

# EDUCATIONAL OPPORTUNITIES *for* CHILDREN AND FAMILIES

*Serving Clark, Pacific & Cowlitz Counties*

## EMPLOYEE - VOLUNTEER ORIENTATION - REGULAR

Welcome to Educational Opportunities for Children and Families (EOCF). We carry a proud legacy of serving children and families in our community since 1967. EOCF provides services to over 2,000 children and families in SW Washington each year. While we aspire to expand our offerings, our limited budget makes this challenging without the help of volunteers. The time you spend at EOCF will benefit the community and have a lasting effect on the children and families served.

This packet contains several documents. Outlined in the checklist below, you will see which forms need to be completed and signed and which trainings are required. The required trainings are covered at orientation. Orientations are held monthly in the large conference room of our administrative office, located at:

10621 NE Coxley Drive, Suite 207  
Vancouver, WA 98662  
(360) 896-9912

To RSVP for one of our regularly scheduled monthly orientations, or to schedule an alternate orientation time, please speak to the Volunteer Manager. Please bring a photo ID with you when you turn in your completed volunteer packet.

We are committed to providing you with a rewarding and valuable volunteer experience. Please discuss your personal goals and any concerns with the Volunteer Manager and/or your direct supervisor.

We are incredibly grateful for your willingness to spend time at EOCF. Welcome aboard!

Thank you,

Doug Lehrman  
Executive Director

Christina Reyes  
Volunteer Manager  
(360) 567-2707  
christina.reyes@eocfwa.org

### Regular Status Volunteer Checklist

#### Complete:

- Employee/Volunteer Application
- Criminal History Background Authorization (WA State Dept. of Early Learning and WA State Patrol)
- Fingerprinting Authorization\*\*
- TB Test (bring back results)

#### Sign:

- Drug-Free Workplace Policy
- Confidentiality Policy
- Standards of Conduct Agreement

#### Attend:

- EOCF Blood Borne Pathogen Training
- EOCF Child Abuse and Neglect Training
- EOCF Harassment Free Workplace Training

#### Bring:

- Photo Identification

*\*\*Required only for those who have not resided in Washington the past three (3) years.*

*EOCF shall not discriminate in its staff, hiring practices, board, volunteers, volunteer committees, or recipients of any service on the basis of a person's race, color, religion, sex, sexual orientation, age, national origin, marital status, veteran status, mental, physical, or sensory disability, or any other status not listed, as protected by state and/or federal law.*

Visit us on the web: [www.eocfwa.org](http://www.eocfwa.org)

PO Box 821110 · Vancouver, WA 98682-0025  
(360) 896-9912 · Fax: (360) 892-3209

PO Box 1295 · 508 Broadway · South Bend, WA 98586  
(360) 875-6383 · Fax: (360) 875-6029

2611 Pacific Ave. N · Long Beach, WA 98631  
(360) 642-5471 · Fax: (360) 642-5473

# EDUCATIONAL OPPORTUNITIES *for* CHILDREN AND FAMILIES

*Serving Clark, Pacific & Cowlitz Counties*

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home address: \_\_\_\_\_ City / state / zip: \_\_\_\_\_

Driver's license:  No  Yes Issuing state: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you have a child in the program:  No  Yes If yes, name: \_\_\_\_\_

Presently employed:  Yes  No

Name of present employer: \_\_\_\_\_

Job title: \_\_\_\_\_ Hours worked: \_\_\_\_\_

Length of employment: \_\_\_\_\_

Highest grade completed in school:  9<sup>th</sup>  12<sup>th</sup>  College  Graduate school

Training: \_\_\_\_\_

Languages you speak: \_\_\_\_\_

Skills, interests and hobbies: \_\_\_\_\_

What are your volunteer interests: \_\_\_\_\_

Availability:  Short term  Special projects  Long term

Number of hours available: Per week: \_\_\_\_\_ Per month: \_\_\_\_\_

Time you prefer to work:  I am flexible  Weekdays  Weekends

Times during the week I can volunteer:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Have you ever been convicted of a crime?  No  Yes

If yes, please explain: \_\_\_\_\_

1. Reference #1 name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Reference #2 name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Reference #3 name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

