

## RAF Mildenhall Volunteer Coach Agreement

Name: \_\_\_\_\_ Rank \_\_\_\_\_ Duty Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

User Preferred E-Mail Address \_\_\_\_\_

Organization Name: RAF Mildenhall Youth Sports Program

Squadron: \_\_\_\_\_ Office symbol: \_\_\_\_\_ PSC \_\_\_\_\_ Box \_\_\_\_\_ APO, AE \_\_\_\_\_

In what capacity would you like to volunteer?       Head /  Assistant (mark one)

Is there someone you would prefer to coach with? \_\_\_\_\_

Sport: Basketball / In / Out Soccer / Baseball / Volleyball / Flag Football / Hockey / Track (Circle one)

Coached this sport before?      YES   NO      How many years? \_\_\_\_\_

Interested in coaching a clinic? YES   NO

Age group you would like to coach: 5-6 / 7-8 / 9-10 / 11-12 / 13+ (Circle one) age groups may change due to low registrations.

Are you current in CPR & First Aid?

Expiration Date: CPR \_\_\_\_\_      First Aid \_\_\_\_\_

I, the undersigned, desire to volunteer my services to the Youth Sports Program as a volunteer coach or assistant coach. I agree that my services will be offered at no cost to the United States government or any instrumentality thereof. I further understand that my service as a volunteer coach entitles me to no compensation, either in the form of pay or benefits, and agree that I shall not bring forth any claim against the United States or any agency, instrumentality or employee thereof. Furthermore I agree to attend a NYSCA coach's certification training if one has not been completed by me in the previous twelve months.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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# Job Description – Volunteer Coach

## Job Requirements:

- Desire to work with youth 5-18 years of age teaching them the fundamentals of the sport, good sportsmanship, teamwork and most of all how to have fun.
- Be able to dedicate from 3-10 hours a week for 8-10 weeks or the entire sport season.
- Complete NAYS volunteer coach's certification training and any other specific training as determined necessary by the Youth Sports office.
- Be a good role model for youth in sportsmanship and leadership as set down by Air Force Youth Sports guidelines and this coach's handbook.
- Fill out all required volunteer forms; i.e. coach application; internal records check, child abuse statement, drugs and alcohol statements, etc.
- The use of tobacco products, alcohol and smoking are not permitted in, on, or around youth sports fields, courts or areas of play by team coaches and or parent spectators.
- Coaches should talk to the youths and parents on your team about the importance of an alcohol, tobacco, and drug-free environment for children.

## JOB DUTIES:

- Take responsibility, sign for and return all issued equipment, uniforms, training books or video tapes and other issued items
- Assist in skills assessments and team roster building via coach's draft.
- After receiving your team roster do the following:
  - Call all members of the team and set-up a parent coach meeting to be held prior to or immediately after the first practice.
  - Recruit a team parent for the team to handle miscellaneous duties.
  - Hand out Emergency contact information & Consent form.
  - Be at practices and games 5-10 minutes before scheduled time and do not depart until all team members have been picked up by a parent or guardian.
  - Coach 2 practices and 1-2 games per week. Amount and length will depend on the age division you are coaching.
  - Conduct yourself in a good sportsmanship like manner and ensure that all others on your team to include assistant coaches, players and parents learn about good sportsmanship and practice it.
  - Ensure all other parents notified by you, an assistant coach or team parent of any schedule change to practices, games, traveling times or dates.
  - In the event of a cancelled practice due to personal reason please contact the sports office prior to cancellation.
  - Ensure that all play is conducted safely and be responsible in the event of a minor injury and be able to handle an emergency situation if it should arise.

## JOB MISSION:

- To provide quality youth sports activity in a positive, fun, and safe environment where children have the opportunity to develop self-esteem, become competent in some sport specific skills, make some new friends, and learn the meaning of good sportsmanship.

There will be a mandatory coach's certification clinics for all volunteer coaches. Contact your Youth Sports Director James Ussery & David Wilcox to sign-up for the next coach's certification clinic. All clinics will be held at the Mildenhall Youth Center. DSN: 238-5437 or 01638-545437

**PRIVACY ACT STATEMENT: AUTHORITY: 10 U.S.C. 8013. PURPOSE: To obtain personal information concerning participants in RAF Mildenhall Youth programs. ROUTINE USES: For internal use only except as permitted by federal law. DISCLOSURE: Disclosure of the requested information is voluntary. Non-disclosure may prevent you child from participating in RAF Mildenhall Youth programs.**

# RAF MILDENHALL YOUTH PROGRAMS REFERENCE CHECKS

**Applicant Name:** \_\_\_\_\_ **Position:** Volunteer Youth Coach

As a character reference you are encouraged to expand on the questions stated insuring that your respond truthfully and to include information which you would consider to be of distinct importance when evaluating the character of the individual in question. Please take your time when completing this form and assured that this form will be treated with a professional sensitivity it nature and content warrants.

**1<sup>st</sup> Reference Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **or email** \_\_\_\_\_

**What was your relationship with this person (supervisor - co-worker - friend)**

**(Circle one)**

Q1. Would you feel comfortable with this person coaching your children?

Q2. Is there any reason you would not recommend this person for the position of a Volunteer Youth Sports Coach?

**Date Completed:** \_\_\_\_\_ / \_\_\_\_\_

////////////////////////////////////  
**1<sup>st</sup> Reference Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **or email** \_\_\_\_\_

**What was your relationship with this person (supervisor - co-worker - friend)**

**(Circle one)**

Q1. Would you feel comfortable with this person coaching your children?

Q2. Is there any reason you would not recommend this person for the position of a Volunteer Youth Sports Coach?

**Date Completed:** \_\_\_\_\_ / \_\_\_\_\_

If there are further details which would be of distinct interest with regards to the individual detailed above please attach a dated and sign piece of paper. Thank you again for your time and assistance. Please forward this form and any attachments to: [david.wilcox.19@us.af.mil](mailto:david.wilcox.19@us.af.mil) or 238-0098, Assist: Youth Sports Director.

