

**FORT BRAGG
CHILD AND YOUTH SERVICES SPORTS & FITNESS
GAME OFFICIAL APPLICATION**

NAME

HOME PHONE

CELL PHONE

ADDRESS

CITY/STATE

ZIP CODE

E-MAIL

Are you a member in good standing of a recognized officials' organization?

If YES, list organization(s): _____

NO _____

Please list all sports you have experience officiating, and how many years you've officiated each sport.

Example: Basketball (7), Volleyball (2), Lacrosse (5)

I declare under penalty of perjury the information contained in this application form and any attachments or documents submitted in connection with my application to volunteer are true and correct to the best of my knowledge, information and belief. I understand that certifications may be required to verify my responses, and agree to furnish such certifications upon request.

SIGNATURE

DATE

**FORT BRAGG CYS SPORTS AND FITNESS
GAME OFFICIAL JOB DESCRIPTION**

Organization: USAG Fort Bragg, FMWR, Child and Youth Services (CYS) Sports and Fitness (SF)

Position Title: CYS Sports and Fitness Official

Duties: Officials shall maintain a safe and orderly environment, conducting games/matches IAW established rules while fostering an atmosphere of sportsmanship, self-reliance and fair play. Role model and reinforce appropriate behavior IAW Army Values (Loyalty, Duty, Respect, Selfless Service, Honor, Integrity, and Personal Courage). Abide by CYS Statement of Understanding and reinforce the CYS Services SF philosophy. Be present at scheduled games at least fifteen minutes before the scheduled starting time, and conduct pre-game conferences with coaches. Inform CYS SF staff members regarding scores, in-game discipline (e.g. warnings, ejections) and any concerns and issues. Maintain CYS Services property as issued for games. Officials are to conduct themselves in a professional and business-like manner and perform in accordance with the rules applicable for assigned sports events. Officials' relationships with coaches, players, and others must be above reproach. Game attire shall be for the specific sport and follow requirements required by the National Federation State High Schools Association. Officials' attire shall be matching.

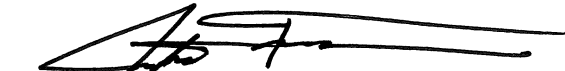
Time Required: Games are generally held Saturday, 0800-1700, though some games may be held after 1730 Mondays through Thursdays. Game seasons range from 6-8 weeks, and all teams average one game per week. Game start times vary, and officials are expected to be at their assigned fields/courts no later than 15 minutes prior to game time.

Benefits: Program is designed to promote positive attitudes and reinforce CYS SF philosophy and Army core values to offer children and youth opportunities to feel competent and instill values associated with the pursuit of skills in sports, fitness, nutrition and recreational/developmental activities.

Qualifications: Officiating experience and/or certifications/memberships/working knowledge as required by NAF Contracting agreement. Background/clearance check IAW IMCOM guidance. Must have or be able to obtain Installation access. Officials are expected to be neat in appearance and physically fit for duties assigned.

Supervisor: Contractor, with co-observation by CYS SF staff.

CYS Services SF Supervisor Signature:



CYS Sports and Fitness Director

Official Signature:

CYS Sports and Fitness Official

FORT BRAGG CHILD, YOUTH AND SCHOOL SERVICES NON-DISCLOSURE STATEMENT

I understand that contents of Child, Youth and School Services (CYSS) files are of a sensitive and confidential nature and will not be disclosed or discussed with anyone. Disclosure of information would be a violation of the Privacy Act and could result in dismissal from my volunteer positions with CYSS.