*EOCF shall not discriminate in its staff, hiring practices, board, volunteers, volunteer committees, or recipients of any service on the basis of a person's race, color, religion, sex, sexual orientation, age, national origin, marital status, veteran status, mental, physical, or sensory disability, or any other status not listed, as protected by state and/or federal law.*

Visit us on the web: [www.eocfwa.org](http://www.eocfwa.org)

# EDUCATIONAL OPPORTUNITIES *for* CHILDREN AND FAMILIES

*Serving Clark, Pacific & Cowlitz Counties*

Dear Volunteer,

EOCF greatly appreciates your willingness to volunteer in our organization. There are many great opportunities for you to serve our community and learn along the way.

## **TB TEST**

Working within our organization oftentimes means you will be in contact with children. To ensure their health and safety, performance standards require a tuberculosis (TB) test be conducted. If you have received a TB test within the past twelve (12) months, please provide us a copy of the results for your volunteer file. If you have not had a TB test within the past twelve (12) months, EOCF requires the test be completed and results be provided for your volunteer file prior to commencement of volunteer service.

## **CRIMINAL HISTORY BACKGROUND CHECK**

All employees/volunteers who may come in contact with children must submit to a criminal history background check. If you have not been a Washington State resident for at least three (3) years, an FBI fingerprint search is required as well. For further details, please contact the Volunteer Manager.

EOCF seeks to better serve our community, yet we must take precautions to protect the children and families we serve. We appreciate your cooperation and look forward to working with you in the future.

EOCF Volunteer Manager  
(360) 896-9912

*EOCF shall not discriminate in its staff, hiring practices, board, volunteers, volunteer committees, or recipients of any service on the basis of a person's race, color, religion, sex, sexual orientation, age, national origin, marital status, veteran status, mental, physical, or sensory disability, or any other status not listed, as protected by state and/or federal law.*

Visit us on the web: [www.eocfwa.org](http://www.eocfwa.org)



# BACKGROUND AUTHORIZATION

Read all instructions before completing this form  
Form must be dated and signed

<b>SECTION 1.</b> Completed by the Department of Early Learning	<b>SECTION 2.</b> Required Information Completed by Provider and Initialed by Applicant
---	---

DEL Local Office and Office ID	<b>Name and address of child care provider</b> EOCF P.O. Box 821110 Vancouver, WA 98682		<b>Applicant's Initials:</b> _____
	<b>Provider # (Required)</b> (Leave blank if not currently licensed)		
DEL Inquiry ID #	<b>Mailing address if different</b> Same	<b>Provider's E-mail address</b> cheryl.lecuyer@eocfwa.org	

Check the appropriate box as it applies to this applicant.  Employee or Household member  Volunteer

**Additional facilities with the same owner that the applicant may also be cleared for - (multiple site facilities only)**

<b>Provider #</b> 208713	<b>Provider #</b> 219955	<b>Provider #</b>	<b>Provider #</b>
<b>Applicant's Initials:</b> _____	<b>Applicant's Initials:</b> _____	<b>Applicant's Initials:</b> _____	<b>Applicant's Initials:</b> _____

**SECTION 3.** Applicant Information (Completed by person to be checked)

2. Social Security Number (Optional)	3. Date of Birth (MM/DD/YYYY) (Required)	4. Current phone number (Required) (Write <b>NONE</b> if none) ( ) _____ - _____
--------------------------------------	--	--

5. Print your complete name(s) (Required)

5a. Current last name (Write <b>NONE</b> if none)	5b. Current first name (Write <b>NONE</b> if none)	5c. Current middle Name (Write <b>NONE</b> if none)
6a. Birth last name (write <b>SAME</b> if same as current name)	6b. Birth first name (write <b>SAME</b> if same as current name)	6c. Birth middle name (write <b>SAME</b> if same as current name)

7. Other names you have used or been known by. List all combinations of names; **Include your name exactly as listed on your State license or ID card (Required)** (Write **NONE** if none)

Last name(s)	First name or nickname	Middle name(s) or second name(s)