**SPECIAL TASK CERTIFICATION AND RECURRING TRAINING**

TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FREQUENCY G.	DUE DATE H.
Child Abuse Identification and Reporting Requirements and Problematic Sexual Behavior				1			
Concussions- Cause, Prevention, Recognition, and Response (if applicable to the position)							
Developmentally Appropriate Practices-Sports Specific Training include age-appropriate abilities				1			
Positive Guidance and Appropriate Touch				1			
Safety and Health				1			
Fire Prevention and Emergency Preparedness				1			
Applicable Regulations				1			
Safe Infant Sleep Practices/SIDS (if applicable)				.5			
CPR (if applicable)							
First Aid (if applicable)							
Supervision and Accountability							
Professional Conduct and Confidentiality							
NAYS Coaching Certification							
Role of Volunteer/Contractor/Coach							
Working with Children with Special Needs (if applicable)							
NAME OF TRAINEE (Last, First, Middle Initial)			GRADE	PROGRAM <b>Specified Volunteer/Contractor/Coach Annual</b>			

Computer Generated FORM 1098

Current as of Jan 22

## NAF Human Resources 100FSS/FSCN Fingerprint Worksheet

Personal Information

Date of Fingerprints: \_\_\_\_\_

**Full Name (LAST, First MI):** \_\_\_\_\_

**Aliases/Other Names Used:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth (YYYYMMDD):** \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_

**Place of Birth (State only, if born in US – Country, if *not* born in US):** \_\_\_\_\_

Physical Description

**Gender:** Female  
Male

**Hair Color:** Bald  
Black  
Blonde or Strawberry  
Brown  
Sandy  
Red or Auburn  
Gray or Partially Gray  
White  
Unknown

**Color Eyes:** Black  
Blue  
Brown  
Green  
Gray  
Hazel  
Maroon  
Multicolored  
Unknown

**Race:** Asian  
Black  
Native American  
Unknown  
Caucasian/Latino

**Height:** \_\_\_\_\_ (e.g. 5' 8")

**Weight:** \_\_\_\_\_ (pounds)

Why are we taking your fingerprints? Place an X in the Applicable Box:

<input type="checkbox"/>	<b>DoDDS—Volunteer</b>	<input type="checkbox"/>	<b>Youth Center—Volunteer</b>	<input type="checkbox"/>	<b>Scouts—Volunteer</b>
<input type="checkbox"/>	<b>Chapel Volunteer</b>	<input type="checkbox"/>	<b>Red Cross—Volunteer</b>	<input type="checkbox"/>	<b>Red Cross—for a CAC</b>
<input type="checkbox"/>	<b>NAF</b>	<input type="checkbox"/>	<b>NAF—work with children</b>	<input type="checkbox"/>	<b>AAFES</b>
<input type="checkbox"/>	<b>GS employee</b>	<input type="checkbox"/>	<b>GS employee—work with children</b>	<input type="checkbox"/>	<b>DoDDS—Employee</b>
<input type="checkbox"/>	<b>Contractor</b>	<input type="checkbox"/>	<b>Contractor—work with children</b>	<input type="checkbox"/>	<b>DECA</b>
<input type="checkbox"/>	<b>Recruit</b>	<input type="checkbox"/>	<b>Civilian—immigration</b>	<input type="checkbox"/>	<b>Civilian—adoption</b>
<input type="checkbox"/>	<b>Civilian—work credentials</b>	<input type="checkbox"/>	<b>Other (List):</b>	<input type="checkbox"/>	

Monday, Tuesday, Thursday & Friday Between, 09:30 to 11:30 & 13:30 to 15:00 and Wednesday Between, 10:30 to 11:30 & 13:30 to 15:00 **(PLEASE CALL FIRST FOR AN APPOINTMENT)**

POC:  
Annette Hamilton-Healy, NF-II, DAF  
NAF Human Resources Assistant  
100 Force Support Squadron/FSCN  
RAF Mildenhall, United Kingdom  
DSN: 314-238-3682/3540  
CIV: +44-1638-54-3682

**FOR OFFICIAL USE ONLY (FOUO) – When Filled In**

When filled in, this form contains personal information, specifically, personally identifiable information (PII), which may be protected by the Privacy Act of 1974, the disclosure of which could cause significant harm to the individual and the Air Force. **This information must be protected as FOUO.** Forward PII information to individuals with a need-to-know only.

# CONCUSSION

## INFORMATION AND SIGNATURE FORM FOR COACHES

(Adapted from CDC "Heads Up Concussion in Youth Sports")

**Read and keep this page.  
Sign and return the signature page.**

### THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussion can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

### WHAT IS A CONCUSSION?

Concussion is a type of traumatic brain injury caused by a bump, blow or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth, causing the brain to bounce around or twist within the skull.

This sudden movement of the brain can cause stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

### HOW CAN I RECOGNIZE A POSSIBLE CONCUSSION?

To help spot a concussion, you should watch for and ask others to report the following two things:

1. A forceful bump, blow or jolt to the head or body that results in rapid movement of the head.
2. Any concussion signs or symptoms such as a change in the athlete's behavior, thinking or physical functioning.

Signs and symptoms of concussion generally show up soon after the injury. But the full effect of the injury may not be noticeable at first. For example, in the first few minutes the athlete might be slightly confused or appear a little bit dazed, but an hour later he or she can't recall coming to the practice or game.

You should repeatedly check for signs of concussion and also tell parents what to watch out for at home. Any worsening of concussion signs or symptoms indicates a medical emergency.

## SIGNS AND SYMPTOMS

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETE
<ul style="list-style-type: none"> <li>• Appears dazed or stunned</li> <li>• Is confused about assignment or position</li> <li>• Forgets an instruction</li> <li>• Is unsure of game, score or opponent</li> <li>• Moves clumsily</li> <li>• Answers questions slowly</li> <li>• Loses consciousness, even briefly</li> <li>• Shows mood, behavior or personality changes</li> <li>• Can't recall events prior to hit or fall</li> <li>• Can't recall events after hit or fall</li> </ul>	<ul style="list-style-type: none"> <li>• Headache or "pressure" in head</li> <li>• Nausea or vomiting</li> <li>• Balance problems or dizziness</li> <li>• Double or blurry vision</li> <li>• Sensitivity to light</li> <li>• Sensitivity to noise</li> <li>• Feeling sluggish, hazy, foggy, or groggy</li> <li>• Concentration or memory problems</li> <li>• Confusion</li> <li>• Just "not feeling right" or "feeling down"</li> </ul>

### WHAT ARE CONCUSSION DANGER SIGNS?

In rare cases, a dangerous blood clot may form on the brain in an athlete with a concussion and crowd the brain against the skull. Call 9-1-1 or take the athlete to the emergency department right away if after a bump, blow or jolt to the head or body the athlete exhibits one or more of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

### WHY SHOULD I BE CONCERNED ABOUT CONCUSSIONS?

Most athletes with a concussion will recover quickly and fully. But for some athletes, signs and symptoms of concussion can last for days, weeks or longer.

If an athlete has a concussion, his or her brain needs time to heal. A repeat concussion that occurs before the brain recovers from the first – usually within a short time period (hours, days, weeks) – can slow recovery or increase the chances for long-term problems. In rare cases, repeat concussion can result in brain swelling or permanent brain damage. It can even be fatal.

