

Farmingdale Youth Council, Inc.  
Policies and Procedures

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### Introduction

The purpose of putting in writing these statements of policies and procedures is to formalize the operating practices of the Farmingdale Youth Council (FYC). This is necessary to insure continuity and consistency for the future operation of FYC. It is essential that the specific policies which complement the general-purpose statements of the Constitution be documented.

### **ADDITIONS OR CHANGES**

A Policy Committee will be established at the first meeting of the year to review, add or revise the existing Policies and Procedures. To ensure that such changes or additions be made only after careful consideration and due deliberation, any revisions or additions must receive a favorable majority vote at the next General Meeting after which they have been presented to the membership.

## Policy No. 1: Registration Forms and Out of District Fees

### SUBMISSION OF REGISTRATION FORMS

Registration information for children may either be delivered to the FYC office or given to the FYC Administrative Assistant at the first general membership meeting following the program registration. Whichever method is chosen, this information **must** be received by FYC within thirty (30) days from the date of the last registration of a program.

### OUT-OF-DISTRICT (OOD) REGISTRATION FEES

In accordance with our Constitution, FYC sets an annual one-time out-of-district fee. **Families of any children not registered with, or on the census of the Farmingdale School District, are required to pay this annual one-time out-of-district fee.** This fee is to be collected by the first organization with which a child participates in a given fiscal year. Payment of the fee will apply to all children of the family for the FYC fiscal year of the date of the inception of the first program for which they register. OOD receipts are to be retained by the family as proof of payment of the OOD fee at subsequent registrations during that fiscal year.

### PROCEDURE FOR SUBMISSION OF PAPER REGISTRATION FORMS

Paper registration forms are to be submitted in full alphabetical order and in separate, individual batches for within district children and for out-of-district children. A piece of paper is to be placed on the top of each batch indicating (1) the number of forms submitted for each, (2) the total dollar amount of out of district fees being submitted, and (3) the starting and finishing dates of the program concerned. This procedure will enable the FYC Administrative Assistant to keep accurate records and facilitate cross-checking registration names to the school district list of resident students.

### PROCEDURE FOR SUBMISSION OF ONLINE REGISTRATION INFORMATION

The list of registrants submitted is to be in full alphabetical order providing (1) first and last names, (2) home address, (3) date of birth, and (4) an OOD receipt number (sequential). The names of the OOD registrants are to be highlighted on the list or otherwise indicated so that they may be readily identified by the Administrative Assistant.

Since it is not possible to produce OOD receipts using an online registration program, copies of online registration forms can serve as OOD receipts provided (1) they contain all the information shown on the FYC paper OOD receipt ([Attachment A](#)), and (2) the person registering the child is able to print a copy using their computer.

If these requirements cannot be met, the organization shall prepare an OOD receipt as per the attached FYC form ([Attachment A](#)), sending one copy to the family and one copy to FYC with their other registration information. These receipts may be sent either by email or postal mail.

### WAIVER OF LIABILITY AGREEMENT

FYC's insurance company requires that a waiver of liability agreement be signed by the parent or guardian of a child being registered. The wording must be exactly as shown on [Attachment B](#). The waiver statement can be included on the registration form or prepared separately. If prepared separately, a copy signed by the parent/guardian must be submitted to FYC with their other registration information.

*Note: Organizations failing to properly comply with these registration requirements will have their registration information returned, and the children concerned will not be considered registered.*

## **RECORDS RETENTION**

The required retention period for registration forms and waiver of liability forms is 6 years after participation ends, or in the event an accident/incident report is filed, until the child reaches the age of 21.

These records may be kept in paper form or stored electronically; *however, New York State regulations require that whichever method is chosen must be consistently applied.* It is not permissible to have a mix of paper and electronic records. Paper registration forms may be scanned for computer storage; however, *the originals must be destroyed.* For computerized records, New York State regulations require that regularly scheduled backups be performed.

## **RECORDS MAINTENANCE RESPONSIBILITIES**

For FYC Winter and Summer within district registrations: The Winter and Summer Directors are responsible for maintaining these records.

For member organization within district registrations: The individual organization registering the child is responsible for maintaining their own registration records in accordance with the above retention provisions.

For all out of district registrations of both FYC and member organization programs: The FYC Administrative Assistant is responsible for maintaining these records.

## **PENALTY FOR NON-COMPLIANCE**

Because of the serious insurance consequences of not having registration information available in the event of an accident, the Executive Board shall have the authority to audit the records of member organizations to see that the provisions of this policy are being complied with, and if they are not, may invoke disciplinary action up to and including expulsion from the Farmingdale Youth Council.

Note: Attachments A & B are an integral part of this policy.

