VOLUNTEER

Information & Application Packet

Our Mission is to keep children safe and to support families in crisis through prevention, assessment, and intervention in child abuse and neglect.

1611 Towne Drive  Columbia, MO 65202
P: (573) 474.6600    F: (573) 474.5992
www.rainbowhousecolumbia.org
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Dear Prospective Applicant:

Thank you for your interest in volunteering at Rainbow House’s Children’s Emergency Shelter! We are very excited about this opportunity for you to join us in making Rainbow House a safe and healthy environment for children.

Our volunteers help us with every aspect of caring for our children; you may be asked to cook, help with homework, go with us on outings, and other various child care activities. Volunteer shifts are available 7 days a week between the hours of 7am to 11pm.

After filling out this application and being cleared by me, I will contact you to set up an interview time. If I think you’ll be a good fit for Rainbow House, you will then need to attend orientation. During orientation you will learn more about the agency and volunteer opportunities.

Applications may be picked up from Rainbow House any time between 8:30am to 4:30pm Monday-Friday. Please call me at 474-6600 ext. 2102 or e-mail me at volunteer@rainbowhousecolumbia.org if you have any questions or comments. Thank you again for your interest – I look forward to meeting you!

Thankfully,

Clare Powell, BSW
Volunteer Coordinator
Rainbow House's Volunteer Program is a community of people who share a common interest – a commitment to the protection and safety of children. Volunteers provide individualized attention to boost children’s self-esteem and brighten their lives.

We hope you will consider becoming a part of our family for the children.

Volunteer Criteria/Checklist

- At least 18 years or older
- Possess high school diploma or GED
- Be in good physical health

- Submit the following to Rainbow House:
  - Volunteer Application
  - Volunteer Questionnaire
  - Confidentiality Policy,
  - Child Abuse/Neglect Reporting Procedure
  - Medical Release form
  - Discipline and Behavioral Management of Children form.
  - Medical Examination Report and a copy of a negative TB skin test done within the last 24 months
  - Copy of Social Security Card (for background check)

All application forms should be returned either by dropping it off at the Rainbow House office or by mail/fax to:

Rainbow House
Attn: Clare Powell
1611 Towne Drive
Columbia, MO 65202

Fax: (573) 474.5992

After completion of all the steps above, the Volunteer Coordinator will contact you to set up an interview date.
VOLUNTEER POLICIES AND PROCEDURES

- Volunteers should never be alone with any child.
- Volunteers will ensure confidentiality and privacy in regard to the children we serve. For this purpose, children should not be photographed.
- Volunteers should not take children to the restroom, bathe, or diaper any child.
- Volunteers may not discipline children; volunteers should respect and follow through with staff redirection.
- Volunteers must abide by the agency dress code as detailed in the Volunteer Handbook.
- Volunteers should refrain from picking up children (unless the child is an infant) to prevent injury and to ensure that none of the children will feel left out. Volunteers are encouraged to hold and hug children while sitting down or crouching down at the child’s level.
- No one under the age of 18 may volunteer with the children, including children or grandchildren of volunteers.
- Rainbow House reserves the right to terminate the volunteer relationship if the behavior and actions of a volunteer are found by the Executive Director to be contrary to the best interest of the children.
- All volunteers are responsible for helping to prevent and control contagious diseases through mandatory use of Universal Precautions.
- Drug or alcohol abuse will result in immediate termination of volunteer status.
- All Rainbow House’s facilities are non-smoking environments.

If you have any questions, feel free to ask any member of staff!
You can reach the Volunteer Coordinator at 474-6600 ext. 2102 or volunteer@rainbowhousecolumbia.org
• **Emergency children’s shelter**: Children are admitted to the shelter by either the state’s Children’s Division for temporary or emergency care as well as for crisis care by a legal parent or guardian who is facing anything from medical or psychiatric hospitalization to homelessness. Shelter services include not only basic care for kids in residence, but also require that school-aged children be enrolled and that they continue in their regular school to minimize disruption in their lives. Kids in shelter receive well child medical check-ups and any recommended follow-up care as well as developmental and psychological assessment.

