



CYO COACH CLEARANCE PACKET

Holy Family Parish and Holy Family School strictly adhere to the policies set by the Diocese of Allentown and the State of Pennsylvania.

Please save all usernames and passwords you create when logging into these sites. You may need them to log back in. Please DO NOT TURN IN partial packets.

Name: _____ Email: _____

Child Abuse Clearance:

To obtain a Child Abuse clearance go to: www.compass.state.pa.us/cwis/public/home

Volunteers: We can accept a Child Abuse clearance you have already obtained if it is dated within five years. Child abuse clearance fees for volunteers will continue to be waived one time every 57 months.

State Police Criminal Record Check (PATCH)

To obtain this clearance go to: <https://epatch.state.pa.us/Home.jsp>

Volunteers: We can accept a PA State Criminal History Check you have already obtained if it is dated within five years. Volunteers can obtain a record check for free.

FBI Criminal "DHS" Background Fingerprint Check

Complete the attached Diocese of Allentown Background Check Authorization Form. Fingerprinting instructions are attached. When registering, use service code 1KG6ZJ. Request a payment code from your Safe Environment Coordinator. We can accept a DHS fingerprint you already have if it is dated within one year and was processed under the correct service code. Please retain the receipt you are given when you are fingerprinted until you receive your results. **After fingerprinting you will receive your "unofficial results" via email. You get ONE chance to open and view these results so be prepared to print them immediately or take a screen shot of it. After this you have to wait for the "official" results to arrive in the mail. In addition, after fingerprinting you will receive your "unofficial results" via email. You get ONE chance to open and view these results so be prepared to print them immediately or take a screen shot of it. After this you have to wait for the "official" results to arrive in the mail.**

NSOR (National Sex Offender Registry) Clearance

To obtain this clearance fill out the attached form and mail or email it in. Do not return the completed form as part of your packet. You will receive your clearance first via email then in the mail. Provide a copy to the Safe Environment Coordinator.

6 Signed Acknowledgement Forms for:

Coaches Code of Conduct, Diocesan Code of Conduct, Sexual Abuse Policy, Child Protective Services Law, Social Media & Electronic Communications Policy, Cardiac Arrest Education Form
Go to: <https://www.holyfamilynazarethpa.com/safe-environment> to read the policies. Sign and return the attached acknowledgement forms. A copy of the Child Protective Services Law Policy is attached for your reference.

Protecting God's Children Training Session: See attached instructions. Please provide a copy of your completion certificate. If you have already attended a session you do not need to do it again.

Approximate Date: _____ Location: _____

Mandated Reporter Training: See attached instructions. There are two options listed for completing the Mandated Reporter Training. You either do the Zoom session through PA Family Support Alliance or the self led training through the University of Pittsburgh. **Do one or the other; not both.** Must be completed every 5 years. Please provide a copy of your completion certificate.

Concussion Training Completion Certificate: Print email confirmation or certificate/screenshot upon completion. Go to: <https://www.train.org/cdctrain/course/1089818/details>

If you have any questions please email me at hfp23@rcn.com or call (610) 759-0870. Thank You for Your Time and Cooperation, ~ Florinda Meli, Safe Environment Coordinator



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

Background Check Authorization Form

Have you resided in the State of Pennsylvania for more than a year?

Yes _____ No _____

Does position require interaction with children? Yes _____ No _____

UEID _____

Location Type:

☐ Parish

☐ School

☐ Both

Diocesan Position:

☐ Contractor

☐ Employee

☐ Priest

☐ Religious

☐ Teacher

☐ Volunteer

PERSONAL INFORMATION - PLEASE PRINT

Full Name _____
Last First Middle

☐ Female

☐ Male

Alias(es) _____
Last First Middle

Race _____

Date of Birth: ____/____/____
Mm dd yyyy

Social Security Number _____

Employees Only

Current Address: _____
Street Address Apartment Number

City State Zip Code

Phone: _____ Email Address: _____

Diocesan Location _____
Site Name (IE St. Joseph) City (Bethlehem)

ACKNOWLEDGEMENT SIGNATURE

I hereby grant the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquiries and sharing this information with another Roman Catholic Diocese, as necessary.

Signature

Date

* Forward completed form to your Local Safe Environment Coordinator, or Janice Woolley, Audit & Training Supervisor, PO Box F, Allentown PA 18105.

