

APPENDIX K

CYSS TOUCH POLICY

1. All personnel, FCC Providers, contractors and volunteers will review and sign the touch policy.
2. The garrison CYSS touch policy is applicable to all CYSS settings. The policy has been coordinated with the Army Community Services (ACS), Family Advocacy Program Manager (FAPM), Social Work Service (SWS), and Staff Judge Advocate (SJA) Offices. All CYSS personnel will review and sign the policy during orientation training, and annually thereafter. The policy will be available in written form for parents.
3. The CYSS Touch Policy addresses appropriate versus inappropriate touching.
 - a. Appropriate touching includes the following:
 - (1) Recognition of the importance of physical contact to child nurturing and guidance.
 - (2) Adult respect for personal privacy and the personal physical space of children.
 - (3) Responses affecting the safety and the well being of the child (for example, holding hands of child when crossing the street; holding child gently but firmly during a temper tantrum).
 - (4) Direct services personnel modeling appropriate touching.
 - b. Examples of appropriate touching for preschool children include hugs, lap sitting, reassuring touches on the shoulder, rest time back rubs for a tense child, and assistance with toileting provided for in training. For school and middle school/teen youth: handshakes, pats on the back, high 5's.
 - c. Inappropriate touching involves the following:
 - (1) Coercion or other forms of exploitation.
 - (2) Satisfaction of adult needs at the expense of the child.
 - (3) Attempts to change child behavior with adult physical force, often applied in anger.
 - (4) Negative concepts of "striking out" to respond to a problem.
 - d. Examples of inappropriate touching include forced good-bye kisses, corporal punishment, slapping, striking or pinching, prolonged tickling, fondling, or molestation.
4. CYSS management personnel will discuss touch issues with CYSS direct service personnel, FCC Providers, volunteers, and contractors before providing care.
5. Inappropriate touching will result in consideration of dismissal of employees, volunteers and contractors, or closure of the FCC home, and could result in criminal charges.

I have read and understand the CYSS Discipline Policy

Employee's Signature

Supervisor's Signature

Date

Date

APPENDIX J

DISCIPLINE POLICY

1. All personnel, FCC Providers, contractors, and volunteers will review and sign the discipline policy.
2. Personnel will discipline children in a consistent way, based on an understanding of individual needs and behaviors of children at varying developmental levels. Simple, understandable rules will be established so that expectations and limitations are clearly defined.
3. Discipline will be constructive in nature, including such methods as diversion, separation of the child from certain situations, praise of appropriate behavior, or gently holding a child.
4. A child may not be punished by spanking, pinching, shaking, or by other corporal punishment; by isolation away from adult sight/contact; by confinement in closets, boxes, or similar places; by binding or restraint of movement of mouth or limb; by humiliation, verbal abuse or a harsh tone of voice; or by deprivation of meals, snacks, outdoor play opportunities, or other program components. Personnel will receive conflict resolution training with techniques applicable to children.
5. Short-term restrictions or the use of specific play materials and equipment or participation in specific activity are permissible.
6. Children in CYSS may not be punished for lapses in toilet training or refusing to eat.
7. Highchairs and cribs in CYSS will not be used for disciplinary purposes.
8. The "time out" method of discipline will not be used.
9. Caregivers will work at increasing children's appropriate behavior by using three techniques.
 - a. Focus Time: Each child, each day, will have a caregiver's focused, individual attention as often as possible.
 - b. Positive Reinforcement: Reward desired behavior.
 - c. Effective Praise: Praise that is specific, immediate, and sincere.
10. Caregivers will decrease children's inappropriate behavior by using the following methods.
 - a. Extinction: Ignoring behaviors that are undesirable but not dangerous or destructive.
 - b. Redirection: Replacing an inappropriate expression of behavior with an appropriate expression of the behavior.
 - c. Modifying the Environment: Taking children outside, going on field trips, putting toys away that are causing problems, and reorganizing space in the room.
 - d. Choosing Appropriate Consequences: Setting reasonable and relevant consequences that are consistently applied each time the behavior occurs.
 - e. Staff/providers will consult their center director or program director regarding children who exhibit severe and continuing behavior problems.
11. Severe cases of misbehavior will be individually addressed after all other options are exhausted (SNAP, observations, training). In cases of severe misbehavior, a child may be placed in another setting in the center, provided an alternate care option or removed from the program, if deemed necessary by the above mentioned options.

I have read and understand the CYSS Discipline Policy

Employee's Signature

Supervisor's Signature

Date

Date



CODE OF ETHICS

I hereby pledge to live up to my certification as a NAYS Coach by following the NAYS 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 the skills that I teach.
- I will remember that I am a youth sports coach, and that the game is for children and not adults.

Coach Signature

Date

These questions are meant as a review to help you understand the important information presented during the training video, as well as all the benefits of your NAYS membership. Your NAYS representative has the answer key to review these questions with you.