• **Rainbow Kids Therapy Program** at the shelter reflects our desire to assist children in facing the emotional trauma associated with removal from the family home, an abuse experience, and preparation for transition into Rainbow House and future placements. Our children may have behavioral and emotional problems as well as developmental delays and are often experiencing the loss of primary support systems. The goals of the Rainbow Kids program are: to identify the needs and strengths of each child, to aid children’s adjustment to being in out-of-home care, to assist and nurture children through crisis, and to support each child in learning skills and behaviors relevant to their needs. All therapy is provided by licensed staff therapists and often included play or art therapy.

• **Crisis Care Family Support Program** is a support service provided to shelter children and families and continues our involvement after discharge. Follow-up support services can be instrumental in preventing future family crisis, involvement with the child welfare system, abuse and the factors that contribute to abuse.

• **Parenting with love and limits** parenting class empowers parents to care for defiant and aggressive teens while reestablishing authority and reclaiming respect. The class meets on Wednesdays 5:00-7:00 pm at Rainbow House. Each class is $15 per family. Please contact Heather Windham @ 474-6600 for a phone intake.

• **Regional Child Advocacy Center**: Serving nine counties across Mid-Missouri, the Rainbow House Regional Child Advocacy Center assists in the coordination of investigation and treatment of abuse cases by providing a safe, confidential, and child-friendly environment for the interviewing of child victims of alleged sexual abuse and severe physical abuse. We provide professional digitally recorded forensic interviews that allow children to communicate at their maximum level and embrace the Child First Doctrine: *The child is our first priority.*
• **SAFE/CARE Exams** are provided on-site at Rainbow House and offer children a friendly and safe environment for medical exams regarding a sexual abuse or severe physical allegation. These exams are difficult experiences for the family, but are important in determining if there are injuries or sexually transmitted diseases as a result of the abuse. The CAC staff works to provide comfort and assistance to the family during and following these exams.

• **HOPE Group for Non-Offending Caregivers**, offered to non-offending caregivers of children who have been the victims of sexual abuse. The goals of the group are to provide education on child abuse and neglect, behavioral issues, parenting skills, and other topics requested by participants, as well as to offer professional and mutual peer support for those dealing with the aftermath of abuse on the caregiver, the child, and the family.

• **Over the Rainbow Adolescent Support Group** targets girls ages 10 – 15 who have been referred to the Child Advocacy Center for an interview or therapeutic services related to sexual abuse. The goal of the group is to serve as an outlet for discussing abuse with other survivors in a safe, confidential environment and to provide an opportunity for girls to support one another and to rebuild their ability to trust others through the group experience. The group provides education related to healthy sexual development and decision-making, stress and relaxation, the justice system and other areas identified by families and kids as well as hands-on and fun activities targeting improved self-esteem and overall wellbeing. There is life beyond abuse and good things can still happen!

• **Safety First Play Therapy Group** targets children, ages 4-6, whose parents are concerned about their sexual behaviors. Content discussed includes feelings, safe vs. unsafe touch, secrets, safety, and empathy. A unique feature of this group is that the parent and child meet simultaneously in separate groups to discuss the same topic -- from the child’s perspective -- and from the parents. When they leave the group, both parent and child have consistent information and are more aware of ways to stay safe.

• **Outpatient therapy** for victims of sexual abuse is available on a limited and short-term basis for both individuals and families. Therapy is focused on abuse and trauma and can include court preparation support when needed. Play therapy and other approaches are used to assist a child or family in managing the disruption, and pain associated with sexual abuse. We also assist families in connecting with other qualified therapists for long-term and out-of-county counseling needs.

• **Family Advocate Program** serves the child and non-offending caregiver who have been victimized through child abuse and neglect. The Advocate focuses on the needs of the family, offers support to the family, and assistance in connecting them with appropriate community resources. The Advocate works in concert with other agencies to ensure that
the child receives the best services available and that the family is empowered to move forward.

