will refrain from intimate displays of affection towards others in the presence of members, guests, children, parents, staff, etc.
 11. While the YMCA does not discriminate against an individual's lifestyle, it does require that in the performance of their job, they will abide by the standards of conduct set forth by the YMCA.
 12. Staff and volunteers must appear clean, neat, and appropriately attired. Staff must have name tags on during working hours.
 13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.
 14. Smoking or use of tobacco (including e-cigarettes or electronic cigarettes) on YMCA property or in the presence of members, children, parents, etc. during working hours is prohibited.
 15. Possession or use of any type of weapon or explosion device is prohibited.
 16. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment is prohibited.
 17. Use of YMCA computers and/or cell phones to access pornographic sites, send emails with sexual overtones or otherwise inappropriate messages, or develop online relationships are prohibited.
 18. Staff and volunteers must be free of physical and psychological conditions that might adversely affect someone's physical or mental health. If in doubt, an expert should be consulted.
 19. Staff and volunteers will portray a positive role model by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
 20. Staff and volunteers may not be alone with children they meet in YMCA programs outside of the YMCA. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to CEO approval.
 21. Staff and volunteers are not to transport children in their own vehicles or allow youth participants old enough to drive to transport younger children in the program.
 22. Staff and volunteers may not date program participants, members, other staff in the same department and/or personnel that they relate to or work with on behalf of the YMCA and its programs. Staff may not be "friends" on Facebook or any other social media with program participants.
 23. Under no circumstances should staff or volunteers release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).
 24. Staff and volunteers are required to attend training related to identifying, documenting, and reporting child abuse.
 25. Staff and volunteers will act in a caring, honest, respectful, and responsible manner consistent with the Mission of the YMCA.
 26. Staff and volunteers will not be working in (or in charge of) the same classroom as their own child is enrolled.
-

27. Staff and volunteers will not give gifts to program participants or accept gifts from program participants.
28. Theft is prohibited and is grounds for immediate termination.
29. Insubordination is a deliberate and inexcusable refusal to obey a reasonable order which relates to an employee's job function. The refusal may be openly stated or a silent withholding of services. Insubordination is considered a major offense and can be grounds for immediate dismissal depending on severity.
30. Staff and volunteers are to report to a supervisor any other staff or volunteer who violates any of these policies.
31. Staff and volunteers are required to inform their supervisor or CEO if they learn or suspect a fellow employee has a history of sexual abuse and/or neglect convictions.
32. Staff and volunteers will respect the privacy rights of all concerned. Staff and volunteers will use confidentiality with any information and will only give out that information on a need-to-know basis to the immediate supervisor and/or CEO.
33. All original documentation regarding incidents and/or accidents will be given to the CEO for review and then submitted to the HR Department to be kept on file. Any communication (electronic, printed, or otherwise) will be reviewed by the CEO as well as the Branch or Department Supervisor, if necessary.
34. Any violation of this Code of Conduct may result in termination.

In situations where on-on-one interactions are approved, such as tutoring and private coaching sessions, staff and volunteers should exhibit behaviors to manage the risk of abuse or false allegations of abuse.

Bullying

We do not tolerate any behavior that is classified under the definition of bullying, and to the extent that such actions are disruptive, we will take the necessary steps to eliminate such behavior.

Bullying is aggressive behavior that is intentional, is repeated over time, and involves an imbalance of power or strength. Bullying can take on various forms, including:

1. Physical bullying – when one person engages in physical force against another person, such as by hitting, punching, pushing, kicking, pinching, or restraining another.
2. Verbal bullying – when someone uses their words to hurt another, such as by belittling or calling another hurtful names.
3. Nonverbal or relational bullying – when one person manipulates a relationship or desired relationship to harm another person. This includes social exclusion, friendship manipulation, or gossip. This type of bullying also includes intimidating another person by using gestures.
4. Cyberbullying – the intentional and overt act of aggression toward another person by way of any technological tool, such as email, instant messages, text messages, digital pictures or images, or website postings (including blogs).