### HOW CAN I HELP ATHLETES TO RETURN TO PLAY GRADUALLY?

An athlete should return to sports practices under the supervision of an appropriate health care provider.\* When available, be sure to work closely with your team's certified athletic trainer.

Below are five gradual steps that you and the health care professional should follow to help safely return an athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over days, weeks or months.

**BASELINE:** Athletes should not have any concussion symptoms. Athletes should only progress to the next step if they do not have any symptoms at the current step.

**STEP 1:** Begin with light aerobic exercise only to increase an athlete's heart rate. This means about five to 10 minutes on an exercise bike, walking or light jogging. No weightlifting at this point.

**STEP 2:** Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (reduced time and/or reduced weight from your typical routine).

**STEP 3:** Add heavy non-contact physical activity such as sprinting/running, high-intensity stationary biking, regular weightlifting routine and/or non-contact sport-specific drills (in three planes of movement).

**STEP 4:** Athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.

**STEP 5:** Athlete may return to competition.

If an athlete's symptoms come back or she or he gets new symptoms when becoming more active at any step, this is a sign that the athlete is pushing him or herself too hard. The athlete should

stop these activities and the athlete's health care provider should be contacted. After more rest and no concussion symptoms, the athlete should begin at the previous step.

## PREVENTION AND PREPARATION

Insist that safety comes first. To help minimize the risks for concussion or other serious brain injuries:

- Ensure athletes follow the rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Wearing a helmet is a must to reduce the risk of severe brain injury and skull fracture. However, helmets are not designed to prevent concussion. There is no "concussion-proof" helmet. So even with a helmet, it is important for kids and teens to avoid hits to the head.

Check with your league, school or district about concussion policies. Concussion policy statements can be developed to include:

- The school or league's commitment to safety
- A brief description of concussion
- Information on when athletes can safely return to school and play.

Parents and athletes should sign the Parent Information and Signature Form at the beginning of the season.

ACTION PLAN
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**WHAT SHOULD I DO WHEN A CONCUSSION IS SUSPECTED?**



No matter whether the athlete is a key member of the team or the game is about to end, an athlete with a suspected concussion should be immediately removed from play. To help you know how to respond, follow the Heads Up four-step action plan:

### **1. REMOVE THE ATHLETE FROM PLAY.**

Look for signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head or body. When in doubt, sit them out!

### **2. ENSURE THE ATHLETE IS EVALUATED BY AN APPROPRIATE HEALTH CARE PROFESSIONAL.**

Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:

- Cause of the injury and force of the hit or blow to the head or body
- Any loss of consciousness (passed out/knocked out) and if so, for how long
- Any memory loss immediately following the injury
- Any seizures immediately following the injury
- Number of previous concussions (if any)

### **3. INFORM THE ATHLETE'S PARENTS OR GUARDIANS.**

Let them know about the possible concussion and give them the Heads Up fact sheet for parents. This fact sheet can help parents monitor the athlete for signs or symptoms that appear or get worse once the athlete is at home or returns to school.

### **4. KEEP THE ATHLETE OUT OF PLAY.**

An athlete should be removed from play the day of the injury and until an appropriate health care provider\* says he or she is symptom-free and it's OK to return to play. After you remove an athlete with a suspected concussion from practice or play, the decision about return to practice or play is a medical decision.

\* "Health care provider" means a Tennessee licensed medical doctor, osteopathic physician, clinical neuropsychologist with concussion training, or physician assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician.

### **REFERENCES**

1. Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or "ding" concussions in high school athletes. *The American Journal of Sports Medicine* 2004; 32(1):47-54.
2. Institute of Medicine (US). Is soccer bad for children's heads? Summary of the 10M Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer. Washington (DC): National Academies Press, 2002.
3. Centers for Disease Control and Prevention (CDC). Sports-related recurrent brain injuries-United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-27. Available at: [www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm)

If you think your athlete has a concussion  
take him/her out of play and seek the advice of a health care professional  
experienced in evaluating for concussion.

For more information, visit [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

# CONCUSSION

## INFORMATION AND SIGNATURE FORM FOR COACHES (Adapted from CDC "Heads Up Concussion in Youth Sports")

**Sign and return this page.**

\_\_\_\_\_ I have read the *Concussion Information and Signature Form for Coaches*  
Initial

\_\_\_\_\_ I should not allow any student-athlete exhibiting signs and symptoms consistent with concussion to  
Initial return to play or practice on the same day.

**After reading the Information Sheet, I am aware of the following information:**

\_\_\_\_\_ A concussion is a brain injury.  
Initial

\_\_\_\_\_ I realize I cannot see a concussion, but I might notice some of the signs in a student-athlete right  
Initial away. Other signs/symptoms can show up hours or days after the injury.

\_\_\_\_\_ If I suspect a student-athlete has a concussion, I am responsible for removing him/her from activity  
Initial and referring him/her to a medical professional trained in concussion management.

\_\_\_\_\_ Student-athletes need written clearance from a health care provider\* to return to play or practice  
Initial after a concussion. \* (Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training, or physician assistant with concussion training who is a member of a health care team supervised by a Tennessee licensed medical doctor or osteopathic physician.)

\_\_\_\_\_ I will not allow any student-athlete to return to play or practice if I suspect that he/she has received  
Initial a blow to the head or body that resulted in signs or symptoms consistent with concussion.

\_\_\_\_\_ Following concussion the brain needs time to heal. I understand that student-athletes are much  
Initial more likely to sustain another concussion or more serious brain injury if they return to play or practice before symptoms resolve.

\_\_\_\_\_ In rare cases, repeat concussion can cause serious and long-lasting problems.  
Initial

\_\_\_\_\_ I have read the signs/symptoms listed on the *Concussion Information and Signature Form for*  
Initial *Coaches*.

\_\_\_\_\_  
Signature of Coach

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Coach



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 100TH AIR REFUELING WING  
(USAFE)

MEMORANDUM FOR: Youth Program Staff & Volunteers

1 Jan 2017

FROM: RAF Mildenhall Youth Programs 100 FSS/FSFY

SUBJECT: **Identifying and Reporting Suspected Child Abuse or Neglect**

This document outlines the definition of child abuse and neglect, how to recognize possible child abuse and neglect, and the procedures for reporting suspected child abuse and neglect.