8. Current Driver's License or State Identification Number (Write <b>None</b> if none) 8a. Number: (For Washington State this must be 12 digits)	9. How many years have you lived in WA state without living anywhere else? (Required)	
8b. Name of state:	Years	Months

**If you have lived in WA State for less than three years you must complete the fingerprint process – see instructions for details**

10a. Current address: Where you live now (REQUIRED)						
<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>From</b>	<b>Month</b>	<b>Year</b>
				<b>To</b>	<b>Month</b>	<b>Year</b>
10b. Previous address – The address where you lived before your current address. Write <b>NONE</b> if you do not have a previous address.						
<b>STREET</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>From</b>	<b>Month</b>	<b>Year</b>
				<b>To</b>	<b>Month</b>	<b>Year</b>

<p>11. Have you been <b>convicted</b> of any crime or had any other disposition of criminal charges against you in any local, state, federal, military (either through judicial or non-judicial means), tribal or foreign jurisdiction? For the purposes of this question "crime" means a felony, a gross misdemeanor, or a misdemeanor. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(REQUIRED)</b> If yes, fill in the blanks below; add a page if you need more room.</p>			
Crime:	Jurisdiction:	Decision:	Decision Date:
Crime:	Jurisdiction:	Decision:	Decision Date:
<p>12. Do you have any criminal charges <b>pending</b> against you for any crime in any local, state, federal, military, tribal or foreign jurisdiction? For the purposes of this question "crime" means a felony, a gross misdemeanor, or a misdemeanor. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(REQUIRED)</b> If yes, fill in the blanks below; add a page if you need more room.</p>			
Crime:	Jurisdiction:	Degree:	Charge Date:
Crime:	Jurisdiction:	Degree:	Charge Date:
<p><b>In any local, state, federal, military, tribal or foreign jurisdiction: (REQUIRED)</b></p>			
<p>13. Have you ever received a notice or order from a court or government agency stating that you have or may have physically abused, sexually abused, neglected, abandoned, or exploited a child, juvenile or vulnerable adult .....<input type="checkbox"/>Yes <input type="checkbox"/>No</p>			
<p>14. Has a court ever issued a restraining order, an order of protection, no contact order, or similar order against you for physically abusing, sexually abusing, neglecting, abandoning, exploiting, harassing, or committing domestic violence against a child, juvenile or adult (including but not limited to a vulnerable adult)?..... <input type="checkbox"/>Yes <input type="checkbox"/>No</p>			
<p>15. Has any court ever found you to be in violation of a restraining order, order of protection, or no contact order, or similar order?.....<input type="checkbox"/>Yes <input type="checkbox"/>No</p>			
<p>16. Have you ever been disqualified based on a background check from having unsupervised access to children, juveniles or vulnerable adults? .....<input type="checkbox"/>Yes <input type="checkbox"/>No</p>			
<p>17. Has a government agency (including, but not limited to, a professional disciplinary board) ever notified you that an adverse finding or decision was made against you or that adverse action was taken against you:</p> <ul style="list-style-type: none"> <li>• .... With regard to a professional, business, or occupational license or certification. This includes, but is not limited to, the revocation, denial, and suspension of a license, the assessment of civil penalties, and/or restrictions on practice, to include being required to operate under the supervision of another person <input type="checkbox"/>Yes <input type="checkbox"/>No</li> <li>• .... With regard to a contract. This includes, but is not limited to the denial, termination, or suspension of a contract. <input type="checkbox"/>Yes <input type="checkbox"/>No</li> </ul>			
<p>18. Have you ever voluntarily surrendered a professional, business, occupational license or certification or a contract in lieu of adverse action by a court or government agency? .....<input type="checkbox"/>Yes <input type="checkbox"/>No</p>			
<p>19. I declare under penalty of perjury under the laws of the State of Washington that all information provided on this form is true and correct. I understand that if the information I provided is determined not to be true and correct I may be charged with perjury, I may be disqualified from having unsupervised access to children in care, and, if I am a child care licensee, DEL may revoke my license or take other enforcement action against me. In addition, my signature in box 20 means:</p> <ul style="list-style-type: none"> <li>a) I give DEL and DSHS permission to check my background with any government entity, including but not limited to law enforcement agencies.</li> <li>b) I give any governmental entity, including but not limited to law enforcement agencies, permission to release to DEL and DSHS any background check information that DEL and DSHS requests.</li> <li>c) In the event my background check information becomes pertinent to an appeal of a background check disqualification or a licensing action, I give DEL and DSHS permission to release my background check information to an administrative law judge, and administrative law review judge, or to a court.</li> <li>d) I give DEL and DSHS permission to release my background check information as required by court order, the Public Disclosure Act, Chapter 42.56 RCW, or other laws pertaining to privacy, confidentiality, or the release of public records.</li> <li>e) I give DEL permission to give my background information to the person or entity named in Section 2.</li> </ul> <p>These permissions are not time-limited.</p>			
<p>20. YOUR SIGNATURE <b>(REQUIRED)</b></p>		<p>21. YOUR PARENT OR GUARDIAN'S SIGNATURE <b>(REQUIRED)</b> IF YOU ARE LESS THAN 18 YEARS OF AGE.</p>	
<p>22. Please indicate where this form was signed (Example: Name of city or county)</p>		<p>23. Today's Date <b>(REQUIRED)</b></p>	