- **Sexual Assault Emergency Advocacy** is available 24 hours a day for victims under the age of 18, provided by our Family Advocate. We believe this service will fill the need for immediate advocacy for child sexual abuse or assault victims when desired and will also allow us to introduce our entire array of services to the victim and the family and to be available for child-centered services and support on an ongoing basis.

- **Resource lending library for parents and professionals** that includes books and videos on an array of topics in the area of child maltreatment including child development, parenting, safety, abuse and neglect, child sexual abuse and adult survivors, children with sexual behavior problems and other behavioral issues, investigation of child abuse, forensic interviewing of sexually abused children, trauma and healing, healthy sexuality education and other topics.

- **CAC News and Information** is our monthly newsletter, written and printed in-house and targeting non-offending caregivers with articles on abuse, the court system, characteristics of sexual perpetrators and many other topics. The newsletter is also widely distributed to partner agencies and multi-disciplinary team members throughout our nine-county area.

- **Community education programs** are available on or off-site on mandated reporting, internet safety and many other topics. We are currently planning the 2008 Community Education programs to be offered monthly and that will cover an array of topics from parenting teens to making blended families work.

- **Prevention education and outreach** is available on an ongoing basis and can be conducted on or off-site. We have child abuse and neglect prevention education materials geared toward all age groups including adults that cover personal safety, the dynamics and effects of abuse, how to respond to an abuse disclosure, the importance of community involvement and more, aimed at reducing and ultimately eliminating child abuse altogether.

- **Professional training programs** such as mandated child abuse reporter trainings are offered free of charge to professionals and organizations in the community including physicians and nurses, child care workers, law enforcement and many others.
**Volunteer Opportunities**

**Child Care Volunteer**
Child Care volunteers greatly influence the daily workings of Rainbow House’s Children’s Emergency Shelter. Volunteers serve our children, ages 0-18, who have been brought to our shelter for a temporary stay due to abuse, neglect and/or homelessness. It can be a scary and confusing time for these children. Having a friend that will read them a story, play games, eat lunch, and just listen to them really makes a difference. With lots of little ones running around, we can always use the extra help during meal times and bed time. Our kids are always thrilled to have a friend to hang out with and will be begging you to come back and play!

There are times when we don’t have children in our shelter, so Child Care Volunteers are asked to assist the Donation Room Volunteers.

Child Care volunteers must commit to volunteer at least 1 time per week at the Children’s Emergency Shelter. Please see the Volunteer Description for more information about this opportunity.

**Donation Room Volunteer**
Rainbow House is fortunate enough to receive donations on a daily basis from people within the community. These donations include clothes, shoes, toys, food, hygiene products, and other miscellaneous items. The donations are typically for the children in our shelter. Often times, children come in with only the clothes on their backs. When they leave our shelter, we provide them with 5 outfits, books, a toy, and anything else they may need. These donations are also given to at-risk families within our community going through some sort of crisis (lost their job, leaving an abusive relationship, etc). Our Donation Room Volunteers sort through and organize these donations. If we have an abundance of a particular item, our volunteers transport any extras to other agencies in need within the community.

Donation Room Volunteers must commit to volunteer at least 1 time per week. Please see the Volunteer Description for more information about this opportunity.

**Sol House Mentor**
Volunteer mentors are partnered with a mentee at Sol House. Sol House is a Transitional Living Program for young adults ages 18-21. These are kids that have left their home due to some sort of crisis (runaway, homeless, abuse/neglect, human trafficking, etc). The residents at Sol House receive an individualized therapeutic plan and work closely with staff to meet their goals. The plan is to have these residents graduate from our program and have the tools they will need to succeed once they are on their own. Most of these residents do not have visitors, and to have an adult willing to invest time to get to know them is HUGE! Mentors become a friend and role model for a young adult who may not have anyone else. We encourage you to talk with your mentee and assist them in achieving personal, academic and career exploration goals.