1. **Definition:**
  - a. Child abuse is any non-accidental injuries to a child, sexual activity with a child, or verbal abuse of a child that is demeaning and results in emotional illness or social maladjustment. Maltreatment can be by a parent, guardian, or any other adult responsible for the child's welfare on a temporary or permanent basis.
  - b. Child neglect is failure to provide adequate medical care, food, clothing, or supervision necessary for the safety and well-being of a child and/or blatant disregard of a child's emotional illness.
2. **Types of child maltreatment:**
  - a. Physical abuse
  - b. Sexual abuse
  - c. Verbal/emotional abuse
  - d. Neglect
3. **Recognizing child abuse/neglect through signs such as, but not limited to:**
  - a. Suspicious location of injuries
  - b. Physical and behavioral indicators
  - c. Verbal reports by a child
4. **Reporting suspected child abuse/neglect:**
  - a. You do not have to wait for or look for proof before reporting suspected abuse/neglect
  - b. Report any concerns of suspected cases of child abuse/neglect to a supervisor immediately, either the Youth Director, School Age Program Coordinator, Programs Director, or Assistant Programs Director.
  - c. You will be asked to provide a written statement for record and will work cooperatively with you in making a report to the Family Advocacy Office.

I have read the RAF Mildenhall Youth Programs policies on Child Abuse and Neglect. I was given the opportunity to ask questions. I clearly understand the policies as stated in this document. I agree to follow these policies.

\_\_\_\_\_  
Employee or Volunteer Printed Name

\_\_\_\_\_  
Employee or Volunteer Signature

\_\_\_\_\_  
Date

**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*.

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Employee or Volunteer Printed Name

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Employee or Volunteer Signature

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Date



**DEPARTMENT OF THE AIR FORCE**  
**HEADQUARTERS 100TH AIR REFUELING WING (USAFE)**

MEMORANDUM FOR: Youth Program Staff & Volunteers

1 Jan 2017

FROM: RAF Mildenhall Youth Programs 100 FSS/FSFY

SUBJECT: Policy for Handling Bodily Fluids to Reduce the Risk of Disease Transmission  
Sanitation Requirements

It is imperative that proper procedures are followed any time Youth Programs staff come in contact with blood or other bodily fluids in order to minimize the risk of disease transmission. Procedures for handling bodily fluids and maintaining appropriate sanitation at the RAF Mildenhall Youth Center are as follows:

**Precautions to Reduce the Risk of Disease Transmission:**

- All Youth Programs staff has the potential to come in contact with blood or other bodily fluids while performing their normal job duties.
- A foundation principle of effective infection control precautions considers all patrons to be potentially infectious and contact with any bodily fluid, especially blood requires the use of barrier techniques to protect Youth Programs staff, as well as effective protection strategies.
- The four areas of precautions and practices outlined by the American Red Cross are: personal hygiene, personal protective equipment (PPE), engineering and work practice controls, and equipment cleaning and disinfecting.

**Personal Hygiene:**

- Maintaining good personal hygiene is a key factor in preventing disease transmission. This includes a daily shower or bath and laundering of clothing items using detergent. Frequent hand washing is imperative and all employees are required to wash their hands, at least:
  - Before and after preparing, serving, or consuming food
  - After using the restroom
  - After providing first aid care
  - Before and after administering medication to each individual or yourself
  - After handling money
  - After assisting children with personal hygiene tasks, such as changing clothes or shoes, blowing their nose, washing, or caring for an injury
  - Before and after the use of art materials that will come in direct contact with hands, such as clay, finger paint, play dough, paper mache, etc.
  - After sneezing, blowing your nose, or covering your mouth after coughing
  - After using any cleaning products
  - After smoking
- To effectively reduce the risk of disease transmission, hand washing must be effective rather than superficial and should be accomplished using the following steps:
  - Hands should be washed under warm running water, using liquid soap
  - All surfaces of the hands should be scrubbed, including the palms, backs of hands, under fingernails, and between the fingers
  - Dry hands using disposable paper towels or air blow dryers
  - Turn off the facets using disposable paper towels to avoid recontamination from facet surfaces
  - Dispose of paper towels in proper containers
    - Jewelry should be kept to a minimum for health and safety reasons, for example, hoops or rings in piercings should be removed or changed to studs, rings should be kept to a minimum and should have low prong settings to avoid scrapping skin or catching on anything, the length of necklaces, bracelets or anklets should be kept to a minimum to avoid catching on anything.



- Personal grooming items, such as combs or brushes, and clothing should not be shared between individuals.
- Hand sanitizing solution is available in the portable first aid kits and may be used in emergency situations where running water is not available.

### **Personal Protective Equipment (PPE):**

- Personal protective equipment (PPE) includes all equipment and supplies that prevent direct contact with blood or other body fluids and contaminated materials.
- The primary PPE that will be used by Youth Programs staff is disposable rubber gloves. Gloves are available in each first aid cabinet and pack throughout the building. Staffs are also encouraged to keep a set with them, for example in their pocket, to address any emergency that might arise.
- Disposable rubber gloves must be used ANY time a staff member has the potential to come in contact with body fluids directly or indirectly, including EVERY time first aid is administered, assisting children who have soiled them, cleaning surfaces that have been contaminated with body fluids, or assisting with changing clothes.
- The procedure outlined by the American Red Cross for using disposable rubber gloves is:
  - Place one glove on each hand
  - Remove the gloves by turning them inside out, beginning at the wrist and peeling them off. When removing the second glove, do not touch the soiled surfaces with your bare hand. Hook the inside of the glove at the wrist and peel the glove off.
  - Discard gloves that are discolored, torn, or punctured.
  - Do not clean or reuse disposable gloves
  - Avoid handling every day or personal items while wearing gloves that are contaminated
  - Change gloves when you give care to a different person
  - Cover any cuts, scrapes, or skin irritations prior to putting on protective clothing
- Should you need to perform rescue breathing or cardiopulmonary resuscitation, use a breathing barrier, located in the first aid cabinets?