## **INSTRUCTION SHEET FOR FILLING OUT THE BACKGROUND AUTHORIZATION FORM**

You must fill in **ALL** boxes on this form as instructed. **READ** the instructions for each Section and each box. Most background authorization forms are sent back for the following reasons:

- The wrong form is used
- Some boxes are not filled in
- It is hard to read the handwriting
- A person under 18 signs the form without a parent or guardian signature
- The form is signed and dated more than three months from the date DEL received the form

### **Section 1: This section is completed by the Department of Early Learning**

**Section 2: This section must be completed by the licensee and initialed by the applicant.** The licensee is the program licensed by DEL. Fill in the licensee name and address as it is or will be listed on the license.

The Provider # is the number found at the top left hand side of the license. It is your license control ID. It is **NOT** the SSPS Provider number. If you are applying to be licensed for the first time, go to Section 3.

### **Section 3: You MUST fill out this section if you are the person we are checking.**

2. **You MAY** put your social security number (SSN) in this box. Your SSN is not required.
3. **You MUST** fill in your date of birth.
4. **You MUST** fill in your phone number. **You MUST** put **NONE** if you do not have a phone number.
- 5a. **You MUST** put your last name. If you do not have a last name, you **MUST** put **NONE**.
- 5b. **You MUST** put your first name. If you do not have a first name, you **MUST** put **NONE**.
- 5c. **You MUST** put your middle name. If you do not have a middle name, you **MUST** put **NONE**.
- 6a. **You MUST** put your **Birth** last name. You **MUST** put **SAME** if it is the same as your name in 5A.
- 6b. **You MUST** put your **Birth** first name. You **MUST** put **SAME** if it is the same as your name in 5B.
- 6c. **You MUST** put your **Birth** middle name. You **MUST** put **SAME** if it is the same as your name in 5C.
7. **You MUST** put any other names you have been known by including nicknames. This includes name as it appears on your State identification. You **MUST** put **NONE** if you have **NOT** used or been known by any other name.
- 8a. **You MUST** put your driver's license or state identification number in this box.
- 8b. **You MUST** put the name of the state in the box.
9. **You MUST** put the number of years and months you have lived in Washington State without living in another state or country. If you have moved out of Washington to another state or country, you **MUST** start counting the years and months from the date you moved back to Washington State. This includes attending school in another state.
- 10a. **You MUST** fill in the address where you live now. **You MUST** indicate the years and month you have lived at this address.
- 10b. **You MUST** fill in the address where you lived prior to your current address if you have lived at your current address for less than three years. Write **NONE** if you do not have a previous address.

11. **You MUST** answer YES or NO. If your answer is **YES** you **MUST** fill in your conviction information. This includes:

- Crime - The name of the crime as listed on the conviction records
- Decision – Example: Guilty, probation...
- Jurisdiction – You must clearly identify what court system this crime was processed through.
- Example: WA superior court.
- Decision date: based on the conviction records what is the date of the conviction

12. **You MUST** answer YES or NO. If your answer is **YES** you **MUST** fill in your pending charges information. This includes:

- Crime - The name of the crime as listed on the charging records
- Degree – Example: Felony, misdemeanor...
- Jurisdiction – You must clearly identify what court system this crime was processed through.
- Example: WA superior court.
- Charge date: the date the court system charged you with the crime

13. through 18. **You MUST** answer YES or NO.

