eliminating racism
empowering women
ywca

YWCA of Western Wayne County Head Start
Volunteer Screening Statement

It is the legal responsibility of all child care centers in Michigan to assess staff suitability (Administrative Rule R400.104(1) – Staff Suitability). In addition to asking current and perspective employee's questions related to any convictions and/or any history of substantiated abuse and neglect, additional screening measures will be used. These may include but are not limited to:

1. Observing interactions with children and/or adults.
2. Contacting several personal references.
3. Contacting several professional/work related references (peers and supervisory).
4. Reviewing employment histories and reasons for leaving.

Any person who has contact with the child must answer the following questions regarding substantiated abuse and convictions. This includes all volunteers including parent volunteers.

While this information will be kept confidential, the center is required to notify the Bureau of Regulatory Services division of Child Day Care Licensing should either of the circumstances addressed below be true.

1. Have you ever been convicted of an offense other than a minor traffic violation?
   _____ Yes _____ No

   If yes, please explain below.

2. Have you a history of substantiated abuse or neglect of children or adults?
   _____ Yes _____ No

   If yes, please explain below.

I certify that the answers herein are true and complete to the best of my knowledge.

I understand that not giving complete and truthful information may result in dismissal or not being able to work with children.

I authorize the investigation of all statements contained in this declaration.

I am aware that abuse and neglect of children is against the law. I have been informed of the agency's policies on child abuse and neglect. Following YWCA of Western Wayne County Head Start policies and procedures, I understand that, as a caregiver, I am mandated by law to report abuse and neglect of children to my local Department of Human Services within 24 hours.

Signed _____ Dated _____

Name of enrolled child if applicable _____