### **Engineering & Work Practice Controls:**

- Engineering controls are equipment or machines that isolate or remove hazards from the workplace.
- Work practice controls reduce the likelihood or exposure by changing the way a task is carried out and how a staff member behaves.
- Engineering and work practice controls in the Youth Center include:
  - Placing any used or contaminated sharps, such as needles, in the sharps container located at the reception area first aid station and not recapping any needles. Notify a supervisor immediately after the sharp item has been used or contaminated to coordinate proper disposal
  - Removing soiled PPE or clothing immediately
  - Cleaning and disinfecting soiled surfaces and/or equipment immediately
  - Washing hands thoroughly and frequently

### **Equipment Cleaning & Disinfecting:**

- Regular cleaning and maintenance of the equipment and environment is essential to reducing disease transmission.
- Sanitizing of surfaces and equipment will be accomplished with dilute bleach solution consisting of ¼ cup of chlorine bleach per gallon of water or 1 tablespoon of chlorine bleach per quart of water.
- Bleach solutions must be mixed daily and stored in labeled, airtight spray bottles, under or away from food. Bleach solution bottles must be emptied and left to air dry at the end of each day.
- Surfaces to be sanitized should be sprayed with the dilute bleach solution and left to air dry or wiped with disposable paper towels. If the surface is to be wiped with paper towels, allow the bleach solution to sit on the surface for at least 60 seconds before wiping.
- Bleach will evaporate when left to air dry, leaving the surface non-toxic.
- General guidelines for sanitizing include:
  - Sanitizing surfaces of tables and/or countertops before and after preparing, serving or consuming food
  - Sanitizing table tops after art projects
  - Sanitizing chairs after meals or messy projects
  - Sanitizing toys when they become obviously dirty

- General guidelines for maintenance of the environment to be accomplished in cooperation with the contract cleaning services includes:
- Sweeping after meals and snacks
- Daily vacuuming
- Mopping the floor with a bleach solution at the end of the day
- Daily disinfection of toilets and sinks
- Empty and disposal of trash at least after each meal
- Defrosting and disinfecting room refrigerators monthly
- Return of all food service dishes to the kitchen or washing of the containers after each meal
- Disinfection of lockers once per month
- It is vital to disinfect all surfaces, equipment and clothing that has been contaminated with blood or body fluids to reduce the risk of disease transmission according to the following procedure:
- Wear gloves and other appropriate personal protective equipment when cleaning spills
- Clean up the spills immediately
- If the spill is mixed with sharp objects, such as broken glass, do not pick these items up with your hands. Use tongs, a broom and dustpan, or two pieces of cardboard.
- Use absorbent materials, such as paper towels, to clean the spill. Dispose of the absorbent materials in a plastic bag
- Flood the area with diluted bleach solution and allow it to stand for approximately 20 minutes.
- Use disposable paper towels to absorb the bleach solution and dry the area. Dispose of the towels in a plastic bag.
- Laundry that becomes soiled or contaminated by blood or body fluids is to be placed into a plastic bag that is then sealed. If the soiled clothing belongs to a child, it must be sent home with the parents for laundering. If the soiled clothing belongs to a staff member, it must be taken home for laundering or disposed of.

I have read pages one (1), two (2), three (3), and four (4) of the RAF Mildenhall Youth Programs policies on Handling Bodily Fluids to Prevent Disease Transmission and Sanitation Requirements. I was given the opportunity to ask questions. I clearly understand the policies as stated in this document. I agree to follow these policies.

\_\_\_\_\_  
Employee or Volunteer Printed Name

\_\_\_\_\_  
Employee or Volunteer Signature

\_\_\_\_\_  
Date

**DEPARTMENT OF THE AIR FORCE**

100 FSS / FSFY

APO AE 09459

**FIRE EVACUATION for Bldg. 293/220**

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**PURPOSE:** To establish procedures and policies governing fire reporting and evacuation. All personnel occupying or working in **building 293** are responsible for complying with this operating instruction.

**REFERENCES:** AFI 32-2001, AFOSH 91-501, MIDI 32-2001

**1. Procedures.** The first person to discover any sign of fire will perform the following notifications:

1.1. Sound the alarm by breaking the glass at any fire alarm box (Atch 1).

1.2. Call the fire department (emergency numbers are on or near phones) on base extension 911/ off base number is 01638 547911 and be prepared to give the following information:

- ❖ Location                      **Bldg. Number and use (293 or 220)**
- ❖ The emergency              **What the emergency is ( Fire/ Medical/ Police)**
- ❖ Your name                    **Don't hang up until told to do so.**

1.3. Comply with all instructions issued by fire department personnel

**2. Evacuate building.**

2.1. Direct occupants away from smoke and fire. Stay low in smoke filled areas.

2.2. *Assign personnel to assist occupants, who are physically challenged, in exiting the building*

2.3. Time permitting, close doors and windows as you exit. **DO NOT LOCK DOORS.**

2.4. Open the nearest exit and control egress. (Atch 2)

2.5. *Assemble all nonessential personnel in the assigned assembly point for your building. (Atch 2) .*

2.6. The person sounding the alarm will brief the Senior Fire Official/rescue response personnel of:

- ❖ Personnel accountability
- ❖ Injuries
- ❖ Location of Emergency

**3. Fire Extinguishers.**

3.1. Extinguish small fires using the nearest fire extinguisher, if safe to do so.

**NOTE: If a fire extinguisher is used it must be reported to the facility manager for immediate replacement.**

3.2. Firefighting is attempted after effective evacuation is in progress and the fire department has been called.

3.3. Fire extinguisher classifications are defined as:

- ❖ Class A -Ordinary combustible (wood, paper, and cloth)
- ❖ Class B -Liquid fires (gasoline, cleaner fluid)
- ❖ Class C -Electrical

3.4. Fire extinguisher locations (*Atch 1.*)

- | Bldg. 293                   | Bldg. 220                                      |
|-----------------------------|--|
| ❖ 1 Front entrance door way | 1 Main entrance by bathrooms                   |
| ❖ 2 Kitchen                 | 2 School Age Room by door leading to bathrooms |
| ❖ 3 Open recreation area    | 3 Exit door of storage area                    |
| ❖ 4 Dance room hallway      | 4 Exit door of FCC storage area                |
| ❖ <b>5 Gym entrance</b>     |  |
| ❖ 6 Gym exit                |  |
| ❖ 7 School age hallway      |  |
| ❖ 8 Reception area          |  |