*Date Adopted 2/24/2015*

*Date Revised 1/17/2017*

*Date Revised 11/21/2017*

**Attachment A: Out of District Receipt**

**PLEASE WRITE IN**

**RECEIPT**

**THE FARMINGDALE YOUTH COUNCIL, INC.**  
FARMINGDALE HIGH SCHOOL  
FARMINGDALE, NY 11735  
516-694-0916

**1492**

**ORGANIZATION NAME**

DATE \_\_\_\_\_ DATE RCVD. \_\_\_\_\_

RECEIVED FROM **NAME OF PERSON PAYING FEE** \$ **FEE AMT.** \_\_\_\_\_

**ADDRESS OF PERSON PAYING FEE** \_\_\_\_\_ DOLLARS

FOR **NAMES OF ALL CHILDREN RESIDING AT ADDRESS** \_\_\_\_\_

**VALID 7 / 1 / 20 \_\_ TO 6 / 30 / 20 \_\_**

AMOUNT OF ACCOUNT			<input type="checkbox"/> CASH
THIS PAYMENT			<input type="checkbox"/> CHECK
BALANCE DUE			<input type="checkbox"/> M.O.

BY **FULL NAME OF PERSON ACCEPTING FEE**

**THANK YOU**

**PLEASE WRITE IN**

## **Attachment B: Waiver of Liability Agreement**

### **CONSENT OF PARENT OR GUARDIAN**

I the undersigned, parent or guardian of \_\_\_\_\_ do hereby grant permission for his or her participation in all activities, athletics or otherwise, sponsored by The Farmingdale Youth Council, Inc, and release from responsibility the said corporation, its coaches, volunteers, employees, agents, officers and directors, for any injury, loss of life or the damages as a result of participation in any activity of the Farmingdale Youth Council, Inc. Furthermore, I understand that the Farmingdale Youth Council, Inc. does not provide medical staff at sponsored events and in the event that a medical emergency occurs, medical services and or transportation will only be provided through the community's emergency medical system.

**SIGNATURE OF PARENT OR GUARDIAN** \_\_\_\_\_

**DATE** \_\_\_\_\_

## Policy No. 2: Funding for New Programs and New Member Organizations

### **Section 1. Member Organizations**

To receive funding for a new program or activity, a member organization must inform FYC that it is instituting a new program. The member organization must operate said program or activity for a period of one fiscal year without the financial support of FYC. After the first year of operation, the organization may include the new program in its annual budgetary request for FYC funding. Upon approval by the Budget Committee, funding in an amount not to exceed \$400 may be allocated for the program's second year of operation. For years subsequent to the second year of operation, the \$400 funding limitation will not apply, and requests for funding will be considered by the Budget Committee in the same manner as for any other existing FYC program.

### **Section 2. New Organizations**

Similarly, organizations not currently members of FYC which become members in the future must remain unfunded by FYC for a period of one fiscal year before making application for FYC funding. Upon approval by the Budget Committee, funding in an amount not to exceed \$400 may be allocated for the program's second year of operation. For years subsequent to the second year of operation, the \$400 funding limitation will not apply, and requests for funding will be considered by the Budget Committee in the same manner as for any other existing FYC program.

*Date Adopted 11/21/1995*

*Date Revised 11/21/2017*

## Policy No. 3: Budgets

### Policy No. 3A: Budget Line Changes for Winter and Spring Programs

FYC's Winter and Summer Programs whose budget appropriations comprise several line items may need to adjust their budget allocations. For example, one budget line has an insufficient balance to cover an expenditure while another line has an adequate balance to absorb the difference.

To change budget appropriations, submit a written request to the Budget Committee. The request shall be granted if it receives a favorable majority vote of the Budget Committee.

*Date Adopted 11/21/1995*

*Date Revised 12/19/2006*

*Date Revised 11/21/2017*

## Policy No. 3B: Budget Preparation Requirements

The following are the **minimum** requirements for submitting budget requests to the FYC Budget Committee and are due at the **January Youth Council** meeting.

Provide **Six (6)** copies of your budget request for the Budget Committee. All pages must be numbered “\_ of \_ pages” with organization name on each page.

Provide a cover letter on your organization’s letterhead giving an overview of your organization’s activities and information about any anticipated program changes. Show the amount you are requesting from FYC.

Include a listing of officers’ names, titles, mailing address, phone number, fax number and email. Include the name, phone number and email address of the person to contact for any budget questions.

Provide a detailed statement of income and expense. One column is to show actual figures from the prior fiscal year and one column to show budgeted amounts for the next fiscal year. If an organization has multiple sports or activities, you must provide separate schedules for each and a statement showing the combined total.

Since the accrual basis provides a more meaningful financial picture than the cash basis of accounting, it is suggested that the accrual basis be used to prepare financial statements.

Include the total number of children registered in your program. Indicate fees charged and cost per child for both prior year and projected year.

