



Thank you for your interest in McKeesport Area School District. Prospective employees (volunteers included) must successfully fulfill all pre-employment clearance requirements set forth by the **Pennsylvania Department of Education** and the school district prior to any interaction with students. Clearance confirmation pages, copies and/or results can be e-mailed or taken to the Athletic Office or the Administration Building. E-mail delivery can be sent to nholtzman@mckasd.net and ckiss@mckasd.net

Act 34-Request for Criminal History Check

- Option A Online registration and payment can be performed at <https://epatch.state.pa.us>
- Option B Complete the form and follow instructions. (See attachment #1)

Act 151-Request for Child Abuse Report

- Option A Online registration and payment be found at <https://www.compass.state.pa.us/CWIS>
- Option B Complete the for and follow instructions (See attachment #2)

Act 114-Request for Federal Criminal History Report

This clearance is completed by **Identigo** online at <https://uenroll.identigo.com> by entering the **SERVICE CODE 1KG6XN**. Click on "SCHEDULE or MANAGE an APPOINTMENT" and follow the prompts. Once completed, print a copy of the receipt and email and drop that off to Nadine Holtzman or Alberta Decker in the administration office. (See attachment # 3)

MASD Tuberculin Testing Consent Form

The test and form can be performed by a family doctor, the county health department or any walk-in clinic (See attachment #4)

Act 59 Sudden Cardiac Arrest Prevention

&

Safety in Youth Sports Act

Follow instructions provided (See attachment #5)

Acknowledgement of MASD Board Policy #824

Retain the policy copy and return the signed acknowledgment form. (See attachment #6)

Drug Test

Once officially hired by MASD Board of Directors, the employee must obtain a drug test form to be completed at Qwest Diagnostics. This form can be picked up at the administration building.

**PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER

AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 1-888-QUERYP (1-888-783-7972) DO NOT SEND CASH OR PERSONAL CHECK
--

CHECK ONE BLOCK
<input type="checkbox"/> INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/> NOTARIZED INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY – ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$15.00, PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA" THE FEE IS NONREFUNDABLE
<input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NAME/SUBJECT OF RECORD CHECK (FIRST)	(MIDDLE)	(LAST)
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)
		SEX
		RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

FEEES FOR REQUESTS - \$10.00. NOTARIZED FEE REQUESTS - \$15.00.
*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****
 ◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

REASON FOR REQUEST

INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED AND MAILED IN. (\$15.00 FOR REQUEST)

- | | | |
|---|---|--|
| <input type="checkbox"/> ADOPTION (DOMESTIC) | <input type="checkbox"/> EMPLOYMENT/SCREENING | <input type="checkbox"/> PASSPORT |
| <input type="checkbox"/> ATTORNEY | <input type="checkbox"/> FOSTER CARE | <input type="checkbox"/> PRIVATE INVESTIGATIONS |
| <input type="checkbox"/> BANKING | <input type="checkbox"/> HEALTHCARE | <input type="checkbox"/> SOCIAL SERVICES |
| <input type="checkbox"/> BAR ASSOCIATION | <input type="checkbox"/> HOUSING | <input type="checkbox"/> TENANT CHECK |
| <input type="checkbox"/> CHURCH | <input type="checkbox"/> INSURANCE LICENSE | <input type="checkbox"/> VISA |
| <input type="checkbox"/> CHILD CARE | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> NURSE AID TRAINING | <input type="checkbox"/> VOLUNTEER |
| <input type="checkbox"/> ELDER CARE | <input type="checkbox"/> OTHER _____ | |
| <input type="checkbox"/> EMERGENCY MANAGEMENT | | |

ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY WITH A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID, SEE TERMS & CONDITIONS)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT AND REQUIRED COPY OF GOVERNMENT PHOTO ID ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

WARNING: 18 Pa.C.S. 4904(b) UNDER PENALTY OF LAW - MISIDENTIFICATION OR FALSE STATEMENTS OF IDENTITY TO OBTAIN CRIMINAL HISTORY INFORMATION OF ANOTHER IS PUNISHABLE AS AUTHORIZED BY LAW.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

COMPLETE SECTION 1 ONLY. Print clearly in ink. Enclose \$10.00 money order ONLY, payable to DEPARTMENT OF PUBLIC WELFARE. DO NOT send cash or personal check.
 Send to CHILDLINE AND ABUSE REGISTRY, DEPARTMENT OF PUBLIC WELFARE, P.O. BOX 8170 HARRISBURG, PA 17105-8170
 APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.