3.3. Assign available personnel to bring additional extinguishers to the fire area if required.

//SIGNED//

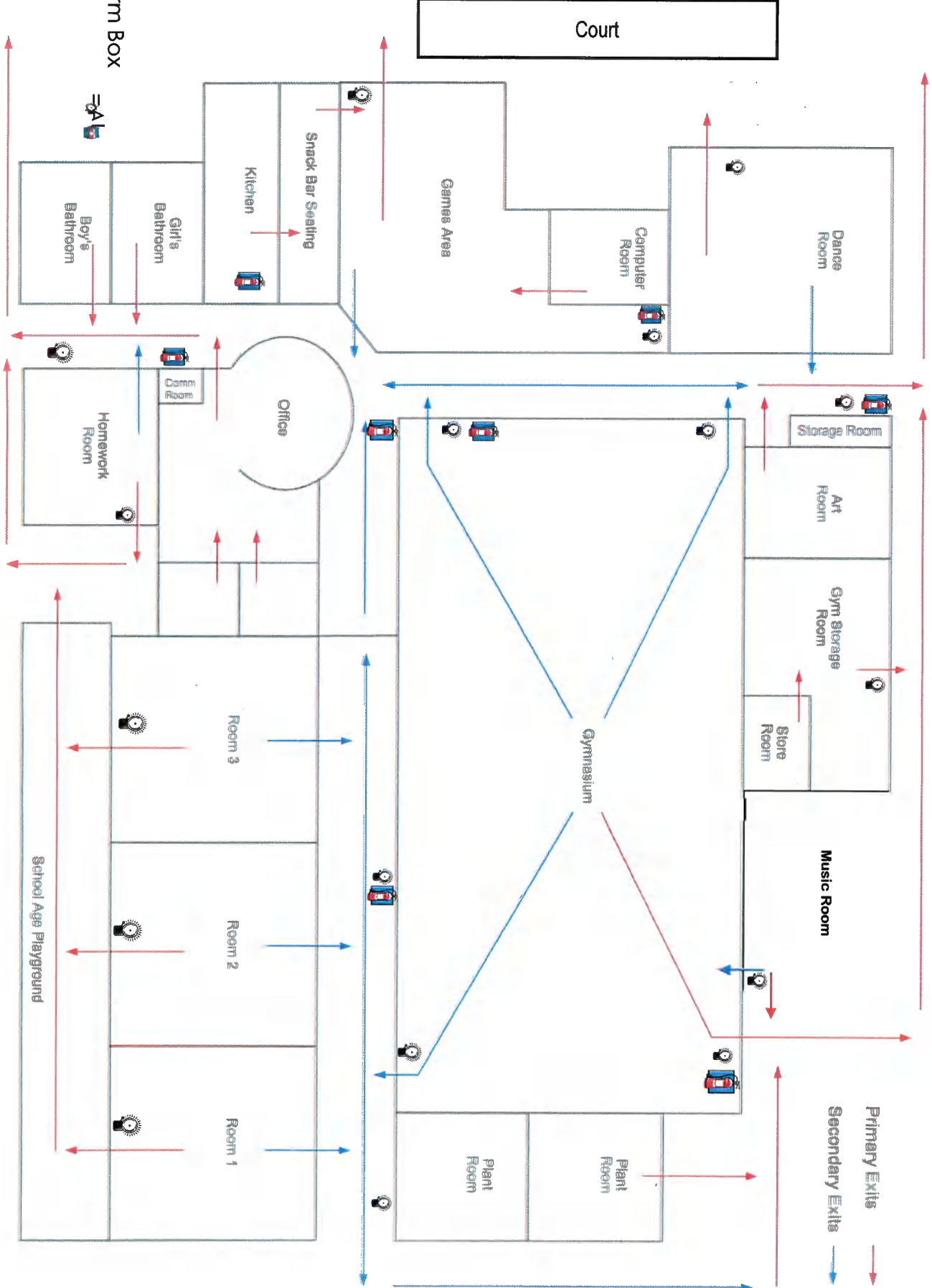
JOAN GOODE, MOD

Director, Youth Programs

Attachments: 1. Manual call boxes and extinguisher locations 2. Evacuation routes and assembly point  
I st Ind., Approved

//SIGNED//

STEPHEN S. SLATTER TSGT, USAF / Fire Inspector 100 CES/CEFT **Evacuation Assembly Point** Playground



RAF Mildenhall Youth Programs Building 293 Fire Evacuation Plan

Primary Exits  
Secondary Exits

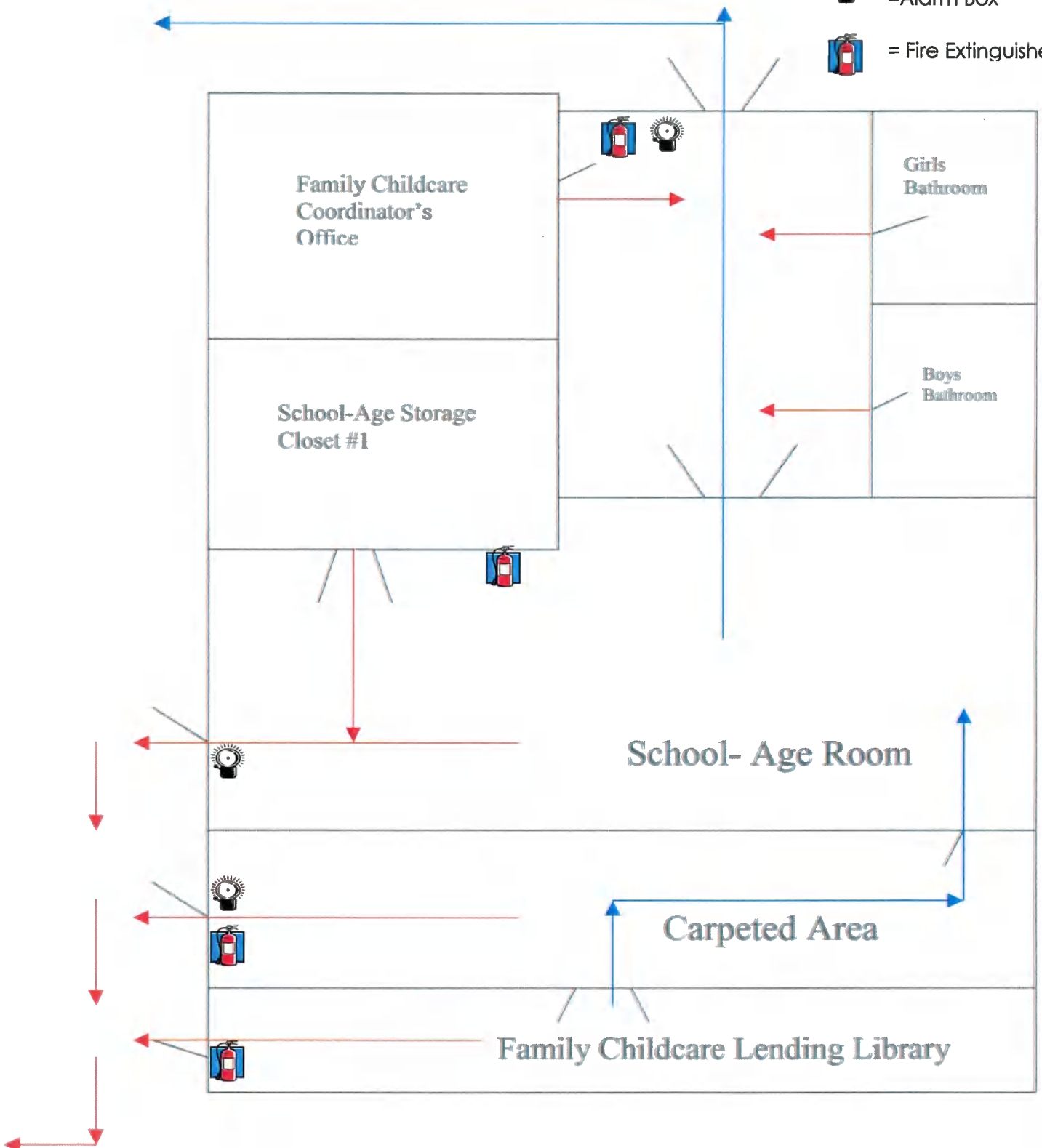
# Fire Evacuation Routes for Building 220