Where applicable provide an itemized schedule of inventory grouped under the following column headings: Quantity Needed, Quantity on Hand, Greater Than One Year Life, Less Than One Year Life, and Needed to Purchase. Total all columns.

### **Additional Requirements:**

In addition, if your organization files the IRS form 990, the most recent one must be submitted with your budget.

Before being eligible for payments to be made on an organizations behalf, the following requirements must be met:

For member organizations **covered** by FYC’s liability insurance, it is necessary that FYC be provided with a list of current staff members indicating that (1) they have performed background checks, (2) background checks have been performed by another organization, or (3) the staff member is a certified teacher.

For member organizations **not covered** by FYC’s liability insurance, it is required that Farmingdale Youth Council be named as an additional insured on the organization’s liability insurance policy. The organization must provide FYC with a certificate so stating and showing the coverage to be in force.



**Penalties:**

Late budgets will be penalized 5% per week of the previous year's budget. Budgets are due at the January meeting.

***Remember that accurate preparation and timely presentation is important for your request to receive the attention it deserves.***

*Date Adopted 11/21/2017*

## Policy No. 4: Reporting of Injuries to Children

### Insurance Overview

**Liability Insurance:** FYC maintains insurance for itself and those member organizations named as insured on the insurance policy. Not all member organizations are named as insured therefore, not all member organizations have liability insurance provided by FYC. For liability coverage purposes, it is critical that the insurance company be aware of an injury in the event of a civil action on behalf of an injured party.

**Medical Insurance:** FYC maintains medical insurance to provide coverage for accidents occurring to children participating in its Winter and Summer Programs. It is "secondary coverage" which applies only where the family's coverage is either inadequate to cover the medical costs or where the family's coverage is nonexistent. *Note: FYC does not provide medical coverage for its member organizations. Each member organization is responsible for having its own insurance to provide medical care in the event of an injury to a participant.*

### Reporting of Accidents

The reporting of an accident is necessary to establish the basis for a claim for medical coverage and to provide details of the incident in the event of a civil action taken on behalf of an injured party.

Any injury which is brought to the attention of the coaching or supervisory staff must be reported whether or not medical treatment is required. Legal action can be brought years after an accident has occurred; even when medical attention was not originally necessary.

### FYC Winter and Summer Programs

When an injury occurs:

1. FYC Incident Report ([included - click here](#)) is completed by the supervisor. Must be sent to the FYC Administrative Assistant within one week of the date of the incident.
2. FYC Administrative Assistant completes Section 1 of the insurance company's Notice of Claim Form ([copy included – click here](#)) which must be signed by the Winter or Summer Director.
3. FYC Administrative Assistant sends the original Notice of Claim Form and a form letter from the insurance agent stating the terms and conditions of expense reimbursement to the injured person's parent or guardian.
4. FYC Administrative Assistant sends copies of the FYC Incident Report, Notice of Claim Form and Registration Form to our insurance agent. Copies of each are retained by FYC until the child reaches the age of 21.

### Member Organizations Named as Insured on FYC Policy

A member organization named as insured on FYC's insurance policy must file an Accident Report ([copy included - click here](#)) with FYC's insurance agent. The member organization must send the FYC Administrative Assistant a copy of the Accident Report within two weeks of the incident. The FYC copy is to be kept on file until the child reaches the age of 21. The preferable form to be used by member organizations to report an accident is that which has been approved by our agent (copy included). If the Accident Report is not available, a substitute may be used provided it supplies the information requested by the suggested form.

**If a member organization causes FYC's insurance company to deny coverage by failing to report an accident or by failing to cooperate with the insurance company in its investigation, that organization may be subject to disciplinary action by the Executive Board of the Farmingdale Youth Council.**

## **PROCEDURE FOR MEMBER ORGANIZATIONS NOT NAMED AS INSURED ON FYC POLICY**

Organizations that maintain their own liability coverage and are not named as an insured on FYC's policy are not covered by FYC insurance. Since they are members of FYC, the possibility exists that FYC could be included in a legal action brought on behalf of a participant in one of their programs. In order that the FYC be protected in such event, FYC's insurance company requires that these organizations maintain specific types and amounts of insurance coverage and that FYC be named as an additional insured on their liability policy. It is the obligation of the member organization to remain up to date on the current coverage requirements.

The certificate naming FYC as an additional insured must be worded as follows: "Farmingdale Youth Council, Inc. is listed as an additional insured as required by written contract on a primary non-contributory basis including waiver of subrogation in favor of additional insured."