Name: _____ Sport: _____ Date: _____

1. Which of the following should be a goal of a volunteer coach?

- a) Helping every child on the team learn and improve
- b) Teaching all players how to handle success and failure
- c) Making sure every child has fun
- d) All of the above

2. Which of the following is the best reason for volunteering to coach?

- a) To showcase my child in the hopes of furthering their playing opportunities
- b) To be a positive role model for all the players on my team
- c) To make sure my child gets the playing time that they deserve
- d) Because I was a good at the sport I am coaching

3. When coaching kids, it is important to stress which of the following?

- a) Focusing on the process of learning and developing skills
- b) Instilling a win-at-all-costs attitude in my players
- c) Motivating players through fear and intimidation
- d) Both B and C

4. When conducting practices, it is important that coaches are:

- a) Prepared
- b) Passionate
- c) Positive
- d) All of the above

5. Which of the following should NOT be a part of any practice?

- a) Long lines and lots of standing around
- b) Complimenting players
- c) Teaching teamwork
- d) Providing feedback

6. It is important to do which of the following when speaking to your players during games?

- a) Choose words carefully
- b) Be aware of tone of voice and body language
- c) Speak loud enough so all the parents can hear
- d) Both A and B

7. During games coaches should always make sure to emphasize which of the following to their players?

- a) Good sportsmanship
- b) Respecting officials
- c) Doing your best
- d) All of the above

8. A proper cool down after practice:

- a) Involves high intensity activity, like sprinting
- b) Helps recovery for the next day
- c) Involves light jogging and stretching
- d) Both B and C

9. If a child suffers a bloody nose what should a coach do?

- a) Remove him/her from the practice or game
- b) Apply ice
- c) Notify the child's parents
- d) All of the above

10. Which of the following is a good pre-game snack for a young athlete?

- a) Piece of fruit
- b) Cheeseburger
- c) Cupcake
- d) All of the above

11. What are the signs that an athlete may be dehydrated?

- a) Dizzy
- b) Headache
- c) Dry mouth and thirsty
- d) All of the above

12. At the conclusion of games what should coaches and their teams do?

- a) Review every mistake that was made during the game
- b) Shake hands with opposing players and coaches
- c) Talk to the officials about the calls that didn't go their team's way
- d) None of the above

13. Which free trainings do NAYS coaches have access to through their Member Page?

- a) Bullying Prevention
- b) Coaching Children with Mental Health Challenges
- c) Protecting Against Abuse
- d) All of the above

14. What is the function of the online Coach Rating System that is included with your membership?

- a) To get honest and anonymous feedback from parents
- b) To pinpoint areas where I may need improvement as a coach
- c) To allow the league to see how I am doing in the eyes of the parents of the children I am coaching
- d) All of the above

Army Child, Youth & School (CYS) Services Sports & Fitness Program

Sports Coaches / Officials / Sports Volunteers INDIVIDUAL DEVELOPMENT PLAN (IDP)

Note: This IDP is used for volunteer coaches, officials or any other sports & fitness program volunteers to track mandatory training and background checks.

NAME:	INSTALLATION: <div style="text-align: center;">JBLM</div>	CYS PROGRAM ASSIGNED: <div style="text-align: center;">YOUTH SPORTS</div>
START DATE OF VOLUNTEER SERVICE:	SPORTS ASSIGNED: <input type="checkbox"/> Baseball <input type="checkbox"/> Cheerleading <input type="checkbox"/> Basketball <input type="checkbox"/> Swimming <input type="checkbox"/> Soccer <input type="checkbox"/> Track <input type="checkbox"/> Football <input type="checkbox"/> Other	Date Cleared to Volunteer: (all background checks completed and/or cleared PRB)
CELL PHONE:		EMAIL:
WORK PHONE:		

BACKGROUND CHECKS (Local Checks) <i>(Complete prior volunteering)</i>	DATE of COMPLETION:	S&F Director INITIALS:
Army Central Registry (Mental Health)		
Local Military Police (MP)		
Criminal Investigation Division (CID)		
Civilian Law Enforcement Records Check (CONUS Only)		
Alcohol & Drug Prevention and Control		
Former/Current Employer Reference		
1. TOUR FACILITY / FIELDS		
2. CYS ORIENTATION		
• REVIEW CYS SOP'S (Specifically Touch, Guidance, and Late pick-up procedures & Release Procedures)		
• REVIEW HOURS of VOLUNTEERING & Ages and Stages		
• REVIEW RATIOS AND OTHER RISK MANAGEMENT MEASURES – (Ratio will not exceed – 1 adult to 15 children/youth)		
• FACILITY ACCESS SOP (Adverse Weather, Fire & Evac Procedures)		
• FORCE PROTECTION BRIEF FROM SAEDA		
TRAINING		
Youth Program Healthy Module 2		
Recognizing, Reporting & Prevention Abuse (CHILD/YOUTH)-Talia's Law		
National Youth Sports Coaches Association (NYSCA)		
Read and Sign NYSCA Code of Conduct		
First Aid Procedures - What to do in case of emergency – Garrison Policy "Hands Only CPR"		
Volunteers are <u>NOT</u> required to take any of the Army required annual training that Child, Youth & Schools Services employees must complete, for example, Anti-terrorism, Annual IT, Prevention of Sexual Harassment, Violence in the Workplace, Domestic Violence Awareness, Acquisition Management. Sports and Fitness Directors are responsible for ensuring that all sports & fitness volunteers complete required training. Arranging and documenting training for sports and fitness volunteers is the responsibility of the CYS Sports and Fitness Director.		
VERIFICATION OF COMPLETION OF TRAINING		
SIGNATURE OF Volunteer:	DATE:	
SIGNATURE OF S&F Director:	DATE:	