= Alarm Box



= Fire Extinguisher



**RED IS THE PRIMARY EVACUATION ROUTE**

**BLUE IS THE SECONDARY EVACUATION ROUTE**

**MEETING PLACE IS THE GRASS ISLAND**

**WHILE EXISTING THE PRIMARY ROUTES WALK ALONG THE SIDEWALK OF THE CDC PLAYGROUND FENCE, NOT THRU THE PARKING LOT**



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 100TH AIR REFUELING WING (USAFE)

MEMORANDUM FOR: Youth Program Staff & Volunteers

1 Jan 2017

FROM: RAF Mildenhall Youth Programs 100 FSS/FSFY

SUBJECT: Fire Evacuation Procedures

1. The attached diagrams are the Fire Evacuation Plans for Building 293, the RAF Mildenhall Youth Center, and Building 220, School Age Program Annex. There are primary and secondary fire exits for each room of the buildings as indicated on the diagrams. The primary exits are those that lead directly outside without traveling through any other part of the building. Secondary exits are other exits that may be used for fire evacuation if the primary exits are blocked for any reason. In the event of a fire or fire drill, evacuate everyone via the closest and safest exit. The primary goal in any emergency situation is to ensure that the children and staff are safely out of the building. The staff member(s) on duty in the playground is/are responsible for ensuring that all of the adults and children outside are safely evacuated to the blacktop area in the rear playground. One staff member from the office will call 9-1-1 to report the emergency and remain on the line until instructed by the 9-1-1 operator to hang up. One staff member from building 220, School Age Program Annex, must report the emergency to 9-1-1 before leaving the building.
2. When the fire alarms sound, check all areas of the room where you are working, including bathrooms and closets. One staff member in each School Age Program room must take all the clipboards and AF Form 1930's from the room to allow for a roll call of children. One staff member from the Open Recreation Program must take the daily sign in binder to account for all children. Ensure that all fire doors are closed before exiting the building. Once all adults and children have left the building, no one may re-enter the facility until cleared to do so by the appropriate Youth Programs authorities. Once the facility is completely evacuated, ensure that everyone assembles quickly and calmly at the evacuation assembly point.
3. **Open Recreation Program Staff:** Open Recreation staff members should ensure that all children have left the open recreation/games area and perform a roll call of children, ensuring that all children who are signed in to the Open Recreation Program are accounted for. Report any missing children immediately to the Programs Director, Youth Director, or Supervisor on Duty.
4. **Volunteers:** Volunteers who are conducting programs, such as youth sports coaches or specialty programs, must account for all the youth and/or parents participating in their program and be prepared to provide number to Supervisor on Duty and/or Fire Department. Accountability will be accomplished in cooperation with Youth Programs staff, such as the Youth Sports Director, Programs Director, or Assistant Programs Director.
5. Remain at the evacuation assembly point until notified by the Youth Programs Supervisor to return to the building.
6. The fire evacuation assembly point for Building 293, Youth Center, is the black top area in the rear playground. The fire evacuation assembly point for Building 220, School Age Program Annex, is the middle field.

I have read the RAF Mildenhall Youth Programs procedures for fire evacuation. I have had the opportunity to ask any questions and completely understand the policies outlined above. I agree to follow the procedures.

\_\_\_\_\_  
Employee or Volunteer Printed Name

\_\_\_\_\_  
Employee or Volunteer Signature

\_\_\_\_\_  
Date



**DEPARTMENT OF THE AIR FORCE**  
**HEADQUARTERS 100TH AIR REFUELING WING (USAFE)**

MEMORANDUM FOR: Youth Program Staff & Volunteers

1 Jan 2017

FROM: RAF Mildenhall Youth Programs 100 FSS/FSFY

SUBJECT: Transportation & Trip Supervision Policies

This document outlines the policies for transportation and trips conducted by staff and/or volunteers

1. As per AFI 34-249, Youth Programs, section 2.2.4.1 "Do not permit staff and volunteers to transport children in their personal vehicles." Employees and volunteers will only transport youth in approved Government Owned Vehicles (GOV) that are properly registered, inspected, and maintained. All drivers must have a current government driver's license on file. Any other form of transportation, such as coaches, will be through approved government contracts only.
2. AFO 34-249 further states in section 2.2.9.5 "When youth are transported off base two adults must accompany the group." As a child abuse prevention measure, it is standard procedure to minimize the amount of time only one adult is alone with a child or youth. All trips, tours, and transportation must have two adults present at all times.
3. As per AFI 34-249, section 1.2.7.5, "Trips and tours (there must be a least two leaders per group, one of whom is an adult; 1:8 for 6-12 year olds and 1:12 for 13-18 year olds)." Proper adult: child ratios must be maintained at all times while transporting youth.
4. For events requiring overnight travel and/or accommodation, there must be at least two adults present who have completed background checks. Chaperones should not leave the event location unless there are at least two other adults present to maintain proper ratios and child abuse prevention measures at all times.
5. Any youth who will be participating in an event requiring transportation must have the proper release and/or permission forms completed by a parent or guardian prior to being transported by any Youth Programs staff member or volunteer. Any transportation of youth must be part of an approved Youth Program function or duty. Copies of participation lists, emergency information, and contact details must be left at the facility.
6. Staff members or volunteers who transport youth are required to follow all applicable health and safety procedures, including placement of a fire extinguisher and first aid kit inside any vehicle used to transport youth, keeping vehicles clean and free of obstructions and debris, and requiring all passengers to use occupant protective devices such as restraints, child safety seats, etc. unless traveling in a passenger bus without such devices.
7. All trips or tours must provide the name(s) of the driver(s), staff, volunteers, adults and youth; the time and location of departure; destination; and expected time and place of return to the Youth Programs Director or designee in advance of the trip.

I have read the above procedures for transportation and trip supervision. I have had the opportunity to ask any questions and completely understand the policies outlined above. I agree to follow the procedures.