*Date Adopted 4/16/1996*

*Date Revised 1/16/2001*

*Date Revised 10/15/2013*

*Date Revised 11/21/2017*

FARMINGDALE YOUTH COUNCIL, INC  
WINTER & SUMMER PROGRAMS  
**INCIDENT REPORT**

PARTICIPANT'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

PARTICIPANT'S SOCIAL SECURITY # \_\_\_\_\_

PARENT / GUARDIAN \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_      AGE \_\_\_\_      ☐ MALE    ☐ FEMALE

PROGRAM / CENTER \_\_\_\_\_

DAY, DATE AND TIME OF INCIDENT \_\_\_\_\_

SPECIFIC LOCATION AT WHICH INCIDENT OCCURRED \_\_\_\_\_

\_\_\_\_\_

NATURE OF INJURY \_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF INCIDENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACTION TAKEN BY STAFF \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WAS PARENT / GUARDIAN CONTACTED? \_\_\_\_ BY \_\_\_\_\_

NAMES AND ADDRESSES OF STAFF MEMBERS PRESENT:

\_\_\_\_\_

\_\_\_\_\_

FARMINGDALE YOUTH COUNCIL, INC  
WINTER & SUMMER PROGRAMS  
**INCIDENT REPORT**

WAS PARTICIPANT SEEN BY A DOCTOR AS A RESULT OF THIS INCIDENT? \_\_\_\_\_

WERE EMERGENCY SERVICES CONTACTED? \_\_\_\_\_

IF YES, NAME OF EMERGENCY SERVICE RESPONDING.

\_\_\_\_\_

NAME AND SHIELD # OF EMERGENCY SERVICE PERSONNEL IN CHARGE:

\_\_\_\_\_

EMERGENCY SERVICES INCIDENT REPORT # \_\_\_\_\_

FOLLOW UP COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SUBMITTED BY \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE PRINT NAME AND POSITION \_\_\_\_\_

\*\*\*\*\*

(THIS AREA IS RESERVED FOR FYC OFFICE USE ONLY)

DATE RECEIVED \_\_\_\_\_

RECEIVED FROM \_\_\_\_\_

RECEIVED BY \_\_\_\_\_

PARENT / GUARDIAN LETTER SENT ON \_\_\_\_\_

NOTES (INCLUDE DATE AND CONTACT)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



CHUBB GROUP  
OF INSURANCE COMPANIES

Administrative Concepts, Inc.

994 Old Eagle School Road, Suite 1005

Wayne, PA 19087-1802

Phone: 888-293-9229 Fax: 610-293-9299

Web: www.visit-aci.com



1. PLEASE FULLY COMPLETE FORM
2. ATTACH ITEMIZED BILLS AND EOBs
3. MAIL TO ADMINISTRATIVE CONCEPTS INC.

Policy Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

PART I - POLICYHOLDER'S REPORT

1. Claimant's Name (Injured person)		2. Social Security Number	3. Gender	4. Date of Birth	5. Primary Parent E-Mail
6. Father's Name, Address and Best Contact Phone Number (Include Area Code)					
7. Mother's Name, Address, and Best Contact Phone Number (Include Area Code)					
8. Date and Time of Accident		9. Place where Accident Occurred		10. The injured person was a: <input type="checkbox"/> Participant <input type="checkbox"/> Staff Member <input type="checkbox"/> Other <input type="checkbox"/> Volunteer	
11. Specify the Covered Class for the injured person if applicable:					
Dental Claims	12. Indicate which Teeth were Involved in the Accident		13. Describe Condition of Injured Teeth Prior to Accident: <input type="checkbox"/> Whole, Sound and Natural <input type="checkbox"/> Filled <input type="checkbox"/> Capped <input type="checkbox"/> Artificial		
14. Type of Injury (Indicate Part of Body Injured - e.g. broken arm, sprained ankle, etc.)					
15. Describe How Accident Occurred - Give All Possible Details - Must be a Bodily Injury Due to Accident					
16. Has the claimant suffered from the same or similar condition before? <input type="checkbox"/> YES <input type="checkbox"/> NO					
17. Did Accident Occur (Check Yes or No for Each of the Following):					
A. During a policyholder program, sponsored & supervised, or sanctioned activity? <input type="checkbox"/> YES <input type="checkbox"/> NO					
B. On activity premises? <input type="checkbox"/> YES <input type="checkbox"/> NO					
C. While traveling directly and uninterruptedly to or from home and school? <input type="checkbox"/> YES <input type="checkbox"/> NO					
D. During the participation of an interscholastic athletic practice or competition? <input type="checkbox"/> YES <input type="checkbox"/> NO					
18. Name of Event or Activity			19. Name of Event or Activity supervisor		
20. Signature of Organization/Association official			21. Name and Title of Organization/Association official		22. Date

PART II - OTHER INSURANCE STATEMENT

Are you entitled to benefits under any other insurance policy covering this injury? If NO, please complete the "CERTIFICATION OF NO OTHER INSURANCE" portion on this form. If YES, please attach copies of statements of benefits paid or denied and complete the following: Are you eligible to receive benefits under any governmental plan or program, including Medicare? If yes, Please explain:		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name & Address of Insurance Company		Policy #	
Name of insured person carrying other coverage		Name of Employer providing other coverage	

CERTIFICATION OF NO OTHER INSURANCE

I, \_\_\_\_\_, hereby certify that I have no other accident or health insurance or any other insurance covering this loss.