* Parish /School must retain a copy of this completed form in the employee/volunteer's file.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

DIOCESE OF ALLENTOWN

Instructions to Obtain Fingerprints for Church Volunteers and Employees

Go to the registration site: <https://uenroll.identogo.com/>

Enter your Service Code to get started

- **Volunteer – 1KG6ZJ** for DHS Volunteer

Select Schedule or Manage Appointment.

During registration:

- You will be required to enter your personal information.
- Information marked with a red asterisk (*) is required.
- To receive a copy of your receipt by email, you must enter your email as your preferred form of contact. If you do not enter an email, no receipt will be sent to you.
- You will be asked to fill in Employee Information, please enter
Employee Name: Diocese of Allentown
Country: United States
Address Line 1: PO Box F
Address Line 2: - leave blank-
City: Allentown
State: Pennsylvania Postal Code: 18105-1538
- You will be asked if your mailing address is the same as your residential address, please select **NO**
When the mailing address comes up, please enter, **PO Box F, Diocese of Allentown, Allentown PA. 18105.** Please enter your home address in the residential address area.

Payment Code

Email **hfp23@rcn.com** for your payment code.

- You will be asked to enter your authorization/coupon/payment code (included on above label). The first 5 digits of the code should correspond to the service code that you used to start the registration process (in yellow above).
- Once you have finished entering your information, you can choose a fingerprint location by zip code. Select an appointment time and schedule your fingerprints.
- Print a copy of the confirmation to take with you to fingerprinting appointment AND for your records.
- At the time of your appointment you will receive a printed receipt, please give a copy to your location, keep the original for your files.
- An unofficial copy of your results will be sent to your email address, unless you don't have one. Your unofficial results are only available once, through a one-time use link. **Do NOT login with your phone** because the system doesn't allow letters pulled via mobile devices but it does count as your single login. Only use the link provided by Identogo when you are on a computer and have the ability to save and print it. Please keep this copy (either from email or regular mail) for your records.

PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child care setting where child care is occurring.
- Any individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child care provider, group day-care home or family child care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to: **RA-PWNSOR@pa.gov** In the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith); **OR**
3. Hand deliver to the Clearance Verification Unit lobby located at: 5 Magnolia Drive, Harrisburg, PA 17110 (Hillcrest Building number 53). Free parking is available in Lot C.

- Processing time is fourteen days from the date the application is received.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- There is no fee for the National Sex Offender Registry verification letter.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

Purpose of the National Sex Offender Registry Verification (Check one box only)

- ☐ Individual 18 years or older residing in the facility where child care is occurring.
- ☒ Individual working for a Regulated Child Care Provider.
- ☐ Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- ☐ Volunteer of a child-care provider, group-daycare home or family child care home.

Applicant Demographic Information (All fields required)

Full Name (Last, First, Middle Initial): _____

Social Security Number (XXX-XX-XXXX): _____

Date of Birth (MM/DD/YYYY): _____

Daytime Phone Number (XXX-XXX-XXXX): _____

Home Mailing Address: _____

Include full street address, (Apt # or PO Box if applicable),

City, State and Zip Code

E-mail Address: _____

I affirm the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law per Section 4904 of the Pennsylvania Crimes Code.

Signature: _____

Date: _____

Coaches Code of Conduct

With Almighty God as my witness, I hereby pledge to abide by the following Contract/Covenant:

- ❖ I will remember that I am a role model as a Christian and a good citizen for my participants, and as such I will always conduct myself in a mature manner, exercise good sportsmanship and always play by the rules in spirit and in word.
- ❖ I will foster an environment where all children will be given the ability to play and develop skills. I will do all in my power to discourage a “win at all costs” attitude.
- ❖ I will treat each participant as an individual, remembering the potential difference in emotional and physical development for the same age group.
- ❖ I will strive to remove all avoidable perils of competition by the application of intelligent and thoughtful cooperation with other coaches, officials, participants and spectators.
- ❖ I will lead by example in demonstrating fair play and sportsmanship to all my participants.
- ❖ I will do my best to organize practices that are fun and challenging for all my participants.
- ❖ I will ensure that I am knowledgeable in the rules of each activity I coach, and I will teach these rules to my participants.
- ❖ I will use those coaching techniques appropriate for each of the skills I teach.
- ❖ I will remember that I am a youth coach and that the activity is for the children and not adults.
- ❖ I promise to review and practice the necessary first aid principles needed to treat injuries to my participants.
- ❖ I will not question any official’s decision. I will direct all my concerns to the District Commissioner.
- ❖ I will refrain from using profane, obscene or vulgar language at all times.
- ❖ I will not foster nor tolerate my participants using unnecessary and unChristian tactics against opposing participants **or own teammates**. I will uphold the spirit of Christian sportsmanship. I will not look for loopholes in rules and ways to exploit such in word, deed or omission.
- ❖ I will reinforce and encourage a Christian environment and experience not only by my conduct, but by instructing parents and spectators about proper conduct when needed, and to support all official actions against disruptive and/or inappropriate behavior.
- ❖ I will use the activity for the welfare and character building of all participants, not for my own personal gain or satisfaction.
- ❖ I will not be guilty of personal verbal abuse or physical attack upon any participant, opposing coach, official or spectator for any real or imagined wrong decision or judgment.
- ❖ I will keep my personal opinions of any participant, coach, official or spectator out of public discussion during the activity. In an attempt to maintain and foster a Christian environment after said game. I will refrain from said comments immediately after the game. I understand that I am free to express my personal comments, opinions etc. at appropriate times and places.
- ❖ I will not be guilty of gestures indicating objection to decisions by officials or coaches such as throwing equipment or any other forceful action. Furthermore, I will not tolerate said behavior among my participants, assistant coaches and fans.
- ❖ I will respect the property of another team and the facility being used for the activity.

Violation of the Code may result in a minimum penalty of removal from a game or a maximum penalty of an indefinite suspension from all Diocesan CYO Programs. Suspension from any program within the Diocese will also result in simultaneous suspension from all Diocesan Youth Programs. A temporary suspension may be imposed upon a coach for egregious violations while the matter is justly investigated. Violations are subject to review OYYAM.

Coach’s Printed Name and Signature

Date



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
POLICIES AND PROCEDURES REGARDING 2022 CODE OF CONDUCT

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Code of Conduct. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Code of Conduct or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Code of Conduct and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,
ALLENTOWN, PENNSYLVANIA 18102

ALLENTOWNDIOCESE.ORG | AD-TODAY.COM
Revised 1/31/2024



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

ACKNOWLEDGMENT/CERTIFICATION
DIOCESE OF ALLENTOWN
2022 POLICIES AND PROCEDURES REGARDING ALLEGED SEXUAL ABUSE

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Alleged Sexual Abuse. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Alleged Sexual Abuse or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Sexual Abuse and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

Date

Signature of Clergy/Religious/Employee/Volunteer

Location

Printed Name

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,
ALLENTOWN, PENNSYLVANIA 18102

ALLENTOWNDIOCESE.ORG | AD-TODAY.COM
Revised 1/31/2024

DIOCESE OF ALLENTOWN
SOCIAL MEDIA and ELECTRONIC COMMUNICATIONS POLICIES
ACKNOWLEDGMENT and CONSENT FORM

To be signed by all clergy, religious, employees, volunteers, aspirants, and seminarians of the Diocese of Allentown

By signing below, I acknowledge and agree to the following:

- 1) I have received, read, and understand the Diocese of Allentown's "Social Media and Electronic Communications Policies" (the "Policies").
- 2) I agree to abide by the Policies, as they may be updated from time to time.
- 3) I understand that any violation of the Policies may result in disciplinary action, including termination of employment or removal from ministry or other service.

Printed Name: _____ **Date:** _____

Signature: _____

Diocesan Location: _____



DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

**DIOCESE OF ALLENTOWN
CHILD PROTECTIVE SERVICES LAW POLICY
ACKNOWLEDGMENT FORM**

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE DIOCESE OF ALLENTOWN'S CHILD PROTECTIVE SERVICE LAW POLICY.

I HAVE REVIEWED THE CHILD PROTECTIVE SERVICES LAW POLICY AND UNDERSTAND ITS CONTENTS, AND THE PROCESS THAT I MUST COMPLETE IF I HAVE REASONABLE CAUSE TO SUSPECT THAT A CHILD HAS BEEN SUBJECTED TO CHILD ABUSE OR ACTS OF CHILD ABUSE.