PRINT NAME

SIGNATURE

DATE

Professional Reference (Name and Daytime phone number):

**Army policy does not accept personal relationships as references such as family members, neighbors, etc. Must be from a professional sources, e.g. current or former supervisor, co-worker, etc.*

	NAME	PHONE NUMBER
1.	_____	_____
2.	_____	_____
3.	_____	_____

INSTALLATION MANAGEMENT COMMAND (IMCOM) BACKGROUND CHECK CONSENT

For personnel in child services positions supporting Army programs and activities IAW Army Directive 2014-23 and DODI 1402.05

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05 (Background Checks on Individuals in DoD Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs), DODI 6060.02 (Child Development Programs (CDPs), 5 Aug 2014), DODI 6060.4 (DoD Youth Programs (YPs), 23 Aug 2004), DoDI 1100.21, Voluntary Services in the Department of Defense, DODI 1400.25, Volume 731 DoD Civilian Personnel Management System: Suitability and Fitness Adjudication For Civilian Employees, August 24, 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), December 1 1996, Incorporating Change 5, March 25, 2000, DoD Instruction 1400.25, Volume 1231 DoD Civilian Personnel Management System: Employment of Foreign Nationals; and E.O. 9397(SSN), as amended, AR 608-18, The Army Family Advocacy.

PURPOSE: To assess the suitability of persons and to determine the loyalty, eligibility, and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions.

ROUTINE USE: The DoD "Blanket Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system. Uses can be found online at: <http://dpcid.defense.gov/Privacy/SORNs/index/Blanket-Routine-Uses/>.

DISCLOSURES: Voluntary; however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

1. I understand that Army Directive 2014-23 and IMCOM policy requires the record screening outlined in paragraph 2 below, and that without favorable completion of these checks, I may not be allowed to work or volunteer in child services positions supporting Army programs and activities.

2. The following background checks are required: Army Law Enforcement (to include Army Law Enforcement Reporting and Tracking System, Army Crime Records Center and Defense Central Investigation Index), Medical Treatment Facility Army Central Registry, Army Substance Abuse Program, FBI Fingerprint check and any other records as appropriate and to the extent permitted by law (e.g. other military service criminal records, other service child abuse registries, sex offender registries, state child abuse registry, etc.). The following are also required as applicable to the personnel category: National Agency Check with Inquiries (or higher level investigation) and State Criminal History Repository.

3. I further understand that the purpose of these background checks is to identify anyone applying for child services positions that have instances of reported misconduct involving children, assaultive behavior, substance abuse, larceny, or other misconduct which would be inconsistent with working or volunteering within child services positions.

4. I agree that IMCOM may initiate these checks, receive the resulting information, and conduct periodic re-verifications so that I may work or volunteer in child services positions. Periodic re-verification checks are required in 1/3/5 year cycles based on personnel category IAW Army policy. Re-verifications may also be required to authenticate issues that surface during a person's employment/service.

APPLICANT'S INFORMATION

Applicant's Full Name: (Last, First, Middle Name)

Social Security Number: (SSN)

Maiden Name:

Any Other Names Used by Applicant:

Applicant's Date of Birth: (MM/DD/YYYY)

Applicant's Place of Birth: (City, State, Country)

Applicant's Current Address: (Street, City, State, County)

DOD AFFILIATION DISCLOSURE

1. Do you have a current or previous DoD affiliation: (i.e. Have you lived or worked on a DoD installation or had a prior or current association, relationship, or involvement with the DoD or any elements of DoD including the Military Departments) [If yes, indicate service and approximate dates]

☐ US Army

☐ US Air Force

☐ US Navy

☐ US Marines

☐ Other DoD Agency

From and To dates:

From and To dates:

From and To dates:

From and To dates:

From and To dates:

☐ I have never previously been affiliated with the U.S. Military and/or DoD: (e.g. Never lived or worked on a DoD installation or had prior or current association, relationships, or involvement with DoD or any elements of DoD, including the Military Departments).

2. If you have ever had a Military or Civilian sponsor (other than yourself) provide the sponsor's name, Social Security Number and check which branches of the service your sponsor has worked for as an active duty member or Civilian: (not applicable for non DoD affiliation)

Name of Sponsor (other than yourself), provide the sponsor's name

Sponsor's Social Security Number

☐ US Army

☐ US Air Force

☐ US Navy

☐ US Marines

☐ Other DoD Agency

SIGNATURES

Applicant Signature:

Date Applicant signed:

If the applicant is a minor, a Parent or Legal Guardian must grant permission below for the background check(s). The Parent or Legal Guardian is certifying they understand the purposes of these pre-employment/volunteer checks and hereby provide consent for the background check(s).