CHILDLINE USE ONLY	
DATE RECEIVED BY CHILDLINE	

SECTION I APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME _____
 STREET _____
 CITY, STATE _____
 ZIP CODE _____

SOCIAL SECURITY NUMBER		
AGE	DATE OF BIRTH	DAYTIME PHONE NO.
SEX <input type="checkbox"/> M <input type="checkbox"/> F	COUNTY YOU LIVE IN	

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide central register), 6344 (relating to information relating to prospective child care personnel), 6344.1 (relating to information relating to family day-care home residents), and 6344.2 (relating to information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

PURPOSE OF CLEARANCE (Check ONE block ONLY)

Child Care Services Employee
 Foster Care Adoption School Employee
 Employment with a significant likelihood of regular contact with children
 Volunteers - A copy of your PROCESSED "Request for Criminal Record" (Form SP4-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FD-258).
 DPW Employment & Training Program Participant (signature required below)

SIGNATURE OF OIM/CAO REPRESENTATIVE OIM/CAO PHONE NUMBER

PREVIOUS NAMES USED SINCE 1975 (Include Maiden Name, Nicknames, Aliases)

1. (LAST, FIRST, MIDDLE) _____
 2. (LAST, FIRST, MIDDLE) _____
 3. (LAST, FIRST, MIDDLE) _____
 4. (LAST, FIRST, MIDDLE) _____
 5. (LAST, FIRST, MIDDLE) _____

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1. _____
 2. _____
 3. _____
 4. _____

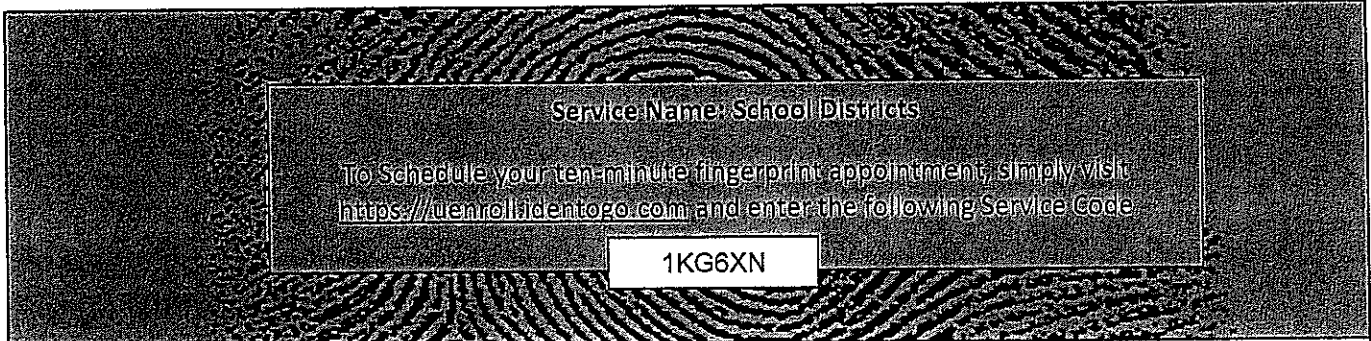
HOUSEHOLD MEMBERS (List everyone who lived with you at any time since 1975 to the present)

NAME (Last, First, Middle) Do not use initials.	RELATIONSHIP	PRESENT AGE	SEX
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

I certify that 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 (Section 4904 of the Pennsylvania Crimes Code).

Applicants are required to show the administrator the original document. Administrators are required to keep a copy of this child abuse history record on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.