Signature of Claimant or Authorized Representative

Dated

*Administrative Concepts, Inc. does not share Private Health Information except as required or permitted by law.  
We are committed to guarding the Private Information entrusted to us.*

PAYMENT WILL BE MADE TO THE PROVIDERS OF SERVICE UNLESS A PAID RECEIPT IS ATTACHED AT TIME OF SUBMISSION.

BY SIGNING BELOW I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

AUTHORIZATION and ASSIGNMENT OF BENEFITS

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, Insurance support organization, governmental agency, group policyholder, Insurance company, association, employer or benefit plan administrator to furnish to the Insurance Company named above or its representatives, any and all information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the person whose death, injury, sickness or loss is the basis of claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the Policy Number identified above. I authorize the policyholder, employer or benefit plan administrator to provide the Insurance Company named above with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the Policy identified above and that a copy of this authorization shall be considered as valid as the original. I agree that a photographic copy of this Authorization shall be as valid as the original. I understand that I or my authorized representative may request a copy of this authorization. I understand that I or my authorized representative may revoke this authorization at any time by providing the insurance company with written notification as to my intent to revoke. I understand that any person who knowingly and with intent to defraud or deceive any insurance company files a claim containing materially false, incomplete or misleading information may be subject to prosecution for insurance fraud.

Signature of Claimant or Authorized Representative

Dated

Farmingdale Youth Council, Inc.  
Accident Report

*Original must be sent to insurance agent with copy to FYC office within two weeks of incident*

Date of Occurrence\_\_\_\_\_ Time of Occurrence\_\_\_\_\_ AM or PM\_\_\_\_\_

Name of Injured Party\_\_\_\_\_

Address of Injured Party\_\_\_\_\_

Phone Number (Home)\_\_\_\_\_ Phone Number (Work)\_\_\_\_\_

Is Injured Party a Player? \_\_\_\_\_ Manager/Coach? \_\_\_\_\_ Bystander? \_\_\_\_\_ Umpire? \_\_\_\_\_

Was Parent or Guardian Present? \_\_\_\_\_ If not, were they notified? \_\_\_\_\_

Member Organization\_\_\_\_\_

Team Name\_\_\_\_\_ Manager/Coach's Name\_\_\_\_\_ Phone\_\_\_\_\_

Did injury occur during practice? \_\_\_\_\_ Scrimmage? \_\_\_\_\_ Game? \_\_\_\_\_ Other? \_\_\_\_\_

Was injury treated at sight of occurrence? \_\_\_\_\_

Was injured party transported home? \_\_\_\_\_ To a hospital? \_\_\_\_\_ Other? \_\_\_\_\_

If yes, where and by who? \_\_\_\_\_

Were police present? \_\_\_\_\_ If yes, officer's name \_\_\_\_\_ Dept. \_\_\_\_\_

Officer's shield # \_\_\_\_\_ Incident report # \_\_\_\_\_

Name and addresses of witnesses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of accident and injury \_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_

Signature

Print Name

Date

**FOR FYC USE ONLY:**

Report No. \_\_\_\_\_ Date Received \_\_\_\_\_

Received From \_\_\_\_\_ Received By \_\_\_\_\_

## Policy No. 5: Payment of FYC Member Expenses

Checks issued in payment of member organization expenses will only be issued with the applicable vendor named as payee. Checks will not be issued to member organizations in reimbursement for expenditures they have made on their own behalf.

### **C.O.D.'S AND PREPAYMENTS TO VENDORS**

If a member organization needs a check prepared in advance for a COD delivery, or for a prepayment to a vendor prior to shipment, the organization must supply documentation supporting the amount of the check as well as provide comparative quotes as required by FYC's [Policy No. 9: Purchasing Procedure](#). After receipt of the items ordered, the original invoice and receiving documentation are to be submitted to FYC in substantiation of the payment.

*Date Adopted 2/24/2015*

*Date Revised 11/21/2017*



## Policy No. 6: Molestation Insurance and Compliance Requirements

Effective September 30, 2008, Farmingdale Youth Council (**FYC**) assumed molestation insurance coverage for its Winter and Summer programs and for those member organizations covered by its liability insurance policy. Currently those covered organizations are Farmingdale Aquatics, Farmingdale Midget Football, Farmingdale Soccer Club and Farmingdale Baseball.