19. **You MUST** read the statement in this box. Your signature under number 20 means you have read and agree to the statements in number 19.

20. **You MUST** sign your name here.

21. If you are **NOT** 18 years old, your parent or guardian **MUST** also sign here or provide proof of emancipation.

22. **You MUST** fill in the location where you signed this form. Example: Name of city or county

23. **You MUST** fill in the date you signed this form and submit the form to the local DEL office.

**The fingerprint process for DEL is as follows, effective 2/1/2011**

1. Submit **this form** to the local DEL office
2. Local DEL office will issue a fingerprint appointment form and send it to the licensee identified by you on this form in section 2.
3. Contact L-1 (fingerprint vendor) to schedule an appointment
4. Licensee must pay for the fingerprint process by:
  - E-Check from Saving or Checking Account
  - Credit or Debit Card
  - L-1 Enrollment Services Preapproved escrow account

**REMINDER**

Department of Early Learning Chapter 43.215 RCW 43.215.215(2) In order to determine the suitability of applicants for an agency license, licensees, their employees, and other persons who have unsupervised access to children in care, and who have not resided in the state of Washington during the three-year period before being authorized to care for children, shall be fingerprinted.

(a) The fingerprints shall be forwarded to the Washington state patrol and federal bureau of investigation for a criminal history record check.

(b) The fingerprint criminal history record checks shall be at the expense of the licensee. The licensee may not pass this cost on to the employee or prospective employee, unless the employee is determined to be unsuitable due to his or her criminal history record.

**DO NOT GO TO A POLICE DEPARTMENT TO HAVE FINGERPRINTS PROCESSED**

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633



## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

<p><b>A REQUESTING AGENCY/ADDRESS</b></p> <p>EOCF _____ Agency Human Resources _____ Attn PO Box 821110 _____ Address Vancouver, WA 98682-0025 _____ City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p><i>Cheryl E. Ewing</i> _____ Authorized Signature Date HR Assistant (360) 567-2719 Title Area Code/Phone Number</p>	<p><b>B PURPOSE</b></p> <p>Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$35</p> <p><input type="checkbox"/> Adoptive Parent - \$35</p> <p><b>Fees:</b> Make payable to Washington State Patrol by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$5.00 processing fee per notary seal.</b></p> <p>_____ Notarized Letter(s)</p>
---	--

**C APPLICANT OF INQUIRY** (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ Driver's Lic. Number/State: \_\_\_\_\_ / \_\_\_\_\_  
(optional)

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

**D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

WSP Use Only

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

EOCF \_\_\_\_\_  
Requesting Agency

Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Applicant Right Thumb Print (Optional)

\_\_\_\_\_

## **MAIL COMPLETED FORM TO:**

WASHINGTON STATE PATROL  
IDENTIFICATION AND CRIMINAL HISTORY SECTION  
PO BOX 42633  
OLYMPIA WA 98504-2633

**FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT:**

**PHONE: (360) 534-2000**

**E-MAIL: [crimhis@wsp.wa.gov](mailto:crimhis@wsp.wa.gov)**

**WSP WEB SITE: <http://www.wsp.wa.gov>**

*Washington State conviction criminal history record information is available on the Internet using WATCH (Washington Access to Criminal History). You may use an account established by mail or conduct a search using a credit card (Discover, American Express, Visa, or MasterCard). An account application can be printed by accessing WATCH "HELP" files on the Internet. A \$10 fee is charged for each name and date of birth search, regardless of the outcome.*

**WATCH WEB SITE: <https://watch.wsp.wa.gov>**

## **CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES**

Refer to Revised Code of Washington (RCW) 43.43.830-43.43.845 for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses, organizations, or individuals. Other states must conduct searches under the Criminal Records Privacy Act, RCW 10.97.