Parent or Legal Guardian's Relationship to Minor, Printed Name and Signature:

Date Parent or Legal Guardian Signed:

Note: A false statement rendered by an applicant may result in adverse action up to and including removal. Under 18 U.S. Code 1001, the federal punishment for perjury is fine or imprisonment for up to 5 years, or both.

INSTALLATION MANAGEMENT COMMAND

BASIC CRIMINAL HISTORY AND STATEMENT OF ADMISSION - CHILD SERVICES POSITIONS

This Self-Admission is being requested IAW Army Directive 2014-23 and DODI 1402.05, proponent is G9

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 13041 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05 (Background Checks on Individuals in DoD Child Care Services Programs, 11 Sep 2015; Army Directive 2014-23 (Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs); DODI 6060.02 (Child Development Programs (CDPs), 5 Aug 2014); DODI 6060.4 (DoD Youth Programs (YPs), 23 Aug 2004); DODI 1100.21, Voluntary Services in the Department of Defense; DODI 1400.25, Volume 731, DoD Civilian Personnel Management System: Suitability and Fitness Adjudication For Civilian Employees, August 24, 2012; DODI 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), December 1 1996, Incorporating Change 5, March 25, 2000; DODI 1400.25, Volume 1231, DoD /Civilian Personnel Management System: Employment of Foreign Nationals; and E.O. 9397(SSN), as amended; AR 608-18, The Army Family Advocacy.

PURPOSE: To assess the suitability of persons and to determine the loyalty, eligibility, and general trustworthiness of individuals working in child (i.e., children under 18 years of age) services positions. This form meets the initial pre-screening requirement and ongoing self-reporting requirements of the SA Directive 2014-23 and DODI 1402.05 for all child services positions and is used in lieu of the DD 2981.

ROUTINE USE: The DoD "Blanket Routine Users" set forth at the beginning of the Army's compilation of systems of records notices also apply to this system. Uses can be found online at: <http://dpdcd.defense.gov/Privacy/SORNsIndex/blanketRoutineUses.aspx>.

DISCLOSURES: Voluntary; however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

1. Name: (Last, First and Middle Name-Do not use initials or abridgements)

2. Other Name(s) Used:

3. Installation/Program Name:

4. Date of Hire: (to be filled out by FMgr)

INITIAL CERTIFICATION

5. STATEMENT OF ADMISSION Use your **initials** to mark yes or no for each category. Include all offenses, even if they were dismissed. If you answer "yes", explain your answer in block 6.

Initial
YES NO

a. Have you ever been arrested, apprehended, charged, convicted or had any other disposition of criminal charges (e.g., proceedings under the UCMJ (courts-martial or Article 15 non-judicial punishment)) by any Federal, State or other Law enforcement authorities for any violation of any Federal law, Military law, State law, County or Municipal law, Regulation or Ordinance? Do you have any pending criminal charges against you or are in a diversion program? (If you are 18 and above, do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.)	(1) Involving a Child (under age 18)		
	(2) Sex Crime		
	(3) Drug/Alcohol		
	(4) Domestic Violence		
	(5) Violent Crime/Assaultive Behavior		
	(6) Other		

b. Have you ever been the subject of a substantiated child abuse/neglect case or are you currently the subject of an allegation of abuse/neglect?

c. For FCC/HOPS/Foster Care Providers: Have any of the individuals residing in your home ever been arrested, apprehended, charged or convicted for any of the offenses listed above?	N/A		
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6. Month/Year	Offense	Action Taken/Disposition	Law Enforcement Authority or Court	State	Zip Code

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

7. **Initial Certification** I certify the information provided above is accurate. I declare under penalty of perjury the statements made by me on this form are true, complete and correct.