As a requirement for molestation insurance coverage, criminal history background checks must be performed on staff and volunteers 18 years and older who come in contact with children in the course of their activities. The purpose of the background check is to verify a person's identity and to determine if they have a criminal history relevant to their fitness to be in contact with children.

*Background checks will be required for new staff members before they become involved in children's activity programs.* These will be "one time" only background checks, and, under present requirements, once performed need not be repeated.

Background checks are not required for minors under 18; however, a signed parental consent form is required for a background check if the individual is a high school student age 18 or over.

Background checks are not required for (1) individuals who on occasion volunteer to "help out," (2) trainers or instructors who teach on an occasional basis, (3) school custodians.

It is not necessary that background checks performed previously by Intellicorp or other background check companies be repeated; however, AS OF THIS DATE, **PROTECT YOUTH SPORTS** WILL BE THE ONLY BACKGROUND CHECK COMPANY AUTHORIZED TO PERFORM BACKGROUND CHECKS FOR FARMINGDALE YOUTH COUNCIL OR ITS MEMBER ORGANIZATIONS.

Each FYC member organization will be responsible for doing background checks on their own staff members. Individual background checks are to be performed by entering information on the website of Protect Youth Sports ([protectyouthsports.com](http://protectyouthsports.com)) using the procedure on the attached instruction sheet. For "bulk processing" of groups over 30, a spread sheet can be accessed at the website, which can make data entry more efficient.

Only officers of the FYC member organization submitting the request are to have access to background check information. Officers of the organization are to have the authority to review the report and decide whether or not an individual is appropriate for their organization. However, if a negative incident is reported that the applicant wishes to challenge, it will be the obligation of the organization to have Protect Youth Sports perform a more extensive search which will include further access of state and county records for which additional charges will apply. Contact the FYC background check administrator if this becomes necessary.

Staff and volunteers who have had background checks performed by other organizations need not have them repeated; however, copies must be obtained and kept on file by their member organization indefinitely.

Background check reports and consent forms are not to be sent to FYC or to the insurance company.

Member organizations are to download and print the reports from the **Protect Youth Sports** website and keep them indefinitely along with the consent form.

It is very important that these records be retained. The insurance company has informed us that "If something happens (claim), and in court it comes out that it can't be proved that background checks have been made, coverage could be voided." ([Adult Background Check Authorization Form](#) and [Parental Consent Letter](#) are attached).

If a person applying for a position with FYC or one of its member organizations has had a background check performed by another FYC organization, it will be permissible for the FYC background check website administrator to e-mail a copy of the report to those authorized to have access to background check reports.

Farmingdale Youth Council will assume the cost of the annual Protect Youth Sports maintenance fee and charge it to the insurance expense account of the FYC Tax Fund. FYC will pay the monthly fees for background checks made by FYC and its member organizations; however, member organizations' costs will be charged to that organization's annual budget line.

Member organizations may include their background check costs in their annual budget request for FYC funding. These costs will be considered by the Budget Committee when determining that organization's budget allocation for the ensuing year.

### **Member Organization Reporting Requirements**

As of December 30, April 30 and September 30 of each year, insured member organizations are required to submit to FYC a listing of the names and addresses of all staff members and volunteers coming in contact with children. This list is to be emailed to [fyc@farmingdaleschools.org](mailto:fyc@farmingdaleschools.org) or [contactus@farmingdaleyouthcouncil.com](mailto:contactus@farmingdaleyouthcouncil.com) and should indicate that:

- 1) The organization itself has performed a background check on the individual, in which case the date of the background check and the company's reference number is to be provided, or
- 2) A background check has been performed by another FYC member organization, in which case they have obtained a copy of the report and have it on file, or
- 3) The individual's occupation is a teacher, police officer, or other profession requiring a background check as a condition of employment, and the organization has documentation on file in support of such employment.

**The Executive Board shall have the authority to audit the records of member organizations to see that the provisions of this policy are being complied with, and if they are not, may invoke disciplinary action up to and including expulsion from the Farmingdale Youth Council.**

The following documents are included as part of this policy:

- [Background Check Procedure for Protect Youth Sports](#)
- [Adult Background Check Authorization Form](#)
- [Parental Consent for Background Check Letter](#)

*Date Adopted 9/30/2008*

*Date Revised 2/24/2015*

*Date Revised 11/21/2017*

## **BACKGROUND CHECK PROCEDURE FOR "PROTECT YOUTH SPORTS" TO PROCESS A BACKGROUND CHECK**

- Go to "protectyouthsports.com"
- Click on "Log In" on top right of page under phone number
- Enter your user name and password.
- When page opens, scroll to bottom and click on "Continue"
- When page opens, click on the blue "Background Check" tab
- From drop down list click on "New Order"
- Go to bottom of New Applicant Detail form and click "Submit"
- Fill in boxes outlined in red, and click on "Submit" once more
- On the next page, the "Order Background Check" page, click your organization name from the "Billing Reference" drop-down list and click "Basic" for the "Package" choice. (When "Basic" is selected "National Criminal Data Base, SSN Verification & Address History, and National Sex Offender Registry" will automatically be selected.)
- Skip the AKA Maiden Name search and the "Child Safety Training" boxes, and click "Next"
- On the following page, the "Summary" page, check to see if the information is correct. If so click on "Submit for Background Check"