Mentors must commit to volunteer at least 1 time per week at Sol House. Please see the Mentor Volunteer Description for more information about this opportunity.
**Special Project Volunteer**

Special Project Volunteers are those that may not be able to commit to a regular schedule, but are interested in giving their time to Rainbow House in another way. Special Project opportunities include field trip outings with the kids, child care assistance during program trainings and/or parenting classes, assisting our Development Director during fundraisers and drives, and any other special events within the community. Opportunities to sign up for Special Projects are sent out on a bi-weekly basis to all Special Project Volunteers. You are welcome to take on as many projects as you like!

Special Project Volunteers do not have a set schedule nor are they held to any time requirement. In order to remain on the update list, volunteers must volunteer **1 time per semester** (Spring: January-April; Summer: May-July; Fall: August-December). All other volunteers are welcome to sign up for Special Projects as well. Please see the Special Project Volunteer Description for more information about this opportunity.

**Administrative Volunteer**

Administrative Volunteers work in our front office. If tidiness, organization, answering the door/phones, filing, and/or paperwork are your thing and you would like to donate your time to assist with occasional administrative needs, we’d love to have you! Our Children’s Emergency Shelter and Child Advocacy Center has occasional tasks for administrative volunteers during business hours, Monday-Friday 9am-5pm.

Administrative Volunteers are notified on an as-needed basis. Administrative Volunteers must volunteer **1 time per semester**. Please see the Administrative Volunteer Description for more information about this opportunity.
VOLUNTEER APPLICATION

Personal Background

Full Name: _____________________________________________ SSN#__________________________

Address: ______________________________________________________________________________

City: __________________________________  State: _____________ Zip Code: __________________

Home Phone: _______________________________ Work Phone: _______________________________

E-Mail Address: ________________________________________________________________________

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<th>School Attended</th>
<th>Name and Location (City/State)</th>
<th>Highest Level Completed</th>
<th>Course of Study/Major</th>
<th>Degree (y/n)</th>
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<td>Graduate School</td>
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Employment History

Presently Employed: F/T:_____ P/T:_____ Self Employed:_____ Military:_____ Not Working:_____ Retired:_____ 

Present/Last Employer: _________________________ Supervisor’s Name/Title: _____________________________

Mailing Address: ____________________________________________________________

Phone: ______________________ Dates of Employment (month/year): FROM:________ TO:________

Title/Position Held: ________________________ Duties: _____________________________________________

______________________________________________________________

Reason for Leaving: _____________________________________________________________________
Emergency Contact

Name: ______________________________________  Relationship: _____________________________

Home Number: _______________________________ Work Number: ___________________________

Three Personal References

1. Name: _____________________________ Address: ________________________________________
   City/State/Zip Code: ___________________________ Phone: _______________________

2. Name: _____________________________ Address: ________________________________________
   City/State/Zip Code: ___________________________ Phone: _______________________

3. Name: _____________________________ Address: ________________________________________
   City/State/Zip Code: ___________________________ Phone: _______________________

Availability

We ask that you place a mark in the boxes in which you are available to volunteer. In addition to marking your availability, please note the total number of hours you wish to volunteer. We would prefer for a volunteer to choose time slots in which he/she could consistently be at Rainbow House each week (unless otherwise specified).

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<th>Thurs</th>
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<td>5pm-9pm</td>
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</table>

Total hours a week you are wishing to volunteer: ___________________

Are you volunteering for a class? YES _____________ NO _________________

If yes, please note the total hours that you are required to volunteer: _____________________
Volunteer Opportunities

What opportunity are you interested in? (Mark an ‘X’ by all that apply)

_____ Child Care Volunteer  _____ Donation Room Volunteer
_____ Sol House Mentor   _____ Special Project Volunteer
_____ Administrative Volunteer

Civil and Criminal History

1. Have you ever been convicted of a felony OR a misdemeanor?    YES ____ NO ____
   If “yes”, give details including date, place, nature of conviction, and disposition:

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor, including deferred adjudication?    YES ____ NO ____
   If “yes”, give details, including the type of charge:

3. Have you ever been OR are you currently being investigated for allegedly abusing, neglecting, or exploiting children, the elderly, or the disabled?    YES ____ NO ____
   If “yes”, give details, including the county in which the investigation occurred, your social security number, your date of birth, and any other names you may have used during this time frame:

Please Read Carefully and Sign:

I hereby certify that the information provided on this volunteer application and accompanying resume, if any, is true and complete. I understand that any misinterpretation or omission of facts in the application or resume will be cause for rejection of this application or dismissal after employment and that employment is subject to verification of references, record searches, and satisfactory completion of a probationary period.

I understand that this application and any Rainbow House document is not a contract of employment. If employed by Rainbow House, I understand that such employment is at will and that either the Agency or I may terminate the employment relationship for any reason at any time.

I hereby authorize Rainbow House to check my educational, personal, and employment references to release all information they have about me to Rainbow House. I understand that a physical exam and background check must be cleared for employment at Rainbow House.

______________________________________________  ________________________
Signature        Date

______________________________________________
Printed Name
VOLUNTEER QUESTIONNAIRE

- Why do you wish to help us at the Rainbow House?
  ____________________________________________________________
  ____________________________________________________________

- What kind of children do you think you will meet here?
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

- What one behavior will you find it hardest to deal with, or be most uncomfortable around?
  ____________________________________________________________

- Describe the family in which you grew up.
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

- What kind of person would abuse a child?
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

- What is the goal of discipline?
  ____________________________________________________________
  ____________________________________________________________

- Have you done any other volunteer work?
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
CONFIDENTIALITY STATEMENT

I understand and agree that information concerning Rainbow House, its employees, volunteers, board members and clients is confidential and is to be treated as such. I acknowledge and agree that I will not divulge or breach any confidences concerning Rainbow House and the clients served.

As a staff member, I will inform clients of the agency policy regarding confidentiality. I understand that clients may give permission through a release of information for other persons or agencies to see their records. I acknowledge that minors do not have the authority to disclose their own records. I understand that staff and professional consultants will have access only to records with which they are professionally involved. I agree that I will release information only to authorized personnel of Rainbow House unless otherwise authorized by state and federal laws.

As a board member, volunteer, or intern, I will adhere to confidentiality for all clients and refer all requests for information to staff.

I understand and agree that client records will be kept in a secure and confidential place and will be in a locked file when not in use.

I acknowledge and agree that the confidentiality for Rainbow House and its clients will be maintained after termination of my employment.

I further acknowledge and understand that if I breach this promise of confidentiality, my employment, internship, or volunteer service may be terminated, and I may be held liable for damages.

______________________________________________  ________________________
Signature         Date

______________________________________________  ________________________
Printed Name        Position

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CHILD ABUSE/NEGLECT REPORTING PROCEDURES

Purpose: Staff is responsible for the care and well being for children seen at Rainbow House. Any suspected incidence of child abuse is to be reported according to personnel policy and the established reporting guidelines.

Definitions as related to this policy:
Abuse – “any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child’s care, custody, and control except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse.” For the purpose of reporting abuse, the term “abuse” is not limited to a person responsible for the child’s care, custody, and control but shall also include abuse inflicted by any other person.

Neglect – “failure to provide, by those responsible for the care, custody, and control of the child, the necessary support, education as required by law, nutrition, or medical, surgical, or any other care necessary for the child’s well being.”

Child – “any person, regardless of physical or mental condition, under eighteen years of age.”

Mandated Reporters:
Missouri law states, “when any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social workers, day care center worker, or other child care worker, juvenile office, probation or parole officer, teacher, principal, or other school official, Christian Science practitioner, peace officer, or law enforcement official, or other person with responsibility for the care of children has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report or cause a report to be made to the division.” The staff at Rainbow House as childcare workers must report any suspected child abuse as a mandated reporter.

Procedure for Care of Child
1. If there is any evidence of physical harm and a child is in emergent need of medical care, staff will call 911.
2. If there is any evidence of physical harm that does not require emergent response, the child will be taken to their medical provider for examination.