Defining Appropriate and Inappropriate Physical Contact

Appropriate Physical Interactions:

- Side hugs
- Shoulder-to-shoulder hugs
- Pats on the shoulder or back
- Handshakes
- High-fives and hand slapping
- Verbal praise

Inappropriate Physical Interactions:

- Full-frontal hugs
- Kisses
- Showing affection in isolated area
- Lap sitting
- Wrestling
- Piggyback/shoulder rides
- Tickling
- Allowing a youth to cling an employee's or volunteer's leg
- Any type of massage given by or to a youth
- Any form of affection that is unwanted by the youth or the staff or volunteer
- Compliments relating to physique or body development
- Touching bottom, chest, or genital areas

Defining Appropriate and Inappropriate Verbal Interactions

1. Staff and volunteers are prohibited from speaking to youth in a way that is, or could be, construed by any observer as harsh, coercive, threatening, intimidating, shaming, derogatory, demeaning, harassing or humiliating.
2. Staff and volunteers must not initiate sexually oriented conversations with youth, parents, staff or volunteers. Staff and volunteers are not permitted to discuss their own sexual activities, intimate details of one's personal life in the presence of children, parents, volunteers or staff.

Appropriate Verbal Interactions:

- Positive reinforcement
- Appropriate jokes
- Encouragement
- Praise

Inappropriate Verbal Interactions:

- Name-calling
- Inappropriate jokes
- Discussing sexual encounters or in any way involving youth in the personal problems or issues of staff and volunteers
- Secrets
- Cursing/profanity
- Off-color or sexual jokes
- Shaming
- Belittling
- Derogatory remarks
- Harsh language that may frighten, threaten or humiliate youth
- Derogatory remarks about the youth or his/her family

Child Abuse Reporting Procedures

Every staff member and volunteer has a legal and ethical duty to report any reasonable suspicion of child abuse, molestation, neglect, or sexual misconduct. Suspicion means that it is understandable for a person to entertain such suspicion, drawing when appropriate on his or her training and experience to suspect abuse. The child protective agency will determine the accuracy of the report.

Types of abuse:

- Physical – An injury or pattern of injuries that happens to a child that is not accidental. These may include burns, bruises, bites, welts, broken bones, strangulation or even death.
- Neglect – Neglect occurs when adults responsible for the well being of a child fail to provide for or protect the child. Neglect may include not giving food, clothing or shelter; failing to keep children clean; lack of supervision; and withholding medical care.
- Emotional – Any chronic and persistent act by an adult that endangers the mental health or emotional development of a child, including rejection, ignoring, terrorizing, corrupting, constant criticism, making mean remarks, insulting and giving little or no love, guidance or support.
- Sexual – Sexual abuse is the sexual assault or sexual exploitation of children. Sexual abuse may consist of numerous acts over a long period or a single incident. Sexual abuse includes rape, incest, sodomy, fondling, exposing oneself, oral copulation, and penetration of genital or anal openings as well as forcing children to view or appear in pornography. The perpetrator keeps the child from disclosing through intimidation, threats or rewards.

In the event that there is a suspicion of abuse in any form (physical, neglect, emotional, or sexual) with a child at the YMCA or participant in one of our programs, the YMCA will take immediate action.

Allegations of Abuse and Cooperation with Authorities: All reports of suspicious or inappropriate behavior with youths or allegations of abuse will be taken seriously. The YMCA will fully cooperate with authorities if allegations of abuse are made and investigated.

Investigation Statement: The YMCA cooperates fully with the authorities to investigate all cases of alleged abuse. Any staff or volunteer shall cooperate to the fullest extent possible in any external investigation by outside authorities or internal investigation conducted by the organization or persons given investigative authority by the organization. Failure to cooperate fully may be grounds for termination.

I have read and fully understand that I have a legal and ethical duty to report suspected mistreatment or abuse of youth. No type of abuse will be tolerated and may be cause for immediate termination. We are committed to providing all youth with a safe environment. I also fully understand and agree to comply with the YMCA of St. Joseph's Child Abuse Prevention Policies and Reporting Procedures.

Employee Signature

Employee Name (Print)

Date

I understand that any violation of the Child Abuse Prevention Policy may result in immediate termination of my employment/volunteer experience.

Employee Signature

Employee Name (Print)

Date

I understand that this completes my in-person Child Abuse Prevention requirement. I agree to complete any and all additional training prior to my first day of work and annually thereafter.

Employee Signature

Employee Name (Print)

Date