### **FOR BULK UPLOADS OF 30 OR MORE**

- Log in as above with your user name and password
- When page opens, scroll to bottom and click on "Continue"
- When page opens, click on the blue "Imports" tab
- Click on "Upload"
- Click on "Download Template." A spreadsheet will open on your computer
- For each applicant fill in the columns for: Date Entered, First Name, Last Name, DOB, SSN, Gender, and State. In the "Package/Service" column write "Basic" for each applicant listed. In the "Billing Reference" put your organization name for each applicant. *(Do not enter any info in the "State/County" column or any other columns. It will result in extra charges for a more detailed search.)*
- Save the completed worksheet to a file on your computer
- To upload the worksheet to PTY, sign in, go to the Imports tab, click on "Upload," click "Browse," select the file on your computer, and click the "Upload" tab

### **TO VIEW BACKGROUND CHECKS**

- If the applicant has a clean record, the report should come back the same day. If the background check reveals something questionable about the applicant, it could take a few days.
- To view the report, go to "protectyouthsports.com" and sign in.
- Click on the "Background Checks" tab and select "Complete" from the drop-down list.
- On the "Complete" list, a green "C" indicates the background check has been completed, and you can click on the "C" to view the report, and view it in detail. If there is a "P" it means the report is pending, and you should check back later.

### **IMPORTANT**

*BE SURE TO PRINT AND SAVE A COPY OF ALL BACKGROUND CHECKS. OUR INSURANCE COMPANY REQUIRES THAT WE HAVE A HARD COPY ON FILE OR THE POSSIBILITY EXISTS THAT THEY COULD DENY A CLAIM.*

*BE SURE TO HAVE APPLICANT SIGN THE FYC PERMISSION FORM BEFORE DOING BACKGROUND CHECK. IT IS ILLEGAL WITHOUT THE APPLICANTS PERMISSION.*

*BE SURE TO HAVE PARENT/GUARDIAN SIGN PERMISSION FORM FOR ALL STUDENT APPLICANTS **UNDERGOING A BACKGROUND CHECK***

## ADULT BACKGROUND CHECK AUTHORIZATION FORM (On Organization Letterhead)

NAME (Printed): \_\_\_\_\_  
Last First Middle

DOB: \_\_\_\_\_

S.S. \_\_\_\_\_

As a condition of employment or volunteer position, I give my permission for (Your *organization Name*) to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records.

I understand that, if appointed, my position is conditional upon (*Your Organization Name*) receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability (*Your Organization Name*), its officers, directors, employees and volunteers thereof, or any other person or organization that may provide such information.

I also understand that regardless of previous appointments (Your *Organization Name*) is not obligated to appoint me to an employee or volunteer position.

If appointed I understand that prior to the expiration of my term I am subject to suspension by the Board of *(Your Organization Name)* and removal by the Board for violation of its policies or principles.

Signature

**PARENTAL CONSENT LETTER  
(On Organization Letterhead)**

Date

Mr. & Mrs. John Doe  
12345 Main Street  
Anywhere, USA 12345

Re: Prospective Employees/Volunteers - Criminal Background Check

Dear Parent or Guardian,

Your child has applied for employment or a volunteer position with Farmingdale Youth Council or one of its member organizations. We are required by our insurance company to conduct a criminal background check of all prospective employees and volunteers. In connection with your child's application we are therefore required to run such a check prior to their employment or volunteering. Although parental consent is not required for all individuals 18 years or older we felt it best to advise you of this requirement.

Please sign and return this form with your child's application.

Thank you for your kind attention to this matter and please contact us should you have any questions.

Sincerely,

*Organization Signature*

I \_\_\_\_\_, parent or guardian of \_\_\_\_\_  
print parent/guardian name print child's name

understand and acknowledge receipt of this letter.