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 AFDP, 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
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4. TELEPHONE NUMBER (Include Area Code)	5. E-MAIL ADDRESS
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PART II - VOLUNTEER ASSIGNMENT (to be completed by Accepting Official)

6. INSTALLATION/COMPONENT ACTIVITY Joint Base Lewis-McChord, WA	7. ORGANIZATION/UNIT WHERE SERVICE OCCURS CYS	8. PROGRAM WHERE SERVICE OCCURS SPORTS	9. ANTICIPATED DAYS OF WEEK VARIES	10. ANTICIPATED HOURS VARIES
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11. DESCRIPTION OF VOLUNTEER SERVICES

See volunteer position description(s) listed in VMIS.

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)	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

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)
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)	

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, and/or state agencies, and/or foreign governments, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Investigation Service (DIS), 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 upon 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 competencies 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 confidential, and disclosure limited to purposes authorized under the Privacy Act - mainly to conduct 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 compliance, or any 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.

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)

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

OMB No. 0704-0516
OMB approval expires:
September 30, 2021

The public reporting burden for this collection of information, OMB Control Number 0704-0516, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: Executive Order 10450 and/or 34 U.S. Code § 20351; DoD Instruction 1402.05, Criminal History Background Checks on Individuals in Child Care Services Programs; DoD Manual 1402.05, Background Checks on Individuals in Department of Defense Child Development and Youth Programs.

PRINCIPAL PURPOSE(S): To require individuals who come into regular, reoccurring contact with children under the age of 18 years to self-report any arrests, charges or convictions that would keep the individual from obtaining or maintaining a favorable suitability or fitness determination. Programs impacted are referenced within the 34 U.S. Code § 20351 and include impacted individuals such as employees, DoD contractors, family child care providers, adults residing in a family child care home, volunteers, and others with regular reoccurring contact with children. Individuals who work or volunteer in DoD Child Development and Youth Programs must annually self-report changes to his or her status utilizing this form. All individuals required to complete this form must immediately self-report to their employer/supervisor if they are arrested, charged, convicted, or met criteria for any offense listed on the form. When completed, records are covered by one of the appropriate SORNs:

Army: <http://dpcld.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570012/a0215-fmwrc.aspx>

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

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

ROUTINE USES: This form will be initiated by DoD staff and will be maintained in the initiating DoD offices and/or appropriate Human Resources or Security Offices. Information received as a result of this release may be used to assess interim/on-going or final suitability or fitness for DoD personnel working with children. ONLY DoD Child Development and Youth programs are required to update and sign annually. A copy of the form is maintained in the staff member's personnel file. The DoD "Blanket Routine Uses" found at <http://dpcld.defense.gov/Privacy/SORNsIndex/Blanket-Routine-Uses/> may apply to these records.

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

1. NAME (Last, First, and Middle Name) (Do not use initials or abridgements.)	2. OTHER NAME(S) USED
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3. DATE OF BIRTH (MM/DD/YYYY)	4. INSTALLATION/PROGRAM NAME JBLM / CYS SPORTS	5. DATE OF HIRE
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6. Have you been arrested, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law, or met the Family Advocacy criteria for child maltreatment? (Do not include anything that happened before your 16th birthday. Leave out traffic fines of less than \$300.) (X one) Mark Yes or No for each category. If you answered "Yes," explain your answer in the space provided below or on the back of the form in block 9.

CHILD ABUSE/ NEGLECT:	<input type="checkbox"/> Yes <input type="checkbox"/> No	DRUG OR ALCOHOL:	<input type="checkbox"/> Yes <input type="checkbox"/> No	VIOLENT CRIME/ ASSAULTIVE BEHAVIOR:	<input type="checkbox"/> Yes <input type="checkbox"/> No
SEX CRIME:	<input type="checkbox"/> Yes <input type="checkbox"/> No	DOMESTIC VIOLENCE:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

(1) MONTH/ YEAR	(2) OFFENSE	(3) ACTION TAKEN	(4) COURT (City & Country if outside the United States)	(5) STATE	(6) ZIP CODE

7. I certify that the information provided above is accurate. I understand that I must immediately report to my employer/supervisor or Child and Youth Program representative if I am arrested, charged, convicted, or met criteria for any offense referenced in block 6.

a. SIGNATURE	b. DATE (YYYYMMDD)
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8. ANNUAL CERTIFICATIONS (Required by Child Development and Youth Program Staff and Volunteers)
In the past year, have you been arrested, apprehended, charged, or convicted by Federal, State, or local authorities for any violation of any Federal law, Military law, State law, County or Municipal law or met the Family Advocacy criteria for child maltreatment.

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

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

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