**1. *Searches can be conducted only on prospective employees, volunteers, or adoptive parents.***

Background checks can be conducted on prospective employees, volunteers, or adoptive parents who will or may have unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment or engagement decisions only.

**Background checks on current employees or volunteers should be done through the Criminal Records Privacy Act, RCW 10.97**

**2. *Applicants must be notified an inquiry may be made.***

A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer that an inquiry may be made.

**3. *A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.***

A business or organization shall require each applicant to disclose whether the applicant has been:

- (a) convicted of any crime;
- (b) had findings made against him or her in any civil adjudicative proceeding;
- (c) has both a conviction and findings made against him or her.

**4. *Applicants must be notified of the response.***

The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

**NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.**

# EDUCATIONAL OPPORTUNITIES *for* CHILDREN AND FAMILIES

*Serving Clark, Pacific & Cowlitz Counties*

## DRUG-FREE WORKPLACE

**ALL EOCF EMPLOYEES / VOLUNTEERS ARE REQUIRED TO SIGN A STATEMENT ACKNOWLEDGING THAT ABIDING BY EOCF'S DRUG-FREE WORKPLACE POLICY IS A CONDITION OF THEIR EMPLOYEMENT / VOLUNTEER POSITION.**

### POLICY

Educational Opportunities for Children and Families (EOCF) is a drug-free workplace.

On November 18, 1986, President Ronald Reagan signed into law the Drug-Free Workplace Act, which requires all federal contractors to establish a drug-free workplace and awareness program. In compliance with federal laws, EOCF is committed to maintaining a work environment that is free from the effects of drugs, as well as alcohol abuse. Any employee / volunteer who participates in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the EOCF workplace.

Because EOCF cannot ignore the reality that illegal drug and alcohol use jeopardizes the safety and efficiency of its operations and may otherwise adversely affect its clients, personnel and organization, we want employees / volunteers to know that a violation of this policy may result in suspension or termination in accordance with EOCF Personnel Policies 901.1 – 901.4 regarding the drug-free workplace.

However, it is EOCF's goal to assist its employees / volunteers rather than punish them. Therefore, it shall be EOCF's policy to allow use of paid leave (for which an employee is eligible and has earned) for drug intervention and treatment. An employee / volunteer who comes forward and requests time to receive rehabilitation, counseling, or other professional assistance can do so, with the understanding that he or she will be returned to his or her job upon successful completion of the program. Any employee / volunteer undergoing voluntary treatment will be expected to abstain from future drug use. Any offense as a result of violating drug-free workplace laws following voluntary treatment, will be limited to one period of recovery only. The employee's / volunteer's need for ongoing treatment to sustain recovery will be on their own time.

Employees / volunteers convicted of crimes violating the "Drug-Free Employment Act" are required to notify EOCF within five (5) days of their conviction. Following a conviction, EOCF shall impose sanctions according to these policies, or require treatment in a drug or alcohol rehabilitation program. EOCF action shall not exceed ten (10) days from the day of the employee's / volunteer's notification to EOCF of conviction.

Employees may find treatment by contacting their EOCF health plan provider:

Great West Healthcare <a href="http://www.Mygreatwest.com">www.Mygreatwest.com</a> (800) 663-8081	Lincoln Financial Group <a href="http://www.eapadvantage.com">www.eapadvantage.com</a> or speak to a specialist at 1-877-757-7587
---	---

Employees / volunteers may find additional resources in the telephone directory yellow pages under "Drug Abuse Information and Treatment."

Employees / volunteers seeking help and/or counseling are encouraged to contact the Executive Director, who will assist and maintain the necessary confidentiality. Solicitation of other employees' assistance may be helpful, but does not ensure confidentiality. Hence, employees / volunteers are not encouraged to seek the assistance of fellow employees other than the Executive Director.