Parent/Guardian Signature: \_\_\_\_\_

## Policy No. 7: Concussion Awareness Program Procedure

Each year U.S. medical emergency departments treat over 17,000 sports and recreation-related traumatic brain injuries (TBI's) including concussions among children and adolescents from birth to 19 years. Medical evidence shows that children and teens are more likely to get a concussion and take longer to recover than adults. It is especially important for those involved in youth activities to:

- Understand a concussion and the potential consequences of this injury,
- Recognize concussion signs and symptoms and how to respond,
- Learn about steps for returning to activity after a concussion, and
- Focus on prevention and preparedness to help keep our children safe

In recognition of the potential harm that can result from a concussion, our insurance company, Philadelphia Insurance, requires the implementation of a concussion awareness program for FYC and those of its member organizations covered by FYC insurance. Therefore, the following procedure will be required for FYC Winter and Summer programs, Farmingdale Midget Football, Farmingdale Baseball, Farmingdale Aquatics and Farmingdale Soccer Club:

- All staff personnel meeting the background check requirements of FYC Policy No.6 are to take the free 30-minute online training course available at <https://www.cdc.gov/headsup/youthsports/training/index.html>  
**Taking this course is a "one time" requirement, and need not be repeated.**
- On completion of the course and the passing of a review quiz, a certificate showing the individual's name will be available for downloading and printing. A copy of this certificate is to be kept on file by the individual's member organization and made available to an FYC or insurance company representative if requested.
- As of April 30, September 30 and December 30 of each year, each such organization is to e-mail a listing of those who have completed the course, indicating the date of completion, to the FYC office at [fyc@farmingdaleschools.org](mailto:fyc@farmingdaleschools.org) or [contactus@farmingdaleyouthcouncil.com](mailto:contactus@farmingdaleyouthcouncil.com) (It is suggested that these names be combined with the background check list required by Policy 6, which is due on the same dates).

Although not mandated by the insurance company, they strongly suggest that informational flyers available on the website <https://www.cdc.gov/headsup/youthsports/index.html> be downloaded, printed and given to parents and participants so that they may be prepared for the actions taken by a coach when a participant is suspected of having undergone a concussion. An appropriate time to distribute these flyers is when participants are being registered for a program. Flyers relating to a specific sport, as well as those providing general concussion information, are available on the website.

*Date Adopted 12/17/2013*

*Date Revised 11/18/2014*

*Date Revised 11/21/2017*

## Policy No. 8: Bulk Mailing Permit Procedure

1. The FYC Administrative Assistant must be notified of an organizations intent to use the bulk mail permit five (5) days prior. The Administrative Assistant will issue a letter of authorization to the organization to use the permit.
2. Each organization that wishes to use the permit must prepare the mailings in accordance with postal regulations. This includes the preparation of the mailing and all paperwork.
3. Upon presentation of the mailing to the Postal Service, the organization doing the mailing must have a check made out to the Postmaster, Farmingdale in the amount of postage to be used for their mailing. Youth Council is not responsible for the payment of this postage and it is the organization's responsibility.
4. Upon mailing, the individual organization will notify the Administrative Assistant of the date of mailing, organization doing the mailing, total number of pieces in the mailing, and the amount of postage paid using United States Postal Service Form 3602-NZ:  
<https://about.usps.com/forms/ps3602nz.pdf>.
5. Failure on the part of any organization to follow this policy will suspend that organization's privilege to use Farmingdale Youth Council's permit in the future.

*Date Adopted 2/24/2015*

*Date Revised 11/21/2017*

## Policy No. 9: Purchasing Procedure

Purchases aggregating \$300 or more of an individual item within one fiscal year will require the solicitation of competitive bids from three responsible suppliers. Requests for quotes are to be made by the purchasing organization and submitted to FYC. Vendor responses to requests for bids must be in writing either by e-mail or from vendor's website. All quantities on bids must match. If the lowest qualified bidder is not the one selected, an explanation justifying the higher cost item will be necessary. Use FYC's Request for Price Quote Form as a template ([copy included](#)). It is not the responsibility of the purchasing organization to ensure a response from all vendors solicited; a good faith effort to extend the opportunity to quote is what is required.

The Village of Farmingdale, as custodian of Farmingdale Youth Council funds and signer of checks drawn on those funds, requires that the following statement appear on the face of all invoices submitted for payment on behalf of FYC or one of its member organizations. The statement is to be signed by an officer of the organization on whose behalf the payment is being made:

(NAME OF ORGANIZATION SUBMITTING INVOICE)

I hereby certify that the charges on this invoice represent items that have been received in good condition or for services that have been satisfactorily performed.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

*Date Adopted 3/15/1994*

*Date Revised 10/15/2013*

*Date Revised 11/21/2017*



# Farmingdale Youth Council, Inc.

## Request for Price Quote

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

Description of item purchased (Catalog #, Etc.) with price and name of vendor selected:

Names of at least two other vendors solicited with price quoted.

Vendor	Contact Person	Date of request	Price Quoted

Comments:

### Certification of Buyer

The undersigned certifies that the above-named vendors were contacted and asked to provide their lowest price for the articles named above.

\_\_\_\_\_  
ORGANIZATION

\_\_\_\_\_  
BUYER

\_\_\_\_\_  
DATE