I FURTHER UNDERSTAND THAT THE DIOCESE OF ALLENTOWN HAS ISSUED THE CHILD PROTECTIVE SERVICES LAW POLICY FOR INFORMATIONAL OR GUIDANCE PURPOSES ONLY AND THAT THE DIOCESE DOES NOT INTEND FOR THE POLICY TO CREATE A CONTRACT OR ANY TYPE OF BINDING OBLIGATION ON THE DIOCESE. THE DIOCESE OF ALLENTOWN MAY PERIODICALLY REVIEW THE CHILD PROTECTIVE SERVICES LAW POLICY, AND IT RESERVES THE RIGHT TO AMEND OR INTERPRET THE POLICY AS IT DEEMS APPROPRIATE IN ITS SOLE DISCRETION. A COPY OF THIS ACKNOWLEDGMENT FORM SHALL BE PLACED IN MY PERSONNEL OR VOLUNTEER FILE.

(DATE)

(SIGNATURE OF EMPLOYEE/VOLUNTEER)

(PLEASE PRINT NAME)

(DIOCESAN LOCATION)

(CITY)

Sudden Cardiac Arrest Education and Information

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

If not treated within minutes, SCA results in death. The normal rhythm of the heart can only be restored with defibrillation, an electrical shock that is safely delivered to the chest by an automated external defibrillator (AED).

How common is sudden cardiac arrest?

The Centers for Disease Control and Prevention estimate that every year there are about 300,000 cardiac arrests outside hospitals. About 2,000 patients under 25 die of SCA each year.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness;
- lightheadedness;
- shortness of breath;
- difficulty breathing;
- racing or fluttering heartbeat (palpitations);
- syncope (fainting);
- fatigue (extreme tiredness);
- weakness;
- nausea;
- vomiting; and
- chest pains.

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it. Symptoms are the body's way of indicating that something might be wrong. Athletes who experience one or more symptoms should get checked out.

What is the best way to treat Sudden Cardiac Arrest?

- Early Recognition of SCA
- Early 9-1-1 access
- Early CPR
- Early Defibrillation
- Early Advance Care

Act 59 – the Sudden Cardiac Arrest Prevention Act (the Act)

The Act is intended to keep student athletes safe while practicing or playing. The Act requires:

- Any student athlete who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

☐ I acknowledge that I have reviewed and understand the symptoms and warning signs of SCA.

SIGNATURE

DATE

PRINTED NAME

Parish/School Name

Location

District




DIOCESE OF ALLENTOWN
OFFICE OF CATHOLIC HEALTH,
HUMAN SERVICES, AND YOUTH PROTECTION
OFFICE OF THE SECRETARY
POST OFFICE BOX F
ALLENTOWN, PENNSYLVANIA 18105-1538

Instructions to Obtain PGC Certificates

Protecting God's Children Program (PGC)

The Protecting God's Children™ program is a virtual training that includes videos and question and answer segments. All clergy, employees, and volunteers must complete training.

1. Please visit <https://www.virtusonline.org/virtus/>
2. Select the **"First-Time Registrant"** button
3. Select  **"Begin the registration process"**
4. Using the dropdown arrow select **"Allentown, PA (Diocese)"**
5. Click **"yes or no"** if you have previously registered with Virtus. Select **"No"** if you are not sure.
6. Create a username and password, please keep these for future trainings
7. Please fill in all *items. Do not select **"No Email,"** you must have an email address to do the virtual training.
8. **In this step, DO NOT select the location of your training session - you will pick that later.**
Please select the primary location you will be volunteering/employed at.
Please select at least one primary role you perform at this location
Please select any additional roles you perform at this location
Please enter your actual title or position of service
9. Select **"Yes"** if you are associated with any other diocesan locations, **"No"** if you are not.
10. Please answer the four questions on the next page, by selecting **"Yes"** or **"No"**
11. Please print and read the documents on the next page, **select "I have read and understand this document," fill in your name and the date, select continue.**
12. On the next page **Select "Online Training" or "Online Spanish Training,"** then click the **"Continue Button"**
13. Have you already attended a VIRTUS Protecting God's Children Session? select **"Yes" or "No"**
14. Registration is now complete. Your home page will open, The "Current Training" box will say;
You have 1 online module assigned, click on the words to start your training.
15. Online Training Modules page will open, click on **"Protecting God's Children Online Awareness Session 4.0"**
16. You have reached the end of this training. Would you like to close this window? Select **"yes"**
17. Click on the **"Home"** tab.
18. Then click on **"Training History"**
19. Click on the tiny **Certificate Icon,** found under training history. Print or email certificate to the location you will be volunteering or employed. Be sure to have pop-up blockers off.