APPLICANT'S SIGNATURE DATE



Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Please bring one of the identification documents from the list below to your enrollment appointment.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Canadian Driver's License
- Department of Defense Common Access Card
- Employment Authorization Card/ Document (I-766) with Photo
- Foreign Driver's License (Mexico and Canada only)
- Foreign passport
- Military Dependent's Identification Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- U.S. Coastguard Merchant Mariner Card
- U.S. Military Identification Card
- U.S. Passport
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States
- Uniformed Services Identification Card (Form DD-1172-2)
- Photo ID Waiver for Minors and U.S. Social Security Card or Birth Certificate



Don't have access to the Internet? You can still schedule an appointment by calling **844-321-2101**



July 11, 2017

IMPORTANT: ANNUAL COACHING CERTIFICATIONS

Below are the links that are required for scholastic coaches to meet the mandates of the Commonwealth of Pennsylvania pertaining to the *Safety in Youth Sports Act* (concussion education) and the *Sudden Cardiac Arrest Prevention Act* (cardiac education) These courses are prerequisites to coaching and must be taken annually-not before July 1st of each year. Those who coach multiple sports will only be required to take these courses once. Just remember: "Every coach, Every year". This includes both paid and volunteer coaches.

The certificates of completion must be turned into my office prior to the first official practice day.

Football Coaches (August 7th)
Fall Sports (August 14th)
Winter Coaches (November 17th)
Spring Coaches (March 5th)

All head coaches should forward or share this information with those on their staff.

CONCUSSION COURSES: (Take one)

http://www.cdc.gov/concussion/HeadsUp/online_training.html

<http://concussionwise.com/Pennsylvania>

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=38000>

CARDIAC COURSES: (Take one)

<https://www.sportsafetyinternational.org/cardiacwise/>

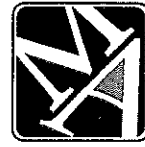
<https://nfhslearn.com/courses/61032>

IMPORTANT: RULES INTERPRETATION MEETINGS

Varsity Head Coaches Only: Volleyball, Soccer, Football, Basketball, Swimming, Wrestling, Track/Field, Baseball, Softball

Below is the link for the mandated PIAA Rules Interpretation meetings. Please check the link and find a rules meeting that fits your schedule. Failure to attend will result in personal culpability of the \$100 fine imposed by the PIAA or taking an online course at your expense to pass the requirement for \$75. You'll find one in District 7 (WPIAL) or District 8 (Pittsburgh) to fit your needs. <http://www.piaa.org/resources/rules/default.aspx>

Thank you for your cooperation. Go Tigers!



MCKEESPORT AREA
School District

BOARD POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received and read a copy of the following McKeesport Area School District Board Policy adopted on December 9, 2015:

#824 – Operations
Maintaining Professional Adult/Student Boundaries

I also understand that I am responsible for compliance with Policy #824 of the McKeesport Area School District.

Printed Name

Signature

Date

Cc: Personnel File

MCKEESPORT AREA SCHOOL DISTRICT

SECTION: OPERATIONS

TITLE: MAINTAINING
PROFESSIONAL
ADULT/STUDENT
BOUNDARIES

ADOPTED: December 9, 2015

REVISED:

824. MAINTAINING PROFESSIONAL ADULT/STUDENT BOUNDARIES	
1. Authority	<p>This policy applies to district employees, volunteers, student teachers, and independent contractors and their employees who interact with students or are present on school grounds. For purposes of this policy, such individuals are referred to collectively as adults. The term adults as used in this policy, does not include district students who perform services on a volunteer or compensated basis.</p> <p>All adults shall be expected to maintain professional, moral and ethical relationships with district students that are conducive to an effective, safe learning environment. This policy addresses a range of behaviors that include not only obviously unlawful or improper interactions with students, but also precursor grooming and other boundary-blurring behaviors that can lead to more egregious misconduct.</p> <p>SC 510 The Board directs that all adults shall be informed of conduct that is prohibited and the disciplinary actions that may be applied for violation of Board policies, administrative regulations, rules and procedures.</p> <p>This policy is not intended to interfere with appropriate pre-existing personal relationships between adults and students and their families that exist independently of the district or to interfere with participation in civic, religious or other outside organizations that include district students.</p>
2. Definition	<p>For purposes of this policy, legitimate educational reasons include matters or communications related to teaching, counseling, athletics, extracurricular activities, treatment of a student's physical injury or other medical needs, school administration or other purposes within the scope of the adult's job duties.</p>
3. Delegation of Responsibility	<p>The Superintendent or designee shall annually inform students, parents/guardians, and all adults regarding the contents of this Board policy through employee and student handbooks, posting on the district website, and by other appropriate methods.</p> <p>The building principal or designee shall be available to answer questions about behaviors or activities that may violate professional boundaries as defined in this policy.</p> <p>Pol. 818 Independent contractors doing business with the district shall ensure that their employees who have interaction with students or are present on school grounds are informed of the provisions of this policy.</p>
4. Guidelines	<p>Adults shall establish and maintain appropriate personal boundaries with students and not engage in any behavior that is prohibited by this policy or that creates the appearance of prohibited behavior.</p>

824. MAINTAINING PROFESSIONAL ADULT/STUDENT BOUNDARIES - Pg. 3

<p>Pol. 103, 103.1, 248</p>	<p>adults with designated responsibilities to counsel students, encouraging students to confide their personal or family problems and/or relationships. If a student initiates such discussions, the student should be referred to the appropriate school resource.</p> <p>17. Furnishing alcohol, drugs or tobacco to a student or being present where any student is consuming these substances.</p> <p>18. Engaging in harassing or discriminatory conduct prohibited by other district policies or by state or federal law and regulations.</p>
	<p><i>Electronic Communications –</i> For purposes of this policy, electronic communication shall mean a communication transmitted by means of an electronic device including, but not limited to, a telephone, cellular telephone, computer, computer network, personal data assistant or pager. Electronic communications include, but are not limited to, emails, instant messages and communications made by means of an Internet website, including social media and other networking websites. As with other forms of communication, when communicating electronically, adults shall maintain professional boundaries with students. Electronic communication with students shall be for legitimate school related reasons only.</p> <p><u>Exceptions</u> An emergency situation or a legitimate educational reason may justify deviation from professional boundaries set out in this policy. The adult shall be prepared to articulate the reason for any deviation from the requirements of this policy and must demonstrate that s/he has maintained an appropriate relationship with the student. Under no circumstance will an educational or other reason justify deviation from the "Romantic and Sexual Relationships" section of this policy. There will be circumstances where personal relationships develop between an adult and a student's family, e.g., when their children become friends. This policy is not intended to interfere with such relationships or to limit activities that are normally consistent with such relationships. Adults are strongly encouraged to maintain professional boundaries appropriate to the nature of the activity. It is understood that many adults are involved in various other roles in the community through nondistrict-related civic, religious, athletic, scouting or other organizations and programs whose participants may include district students. Such community involvement is commendable, and this policy is not intended to interfere with or restrict an adult's ability to serve in those roles; however, adults are strongly encouraged to maintain professional boundaries appropriate to the nature of the activity with regard to all youth with whom they interact in the course of their community involvement.</p>
<p>Pol. 248 23 Pa. C.S.A. Sec. 6311 Pol. 806</p>	<p><u>Reporting Inappropriate Or Suspicious Conduct</u> Any person, including a student, who has concerns about or is uncomfortable with a relationship or interaction between an adult and a student, shall immediately notify the Superintendent, principal or other administrator. All district employees, independent contractors and volunteers who have reasonable cause to suspect that a child is the victim of child abuse, shall immediately report the suspected abuse, in accordance with applicable law, regulations and Board policy.</p>
<p>24 P.S. Sec. 2070.9a</p>	<p>An educator who knows of any action, inaction or conduct which constitutes sexual abuse or exploitation or sexual misconduct under the Educator Discipline Act shall report such misconduct to the Pennsylvania Department of Education on the required form, and shall report such misconduct to the Superintendent and his/her immediate supervisor, within fifteen (15) days of discovery of such misconduct.</p>