8. **SELF REPORTING REQUIREMENT** In addition to this initial certification, I understand it is my responsibility to immediately inform my employer/supervisor if I am arrested, apprehended, charged or held for a crime or issue referenced in block 5 above.

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

Signature:		Date:	
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INSTALLATION MANAGEMENT COMMAND (IMCOM) BACKGROUND CHECK WORK ORDER TICKET

For personnel in child services positions supporting Army programs and activities IAW Army Directive 2014-23 and DODI 1402.05

PRIVACY ACT STATEMENT

AUTHORITY: 42 USC 19041 and 10 USC 3013, Public Law 101-647, Section 231 (Crime Control Act of 1990); DODI 1402.05 (Background Checks on Individualism DoD Child Care Services Programs, 11 Sep 2015, Army Directive 2014-23 (Conduct of Screening and Background Checks For Individuals Who Have Regular Contact With Children in Army Programs), DODI 6060.02 (Child Development Programs (CDPs), 5 Aug 2014), DODI 6060.4 (DoD Youth Programs (YPs), 23 Aug 2004), DoDI 1100.21, Voluntary Services in the Department of Defense, DODI 1400.25, Volume 731 DoD Civilian Personnel Management System: Suitability and Fitness Adjudication For Civilian Employees, 24 Aug 2012, DoD Instruction 1400.25, Subchapter 1403 (DoD Civilian Personnel Manual: Employment), 1 Dec 1998, Incorporating Change 5, 25 Mar 2000, DoD Instruction 1400.25, Volume 1231 DoD Civilian Personnel Management System: Employment of Foreign Nationals; and E.O. 9397(SSN), as amended, AR 608-18, The Army Family Advocacy.

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DISCLOSURES: Voluntary; however, failure to furnish all requested information will result in disapproval of the child services application or continued service in child services position.

SECTION I - REQUEST TYPE

Personnel Category: 7. Contractor (Other, Short Duration)	Request Type: <input checked="" type="checkbox"/> New <input type="checkbox"/> Re-Verification	DoD Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Consent Form (IMCOM Form 23) Signed Date: <input type="text"/>	Date Submitted to Agency: <input type="text"/>	Date Received CDE Office: <input type="text"/>

SECTION II - REQUESTING OFFICE INFORMATION

Installation: Fort Bragg	Command: IMCOM	Directorate/Organization: DFMWR/CYS
POC Agency Name: CYS Sports & Fitness	POC Telephone: (910) 907-5832	POC E-mail: lariesa.r.james.naf@mail.mil

SECTION III - SUBJECT'S INFORMATION

SSN: <input type="text"/>	Prefix/Rank: <input type="text"/>	Name: (Last, First Middle) <input type="text"/>	Maiden Name: <input type="text"/>	
Postfix/Suffix: <input type="text"/>	Birth Date: <input type="text"/>	Birth Country: <input type="text"/>	Birth State: <input type="text"/>	Birth City: <input type="text"/>
Proof of US Citizen: (attached) <input type="text"/>	Primary E-mail: <input type="text"/>	Secondary E-mail: <input type="text"/>		
Primary Phone: <input type="text"/>	Secondary Phone: <input type="text"/>			
Current Street Address: <input type="text"/>	Current City: <input type="text"/>	Current State: <input type="text"/>	Current Country: <input type="text"/>	Current Zip: <input type="text"/>
Functional Program: CYS	Employment Location: CYS Sports & Fitness	Employment Position: Game Official		
Fiduciary Responsibility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anticipated Start Date: <input type="text"/>			

SECTION IV - CATEGORIES OF PERSONNEL REQUIRING INVESTIGATIONS

List every state the subject has lived and worked in within the past 5 years. For categories of personnel requiring CNACI investigations, attach OFI 86C.