**I HAVE READ AND UNDERSTAND THE DRUG-FREE WORKPLACE POLICY.**

\_\_\_\_\_  
Employee / Volunteer signature

\_\_\_\_\_  
Date

*EOCF shall not discriminate in its staff, hiring practices, board, volunteers, volunteer committees, or recipients of any service on the basis of a person's race, color, religion, sex, sexual orientation, age, national origin, marital status, veteran status, mental, physical, or sensory disability, or any other status not listed, as protected by state and/or federal law.*

Visit us on the web: [www.eocfwa.org](http://www.eocfwa.org)

**EOCF Policies  
Confidentiality of Information**

<b>Policy Number: A-401 Old Policy Number: ADM008</b>	<b>Created: 2/1991 Revised: 3/2003 Revised Effective: 2/15/2005</b>	<b>Page # 1 of 5</b>
<b>Executive Management Team Policy Statement or Procedure Approval Revised: 3/26/2003</b>	<b>Policy Council Policy Statement Approval  Revised: 3/26/2003</b>	<b>Governing Board Policy Statement Approval  Revised: 3/25/2003</b>

**COMPONENT:** Administration

**POLICY STATEMENT:** EOCF maintains confidentiality of child, family, and personnel files in “hard” and electronic format. Only appropriate staff determined by their job assignment will have access to child, family, and personnel files. Child, family, and personnel files are kept in locked desks or file cabinets.

**PERFORMANCE OBJECTIVE:** To inform all personnel of the procedure for maintaining confidentiality.

**PROCEDURES/GUIDANCE:**

**Child and family files:**

1. Child files (hard copies) will be kept in locked file cabinets and only be accessible to the staff assigned to the child and the child’s parent or legal guardian.
2. New child enrollment applications and information on wait lists will be maintained in locked cabinets. Staff working in the Outreach, Recruitment and Enrollment components will maintain confidentiality of information.
3. Information in child files will only be discussed with parents or legal guardians.
4. Child and family information, such as names, phone numbers and addresses, will not be given to anyone other than appropriate program employees, for official use, without permission.
5. Parents must give written permission to the appropriate staff before information will be shared outside of EOCF. Information will only be shared with EOCF staff on a need to know basis, during routine monitoring by supervisors or MDT staff, or federal and state review teams. The only exceptions will be in the case of reporting child abuse and neglect, or if information is subpoenaed by a court of law.

6. Each staff member assigned to the child and family will be responsible for maintaining confidentiality of child and family files at each center.
7. Any breach of confidentiality will be grounds for disciplinary action up to and including termination.
8. At the end of each program year, all files will be brought to and secured at Suite 214, ORE component area.
9. Child and family files will be destroyed after five years.
10. A roster of children and families served, including name, address, telephone number and child's Social Security number, will be maintained for historical purposes and longitudinal studies. This information will be secured at Suite 214, ORE component area.
11. A parent roster, for use by parents for program parent activities, will contain the names, address and phone numbers of only those parents who have given written permission.
12. Information on children and families will be kept confidential, but not limited to:
  - Files of children and families
  - Records including health, social service or educational data on children
  - Rosters and file boxes containing any information on children
  - Salary and income information on program families
13. Staff such as supervisors and resource team members who regularly access files for review sign off on a "File Access Log."
14. Staff may copy information from the child files **only** for a parent who has legal or physical custody of the child, or the person who is the legal guardian of the child.
15. Verbal discussion of confidential information among staff will **only** be done to conduct the delivery of services to children and families.

**Electronic records of children and families:**

1. Child and family information entered into EOCF's database system, currently ChildPlus, may be directly accessed by staff by permission of the Executive Director, Deputy Director, Director of Child and Family Services (P-3 and 3-5) and Database Analyst.
2. Staff, such as directors, managers and supervisors, may have indirect access to ChildPlus information through data reports.
3. Staff who are given permission will be issued a user identifier code and password.

**Personnel files:**

1. The Human Resources Manager will maintain personnel files in a locked room in locked cabinets.
2. Records will be available to the Executive and Deputy Director, Human Resources Manager, directors, managers, and Board of Directors. In the case of internal recruiting, transfers or job promotions, the hiring supervisor may have access.
3. Staff may review their own personnel file in the personnel office, currently located in Suite 207.
4. Employee information, such as address and phone number, will not be given to anyone other than appropriate program employees for official use without permission.
5. Information to be kept confidential includes, but not limited to:
  - Personnel files
  - Health and medical files
  - Salary and income information
6. Personnel files will be kept for seven years after an employee leaves.
7. Supervisors must assure that all confidential information is securely locked when they are out of their offices.