\_\_\_\_\_  
Employee or Volunteer Printed Name

\_\_\_\_\_  
Employee or Volunteer Signature

\_\_\_\_\_  
Date



**DEPARTMENT OF THE AIR FORCE**  
**HEADQUARTERS 100TH AIR REFUELING WING (USAFE)**

MEMORANDUM FOR: Youth Program Staff & Volunteers

1 Jan 2017

FROM: RAF Mildenhall Youth Programs 100 FSS/FSFY

SUBJECT: Privacy and Confidentiality

It is imperative that staff maintain the highest levels of confidentiality and protect the privacy of children within our program at all times. The guidelines for issues related to confidentiality and privacy at the RAF Mildenhall Youth Center are as follows:

**Photos:**

- Children's photos may only be taken when there is a written permission/release on file from the parents.
- Photos may only be taken using Youth Programs equipment for official purposes. Staff or volunteers may not use, collect, transmit or store any images of children using their personal cameras, mobile phones, personal computers, etc.
- Photos may only be used by the program for professional purposes and must have the release of parents and the Youth Director.
- Any photos to be released to outside agencies such as the RAF Mildenhall Public Affairs Office, 100<sup>th</sup> Services Squadron Marketing Department, etc. must be coordinated with the Youth Director and the child's parents.

**Children's Records:**

- Confidentiality of children's records and reports must be maintained at all times.
- Staff and volunteers are not authorized to discuss and/or disclose any personal information about the children and families in the program to anyone other than colleagues for professional purposes or the child's parent(s) or legal guardians.
- Any reports or paperwork that contains the child's name are considered part of their official records and will be made available to the parents on request.
- All children's records are to remain in the program and data, information, or work samples are only to be collected for official purposes.

**Reports and Memorandums for Record:**

- Any reports, memorandums for record, data collection, etc. is considered an official record.
- All information should only contain the name of one child to protect the privacy of other children involved in any situation.
- Staff and volunteers are not permitted to disclose information about particular children to anyone other than parent(s) and/or legal guardians.

**Displays & Notices:**

- Although every effort should be made to highlight and display the work and achievement of youth, staff must also strive to protect confidentiality and privacy.
- Staff and volunteers should limit displaying children's photo with first and last names.



- Staff and volunteers should avoid transmitting or distributing photos of multiple children.

**Staff & Volunteer Information:**

- Personal information, to include home phone numbers, emergency contact information, home addresses, etc., will be collected for official purposes only.
- Staff and volunteers are not permitted to release personal information about co-workers or volunteers to anyone other than immediate family members for any reason.
- Personal information, such as recall rosters, schedules, etc. should not be displayed in public areas.

I have read pages one (1), and two (2) of the RAF Mildenhall Youth Programs policies on Privacy & Confidentiality. I was given the opportunity to ask questions. I clearly understand the policies as stated in this document. I agree to follow these policies.

\_\_\_\_\_  
Employee or Volunteer Printed Name

\_\_\_\_\_  
Employee or Volunteer Signature

\_\_\_\_\_  
Date



**DEPARTMENT OF THE AIR FORCE**  
**HEADQUARTERS 100TH AIR REFUELING WING (USAFE)**

MEMORANDUM FOR: Youth Program Staff & Volunteers

1 Jan 2017

FROM: RAF Mildenhall Youth Programs 100 FSS/FSFY

SUBJECT: First Aid, Accident & Illness Policies

**First Aid & CPR:**

1. All staff is required to achieve certification in American Red Cross First Aid and Cardio Pulmonary Resuscitation (CPR). Staff training will be coordinated by the RAF Mildenhall Youth Programs. All volunteers are required to receive certification in first aid.
2. Staff is expected to provide first aid up to their level of certification as a part of their position responsibilities.
3. Administration of an Epi-Pen is considered a first aid emergency procedure.
4. Staff will notify a supervisor immediately if they suspect a child has an injury that will require medical attention.

**Accidents:**

1. All accidents must be recorded using AF Form 1187, Youth Flight Accident Report. The staff member who attends to the child is responsible for completing the form. Volunteers must report any accident to the appropriate supervisor who will complete the accident report.
2. Staff must record the child's name, the date of the accident, and the time of the accident in the appropriate spaces. Provide a brief, concise and factual description of what happened and the response provided. As this is confidential information, ensure that names of other children are not included in the report.
3. After signing the form, staff members must get a signature from a supervisor.
4. Ensure the parent signs the form when they pick their child up. Copies of the report may be provided to the parent if requested.
5. The original report will be filed with the home room log book. All accident reports from each home room must be logged using AF Form 1023, Youth Flight Record of Injuries. These logs help identify any patterns of injuries.
6. Any accident that requires medical attention **MUST** be reported to MAJCOM using correct procedures. Staff and/or volunteers must notify the Youth Director, School Age Program Coordinator, Programs Director, Assistant Programs Director, and/or Youth Sports Director **IMMEDIATELY** if they know of any child requiring medical attention.

**Illness:**

1. Any child who has a contagious illness or is too ill to participate in regular activities should be sent home. As per Services OI 34-710, some symptoms that may require exclusion from programs include, but are not limited to: Fever of 101 or higher, diarrhea, vomiting, draining rash, eye discharge, lice or nits, or an unidentified rash.
2. It is the responsibility of all staff and volunteers to help identify youth with any health concerns.

3. A child who becomes ill while participating in a Youth Center program will be treated according to established first aid procedures. Staff will notify the child's parents to collect them from the program. All illnesses should also be recorded using AF Form 1187, Youth Flight Accident Report, using the same procedures outlined above. The staff member who attends to the child is responsible for completing the form. Volunteers must report any accident to the appropriate supervisor who will complete the accident report
4. Any illness that requires medical attention MUST be reported to MAJCOM using correct procedures. Staff and/or volunteers must notify the Youth Director, School Age Program Coordinator, Programs Director, Assistant Programs Director, and/or Youth Sports Director IMMEDIATELY if they know of any child requiring medical attention.
5. If a child becomes ill while in the restroom, at least TWO adults must attend to the child in order to provide line-of-sight monitoring while out of sight of the CCTV. Staff and volunteers may not use the restrooms with the children for any reason.

I have read pages one (1) and (2) of the RAF Mildenhall Youth Programs policies on First Aid, Accident & Illness Policies. I was given the opportunity to ask questions. I clearly understand the policies as stated in this document. I agree to follow these policies.

\_\_\_\_\_  
Employee or Volunteer Printed Name

\_\_\_\_\_  
Employee or Volunteer Signature

\_\_\_\_\_  
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