Procedure for Reporting:
1. Child abuse/neglect reports are made to the Division of Family Services hotline 800-392 3738.
2. If the circumstances reflect an imminent danger to a child or an adult, the police department will be contacted at 911 and a request for immediate assistance made.

3. When filing a report with DFS the following information will be provided:
   a. Name and addresses of the child, the parents, and other persons responsible for the child’s care,
   b. Child’s age, sex, and race
   c. Nature and extent of the child’s injuries, abuse, or neglect, including any evidence of previous injuries, abuse, or neglect to the child or siblings
   d. Name, age, address and other known information of the person responsible for the abuse and neglect.
   e. Any family or other information that might be helpful.
   f. Reporting persons name, address, phone, and occupation
   g. Any action taken in response such as medical exam, photographs, etc.

4. When staff has made certain all children are safe and emergency reports have been made, they must immediately notify their respective coordinator. The coordinator is responsible for an immediate notification to the Executive Director.

5. Staff filing the report will fully document incident and all information pertinent to the report in the child’s file. All dates, times, and explanation of circumstances will be included.

6. Reporting person and any other Rainbow House staff that was a witness will complete a Critical Incident Report.

Staff Responsibilities/Information

1. Staff must be aware that only a law enforcement office or physician may take emergency temporary protective custody. The Juvenile Office through the Family Court may also issue temporary protective custody.
2. Any legally recognized privileged communication, except that between attorney and client, shall not apply to report as required. (RSMO chapter 210)
3. Staff will attend an annual training regarding child abuse/neglect reporting procedures.

Suspected Child Abuse/Neglect of Child by Staff/Volunteer

1. In case of alleged child abuse or neglect while a child is in care at Rainbow House, all care for the child and legal reporting procedures will be followed as for any other situation.
2. The DFS Regional Licensing Consultant must receive an oral report within 24 hours of the incident and a written report with follow up plan within five working days.
3. The Executive Director must be notified immediately.
4. The employee/volunteer may be suspended with or without pay at the discretion of the Executive Director based on the severity of the allegation. The safety of the children will be of first consideration and an employee/volunteer who has threatened the safety of a child will not be assigned to work directly with children until the investigation is completed.
5. The Executive Director and supervisor will conduct an internal investigation of the alleged incident. If the Executive Director is involved in the incident, the Board President and Vice President will be notified and will conduct the investigation. A written report of the investigation will be submitted to DFS within 5 working days of the alleged incident. If probable cause is determined, the written report will include corrective action taken by Rainbow House.
**Summary of Process:**
1. Be sure the child is safe and has proper medical care
2. Notify the police if any danger or imminent risk remains for a child
3. Notify the immediate supervisor
4. Supervisor notifies Executive Director
5. Hotline when needed (1-800-392-3738)
6. For children in residence, the Shelter Coordinator telephones report to Regional Licensing Consultant within 24 hours (573-751-4920 or 751-4953) and inform the Executive Director that report has been competed.
7. Executive Director informs Board President
8. Relevant information reported in child’s file
9. Critical Incident Report competed
10. Internal investigation and corrective action taken
11. Written report of investigation and corrective action sent to DFS licensing unit

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**CHILD ABUSE/NEGLECT REPORTING PROCEDURES**

**ACKNOWLEDGEMENT**

I acknowledge receipt of Rainbow House Child Abuse/Neglect Reporting Procedures. I understand it is my responsibility to read and understand all materials provided to me. I further understand that by law I am a mandatory reporter and agree to comply with all district, state and federal laws.

If I have questions regarding any of the materials provided I understand I am to contact Clare Powell, Volunteer Coordinator.