**DIOCESE OF ALLENTOWN
SECRETARIAT FOR CATHOLIC HEALTH,
HUMAN SERVICES AND YOUTH PROTECTION
Post Office Box F
Allentown, Pennsylvania 18105-1538**

Instructions to Obtain Mandated Reporter Certificates

Mandated Reporter Training

The Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training course is available online. All clergy, employees, or volunteers who interact with children are required to attend. Mandated Reporter Training expires every 5 years. Please keep your login information for future trainings.

1. Pa Family Support Alliance website: <https://pafsa.org/>

- a. Click on "Trainings & Programs" at the top of the page
- b. Select "Mandated Reporter Training"
- c. Scroll down the page until you see "Upcoming Virtual Sessions at no cost"
- d. Look for Virtual Sessions in (month), (click here)
- d. Select a date and time that works for you
- e. Fill in all the required boxes marked with * (an asterisk)
- f. Select "Register"
- g. You will receive an email with information and the Zoom link. The timeline varies with each instructor.
- h. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

Live
Zoom
training
→

2. University of Pittsburgh's website:

<https://www.reportabusepa.pitt.edu/PublicStudentSignUp.aspx>

- a. Fill out all required information (blue fields) to create an account.
- b. Click "Submit" to create a username and password.
- c. Login using your new credentials in the "Welcome" tab.
- d. Complete the 3-hour (minimum) training course.
- e. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

Self-led
online
→

Complete only one of these trainings. Not both.



Child Protective Services Law

YOU KEEP THIS PAGE
*RETURN ONLY
ACKNOWLEDGEMENT
FORM

All persons (including volunteers) who come into contact with children at any time in the course of their work **are considered mandated reporters of child abuse** and are required by State Law to report to law enforcement authorities all cases of suspected child abuse.

Any person who willfully fails to report child abuse commits a crime and is subject to prosecution.

Persons having reasonable cause to suspect that a child has been subjected to child abuse, or acts of child abuse, shall report immediately to the following:

- If you suspect a child is in imminent danger from abuse,
PLEASE CALL 911 IMMEDIATELY.
 - Please call the Child Abuse Hotline (24-hour): **1-800-932-0313**
 - Please also complete the CY 47 form available from the County Children & Youth Services. It is to be filed within 48 hours of your call. The form is available for completion online at www.compass.state.pa.us/cwis or you may fax or mail the form to the appropriate Office of Children and Youth.
 - Please call the Appropriate Office of Children and Youth Services:

Berks	610-478-6700	Bucks	215-348-6950
Carbon	570-325-3644	Luzerne	570-826-8710
Lehigh	610-782-3064	Monroe	570-420-3590
Northampton	610-829-4690	New Jersey	877-652-2873
Schuylkill	570-628-1050	Montgomery	610-278-5800
 - The Pastor (or Board of Pastors of the Regional School)
 - The Principal of the school
 - Attorney Joseph A. Zator at 610-432-1900; please forward a copy of the CY-47 to Attorney Zator.
 - If abuse occurs in a school setting, there may be additional reporting requirements. Please see your Principal. If the suspected perpetrator is the Principal, then see your Pastor, or the Superintendent of Education for the Diocese.
- **Please document who you spoke to and when**

Anyone making a report is immune from civil or criminal liability provided a report is made in good faith.

**The Diocese of Allentown urges any questions
about the interpretation of the law be resolved in favor of reporting.**

Flow Chart for Mandated Reporters



Call 911 if the child is in imminent danger.