**Electronic records of personnel files:**

1. Staff information will be maintained by Human Resources in a database, currently MS Access. Only Human Resources staff, Executive Director, and Deputy Director will have access to the database. An offsite backup to the database may be maintained in a secure location at the discretion of Human Resources, Deputy Director or Executive Director.
2. Information released from the database will be limited to those staff who need the information to perform their jobs. Staff must consent before any personal information is released to other staff or external agencies. Any information released will be used for official purposes only.
3. Reports that do not contain personal information may be released to outside organizations such as grantor or partner agencies.

**Email Confidentiality Procedure:**

The purpose of this procedure is to inform all staff on email transactions to ensure maximum protection of confidential information. EOCF attempts to provide secure and reliable email services. Users of EOCF's email system are expected to follow sound professional practices in providing for security of electronic email records, data, application programs, and system programs under their jurisdiction. Since such professional practices and protections are not foolproof, the security and confidentiality of electronic mail cannot be guaranteed. Furthermore, operators of email services have

no control over security of email that has been downloaded to a user's computer. As a deterrent to potential intruders and to prevent misuse of email, email users should at minimum, follow the guidance provided.

1. Always use other means of communicating confidential information if the situation permits such as, hand delivery, phone conversation, or agency mail in confidential envelopes. You can inform the recipient by email the nature of the information being sent without using a name of a client.
2. All computers that store confidential information must have password protection.
3. Computer users must log out when leaving a computer unattended.
4. Whenever possible, alert the recipient of a confidential email that it is coming.
5. All email communication containing confidential information is to be labeled "confidential". Information is considered confidential whenever it contains a client name.
6. When applicable, use only client initials rather than a name.
7. Delete all confidential emails written within 72 hours of sending or receiving them. Delete them from the "deleted Items" file in Outlook as well as the "Sent" and "In Box".

**EOCF  
Confidentiality of Information  
Employee Agreement  
(Policy #A-401)**

To be returned to Human Resources for filing in Employee file.

I, \_\_\_\_\_, have read EOCF's  
(print name)

Confidentiality of Information Policy (Policy #A-401) as revised in February 2005. I assume responsibility and liability for violations of a child and family's or co-worker's rights to confidentiality resulting in my failure to implement this guidance.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

HS Performance standards referenced: 1304.51(f-g), 1304(h)(1)  
ECEAP Performance standards referenced: 1.100  
Washington State Child Care Licensing Requirements

# EDUCATIONAL OPPORTUNITIES *for* CHILDREN AND FAMILIES

*Serving Clark, Pacific & Cowlitz Counties*

## STANDARDS OF CONDUCT AGREEMENT

All EOCF staff, consultants, and volunteers must abide by standards of conduct (in accordance with Head Start Performance Standard 1304.52 (i) (1) (i-iv)). These standards state:

- (i) They will respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability;
- (ii) They will follow program confidentiality policies concerning information about children, families, and other staff members;
- (iii) No child will be left alone or unsupervised while under their care; and
- (iv) They will use positive methods of child guidance and will not engage in corporal punishment, emotional or physical abuse, or humiliation. In addition, they will not employ methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs.

**I HAVE READ AND UNDERSTAND THE STANDARDS OF CONDUCT AND AGREE TO ABIDE BY THESE STANDARDS.**

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date

*EOCF shall not discriminate in its staff, hiring practices, board, volunteers, volunteer committees, or recipients of any service on the basis of a person's race, color, religion, sex, sexual orientation, age, national origin, marital status, veteran status, mental, physical, or sensory disability, or any other status not listed, as protected by state and/or federal law.*

Visit us on the web: [www.eocfwa.org](http://www.eocfwa.org)

PO Box 821110 • Vancouver, WA 98682-0025  
(360) 896-9912 • Fax: (360) 892-3209

PO Box 1295 • 508 Broadway • South Bend, WA 98586  
(360) 875-6383 • Fax: (360) 875-6029

2611 Pacific Ave. N • Long Beach, WA 98631  
(360) 642-5471 • Fax: (360) 642-5473