______________________________________________  ________________________
Signature         Date

______________________________________________
Printed Name
MEDICAL RELEASE FORM

I do hereby release Rainbow House, Child Abuse and Neglect Emergency Shelter, Inc., its successors and assigns, and its employees, agents and servants of all claims, suits, or damages which may arise as a result of any accident which may occur while I am on the property owned, leased, or under the control of the above, I understand that Rainbow House, Child Abuse and Neglect Emergency Shelter, Inc., do NOT have any medical or accident insurance which will cover any costs incurred by me in the event of an accident.

I understand that I should provide my own medical and/or accident insurance and coverage.

In witness thereof, I have executed the release on the ____ day of __________, 20___.

______________________________________________
Signature

______________________________________________
Printed Name

______________________________________________
Witness

______________________________________________
Executive Director
I. IDENTIFYING INFORMATION (TO BE COMPLETED BY PATIENT)

<table>
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<tr>
<th>NAME</th>
<th>BIRTHDATE</th>
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<tbody>
<tr>
<td>ADDRESS (STREET, CITY, STATE, ZIP CODE)</td>
<td>TELEPHONE NUMBER ( )</td>
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</tbody>
</table>

NAME OF CHILD CARE FACILITY WHERE EMPLOYED

II. TO BE COMPLETED BY A LICENSED PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A LICENSED PHYSICIAN

This individual will be in contact with children, ages _____ through ____, receiving child care outside their own homes. S/he may be responsible for the physical care and social development of young children during daytime and/or nighttime hours. Some lifting of young children may be required.

On ______________________________ (date) I examined this patient and certify --

A. That s/he is in good physical and emotional health and free of contagious disease;

B. To the best of my knowledge s/he is free of impairment due to the use of medication;

C. To the best of my knowledge s/he is free of current drug or alcohol dependency; and

D. That s/he is free of active tuberculosis as established by a tuberculin skin test, a chest x-ray, or appropriate follow-up of a previous examination. (If chest x-ray is contra-indicated, please comment on follow-up indicating if this person will pose a hazard to other persons).

TB testing, chest x-ray, or follow-up examination was completed on _______________________ (date).

Does patient have any physical or mental conditions which might endanger the health of children or that might prevent him/her from providing adequate care for children? If yes, explain below.

Are there any restrictions on children’s ages, numbers of children or hours of care? If yes, explain below.

Remarks/Restrictions, if any:

Signature of Physician or Registered Nurse under the Supervision of a Physician

Date

Physician’s or Nurse’s Name (Please Print)

Name of Clinic, Group Practice, Other

If Nurse is Supervised by a Physician, indicate Physician’s Name

Address (Street, City, State and Zip Code)

Telephone Number

THIS REPORT IS TO BE KEPT ON FILE AT THE RESIDENTIAL CHILD CARE OR CHILD PLACING AGENCY

MO 886-3334

RPU-10C

(REV. 04-09)
WORKER REGISTRATION

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

☐ Adoptive Parent (Agency Name: ______________________)
☐ Child Care
☐ Foster Parent/Family Member of Foster Parent (County Office: ______________________)
☐ Hospital
☐ Long Term Care/Personal Care (Please choose subcategory at right →)
☐ Mental Health/Psychiatric Hospital
☐ Voluntary (Select voluntary if no other registration type applies.)

A one-time registration fee of $10.00 applies to all categories except Foster Parents. Foster Parents must list the agency or county office.

Register only once. If you believe you have already registered, check our website at www.health.mo.gov/safety/fcsr or call toll free, 866-422-6872.

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

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

LAST NAME ___________________________ FIRST NAME ___________________________ MIDDLE NAME ___________________________ SUFFIX (if applicable) ___________________________

OTHER NAMES USED (If applicable. Include other last names, other first names, nicknames.) ___________________________

DATE OF BIRTH (mm/dd/yyyy) ______/______/______ GENDER ☐ M ☐ F

CONTACT INFORMATION

STREET ADDRESS (Must be different from Employer Street Address.) ___________________________

ADDRESS LINE 2 OR BOX (If applicable. This line of the address must reflect where you receive your mail.) ___________________________

CITY ___________________________ STATE ___________________________ ZIP CODE ___________________________ COUNTY ___________________________