<input type="text"/>	
Supervisor/POC for PSIP purposes: <input type="text"/>	Supervisor/POC E-mail: <input type="text"/>

SECTION V - FAMILY CHILD CARE/HOMES OFF POST

For each person listed below include IMCOM Form 23 for each. List additional Family Members or residents on a separate page (Category and Name)

Category: <input type="text"/>	Name: <input type="text"/>	Category: <input type="text"/>	Name: <input type="text"/>
Category: <input type="text"/>	Name: <input type="text"/>	Category: <input type="text"/>	Name: <input type="text"/>
Category: <input type="text"/>	Name: <input type="text"/>	Category: <input type="text"/>	Name: <input type="text"/>

SECTION VI - AGENCY COMMENTS AND VERIFICATION

Remarks Section: <input type="text"/>	
Name and signature of Functional Manager: <input type="text"/>	Date signed: <input type="text"/>
CDE Received (Name and Signature): <input type="text"/>	Date signed: <input type="text"/>

ADAPCP CLIENT'S CONSENT STATEMENT FOR RELEASE OF TREATMENT INFORMATION

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

SECTION A - CONSENT

I, _____, this _____ day of _____, 2017,
 (client's full name)
do hereby voluntarily consent to the release of the following information by USAG Fort Bragg ADAPCP
 (name of installation ADAPCP)
pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with
alcohol or other drug abuse education, training, treatment, rehabilitatiton, or research to CYS
_____ for the purpose of Sports Volunteer and/or Official

_____ namely,

 (extent or nature of information to be disclosed)

SECTION B - EXPIRATION/REVOCATION

(Check applicable paragraph)

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

- Or -

(For disclosure to civilian criminal justice officials under the provisions of paragraphs 6-9b(4)(b) and 6-10e(3), AR 600-85)

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

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

SIGNATURE OF CLIENT

DATE

NAME OF WITNESS (Type or print)

SIGNATURE

DATE

SECTION C - APPROVAL AUTHORITY FOR RELEASE OF INFORMATION

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

In my judgment, the release of an evaluation of the present or past status of _____
 (client's name)
in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC COMMANDER OR DESIGNATED REPRESENTATIVE (Type or print)

DATE

SIGNATURE

**Statement of Understanding and Acknowledgement
for CYS Services Employees,
Family Child Care (FCC) /Homes Off Post (HOP) Providers,
Contract Employees and Volunteers**

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

1. Corporal punishment is not an acceptable form of discipline IAW AR 608-10. CYS Services employees, Family Child Care (FCC) /Homes Off Post (HOP) providers, contract employees, and volunteers will use appropriate discipline/guidance methods to teach children/youth acceptable social behavior.
2. CYS Services employees and FCC/HOP providers will discipline in a consistent way, based on an understanding of individual needs and behaviors of children at various developmental levels. Simple, understandable rules will be established so that expectations and limitations are clearly defined. Discipline will be constructive in nature, including such methods as:
 - a. Separation of the child from the situation by redirection;
 - b. Praise of appropriate behaviors;
 - c. Gentle physical restraint, such as holding, when the safety of a child or another person is a concern;
 - d. "Time Out" which requires separation of the child from all activities to help the child recover self-control. "Time out" is not punishment and will never be used as punishment, nor will separation from the group. "Time out" requires a staff member to stay close to the child and engage in calm conversation until the child has recovered.
3. A child may not be punished for lapses in toilet training or refusing food.
4. A child may not be punished by:
 - a. Spanking, pinching, shaking, or other corporal punishment;
 - b. Isolation for long periods;
 - c. Confinement in closets, boxes, or similar places;
 - d. Binding to restrict the movement of mouth or limbs;
 - e. Humiliation or verbal abuse;

f. Deprivation of meals, snacks, outdoor play opportunities, or other program components. Restrictions of the use of specific play materials and equipment, or participation in a specific activity should be appropriate to the developmental age of the child. Restrictions are permissible to ensure the safety of others or as part of the strategy to help the child learn self-control.