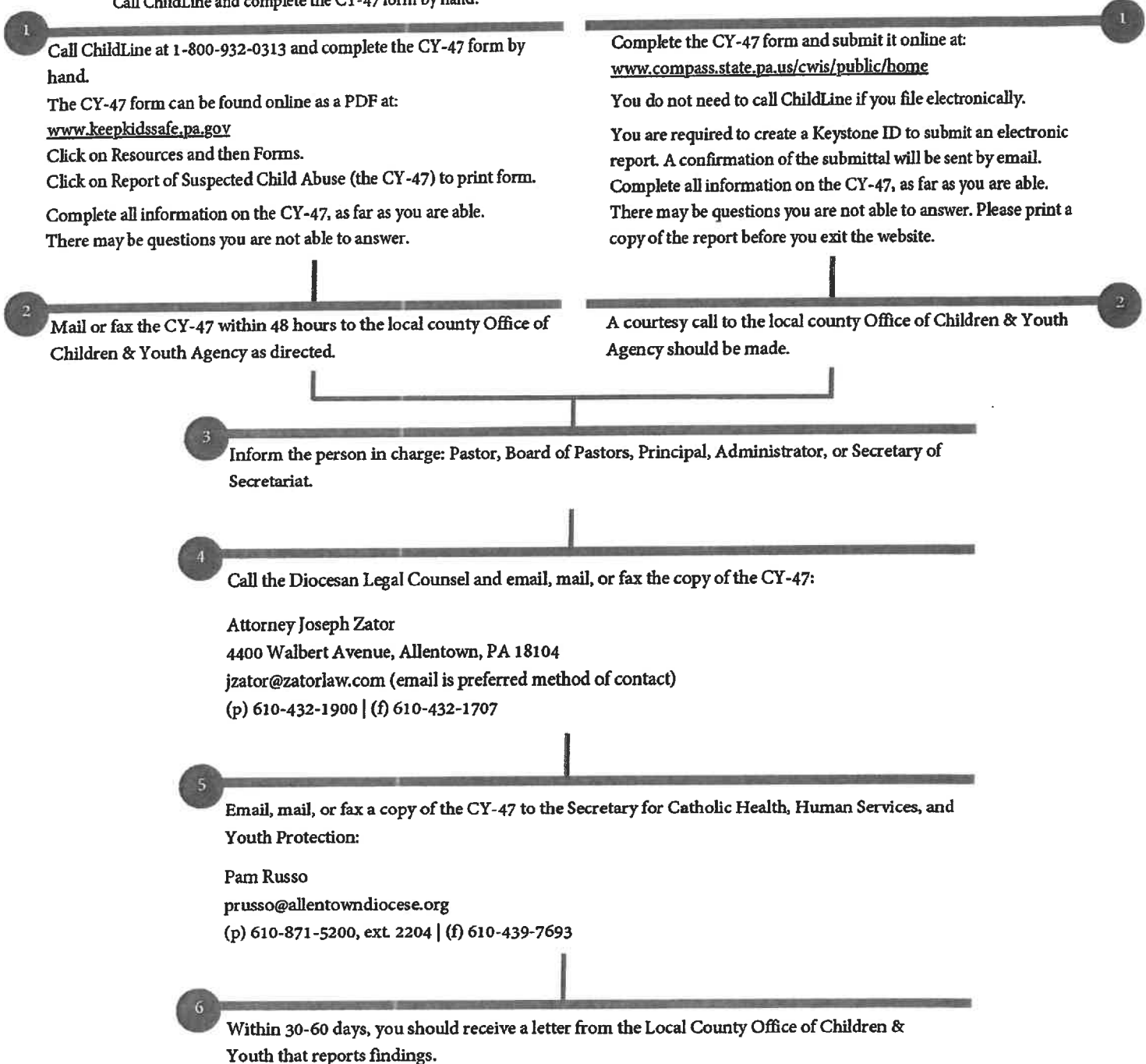
Please choose either option A or B before making a report. Note that you should not call ChildLine (option A) if you intend to submit the CY-47 form online (option B). Calling and submitting the form online would constitute duplicate reports. Keep copies of all your correspondence and a record of whom you spoke to. Contact Pam Russo, Secretary for Catholic Health, Human Services, and Youth Protection, with any questions about the reporting process at 610-871-5200, ext. 2204 or at prusso@allentowndiocese.org.

Option A

Call ChildLine and complete the CY-47 form by hand.

Option B

Submit the CY-47 form online.



Keep a copy of the letter. Send the original to Diocesan Legal Counsel, and send a copy to the Secretary for Catholic Health, Human Services, and Youth Protection.