TELEPHONE ( ) ___________ EMAIL (Optional) ___________________________

COUNTRY (Complete only if U.S. territory or outside U.S.) ___________________________

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

☐ My current/potential child care, long term care or mental health care employer is: ___________________________

☐ No Employer, because I am a(n): ___________________________

☐ Adoptive Parent
☐ Foster Parent/Family Member
☐ Home Child Care Provider
☐ Private Pay/Private Duty
☐ Student
☐ Volunteer
☐ Other (Explain: ___________________________)

EMPLOYER NAME ___________________________

EMPLOYER STREET ADDRESS ___________________________

EMPLOYER CITY ___________________________ STATE ___________________________ ZIP CODE ___________________________

EMPLOYER TELEPHONE ( ) ___________ EMPLOYER CONTACT NAME ___________________________

EMPLOYER CONTACT TITLE ___________________________

REGISTRATION AGREEMENT

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

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

SIGNATURE OF APPLICANT (Must be signed in blue or black ink.) ___________________________

DATE OF SIGNATURE (Must be within six months of submission.) ______/______/______

MO 580-2421 (FP) Rev. 08/11
WHAT IS THE FAMILY CARE SAFETY REGISTRY?
The Family Care Safety Registry (FCSR), administered by the Missouri Department of Health and Senior Services (DHSS), provides families and employers with a method to obtain background screening information. The Registry, through various state agencies, offers several resources to screen child care, long term care and mental health workers:

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

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

HOW DO I COMPLETE THE REGISTRATION FORM?
Registration Type – Check at least one box from the left column for type of registration that best describes your worker category. If no other type applies, select “Voluntary.” (A “voluntary registrant” is a person who is not mandated to register with the Family Care Safety Registry pursuant to $210.906 et seq., RSMo.) If you checked Long Term Care / Personal Care, please also make one or more selections from the column on the right for subcategory.

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

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

Contact Information – List your address including street address, any post office box or other identifying mailing address information, city, state, ZIP code, and county. Include your telephone number. We will use this information to notify you of registration results and any background screenings conducted.

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

Employer Associated with this Registration - If you are currently employed by or are seeking employment with a child care or long term care provider, please list the facility name, address, telephone number, and contact person. If registration is not for employment purposes, make a selection from column on right.

WHERE DO I SEND MY REGISTRATION FORM?
Send your completed registration form and photocopy of Social Security card and required fee to the Missouri Department of Health and Senior Services, Family Care Safety Registry, P.O. Box 570, Jefferson City, MO, 65102. If you have questions, please call the Registry using the toll-free telephone number: 866-422-6872.

WHEN WILL I KNOW THE RESULTS OF MY BACKGROUND SCREENING?
After the background screening has been completed, you will be notified in writing of the results that will be recorded in the Family Care Safety Registry. You will also be notified in writing each time background screening information is provided. The notification will contain the name and address of the person who made the request and the background information disclosed. The person making the request will be informed that the information will be released for employment purposes only, pursuant to §210.921.1, RSMo. Any person using Registry information for any other purpose is guilty of a class B misdemeanor. In addition, state agencies can request information for licensure or regulatory purposes. Prior to disclosing information, the Registry obtains the name and address of the requestor, and determines that the request is for employment or regulatory purposes. To ensure you receive these notifications, it will be important for you to notify the Family Care Safety Registry when you have a change in your mailing address. You can send address changes to Family Care Safety Registry, P.O. Box 570, Jefferson City, MO, 65102.

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

WHAT INFORMATION WILL BE DISCLOSED BY THE FAMILY CARE SAFETY REGISTRY?
Disclosure of background information on a person registered in the Family Care Safety Registry will be limited. A Registry worker will first confirm whether the person in question is registered. If the person is registered, the Registry worker will disclose whether the person's name is listed in any of the background checks pursuant to §210.903, subsection 2, RSMo, and if so, which one(s). Specific information will be disclosed by the Registry pursuant to §210.921, subsection 1, subdivision (2).