5. Boundaries for appropriate and inappropriate touching are established to ensure that CYS Services employees, FCC/HOP providers, contractors and volunteers have a clear understanding of what is acceptable and what is not. Appropriate touching involves:

- a. Recognition of the importance of physical contact to nurturing guidance;
- b. Adult respect for personal privacy;
- c. Personal space of children and youth;
- d. Responses affecting the safety and well-being of the child, such as hand holding when crossing the street;
- e. CYS Services employees, FCC/HOP providers, contract employees, and volunteers modeling appropriate touching like hugging and holding hands.

6. Examples of appropriate touching may include:

- a. Hugs;
- b. Reassuring touches on the shoulder;
- c. Touches expressively appropriate to instruction, such as instances where hands-on guidance is needed. Examples may include swimming instruction, where one might require a steadying hand on the back; voice instruction, where one might require a hand placed about the diaphragm; or gymnastics instruction, where one might require steadying hands on the trunk of the body.
- d. Touching may also be necessary to ensure the safety of children and may include gentle restraint of a child during a temper tantrum.
- e. Diapering and assisting a child in proper toileting procedures may require that staff touch the genital areas of a child.
- f. If a child's genital area needs to be checked for reasons other than diapering or toileting, such as because of an injury or child's complaint, another staff member will be present as a witness. The incident must be documented, signed by the staff/adult/witness, and discussed with the child's parents by the Program Manager.

g. Hugging, appropriate hand holding, rocking of infants, or assisting in physical activities relating to instruction will occur in normal interactions between staff and children. However, children's preferences for these types of contact will be considered.

h. Whenever possible, the child will be asked before touching. For example, ask the child if they would like a hug instead of just hugging him/her. Tell children before handling what you have to do. Some examples include "I'm going to change you diaper now," "I'm going to help you get dressed," or "I'm going to move you to a quiet area."

7. Inappropriate touching includes:

- a. Coercion or other forms of exploitation of children and youth;
- b. Satisfaction of adult needs at the expense of the child;
- c. Attempts to change child behavior with physical force;
- d. Physical contact that is in violation of the law and cultural norms.

8. Examples of inappropriate touching include:

- a. Corporal punishment;
- b. Forced good-bye hugs and/or kisses;
- c. Slapping, striking, pinching, prolonged tickling, fondling, molestation, or any physical contact, within reason, that the child or youth describes as making them feel uncomfortable.

9. All allegations of inappropriate touching will be investigated and may be grounds for immediate closure of the FCC/HOP home or reassignment of a CYS Services employee, contract employee, or volunteer until the investigation is completed.

10. The primary Child and Youth Program Assistant (CYPA) and assisting CYPA(s) will always maintain sight and sound supervision of all CDC children under their care.

11. CDC CYPAs will conduct written name-to-face counts once per hour (every 30 minutes for hourly care) and report any discrepancies to the Assistant Director or Director.

12. All individuals who work with children and youth are mandated reporters. If they witness an event that a reasonable person would consider child abuse or neglect, they are required to report directly to the Reporting Point of Contact and will immediately do so. If an event occurs that a reasonable person would not consider child abuse or

neglect, but is still a violation of this guidance, they must immediately verbally report it to their supervisor or other management staff and then follow-up in writing.

13. CDC CYPAs /providers are responsible for maintaining specific accountability for each CDC child in their group. Systems in place will account for children's whereabouts at regular intervals, especially during periods of transition. CYPAs who observe a child slipping away from or leaving his/her primary care group will immediately advise the primary CYPA. CYPAs are responsible for assisting each other as needed. This is not considered abuse/neglect.

14. Staff will ensure that while under LOSS they are in view of another cleared staff member at all times and are wearing the appropriate color coded apparel. When providing LOSS for another employee they will keep that person in sight at all times.

CAREGIVERS' CREED

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

My signature acknowledges that I have read, understand, and will comply with the Army Caregivers' Creed, the Standard of Conduct SOP on appropriate guidance & discipline, touching, and accountability of children/youth and my role in prevention and reporting child abuse or neglect in CYS Services programs.

CYS Services Employee's, Family Child Care (FCC)
/Homes Off Post (HOP) Provider's, Contract
Employee's and/or Volunteer's Signature

Date