USAG Humphreys Youth Center

The Middle School & Teen (MST) program offers a range of positive options and environments that promote healthy development and ease youth transition to adulthood. MST programs encompass a variety of safe, supervised alternatives that:

- Promote positive attitudes and reinforce Army core values.
- Offer youth opportunities to feel competent.
- Empower youth to contribute to their community.
- Foster the development of life skills and avocations.
- Promote values associated with the pursuit of sports and recreational activities in adulthood.
- Enhance or reinforce educational skills and learning opportunities for youth.
- Reduce the likelihood of situations and behaviors that put youth at risk.
- Minimize parental lost duty time related to youth misconduct.

<u>The Youth Program</u>: The Youth program is designed for grades 6th-12th. The Youth Center is in partnership with Boys & Girls club of America (BGCA), 4H, and Character Counts. BGCA clubs include: Torch Club, Keystone, Journalism, and Computer Tech clubs. 4H clubs include: Photography, Art, Gardening and Cooking clubs. Other activities include Arts & Crafts, sports and fitness, academic support (Power Hour) and tutoring, field trips, and special events. Healthy Nutritious snacks are served daily at 15:30 and 16:30.

Hours of Operation

Operation Hours: (HPCON A - HPCON 0)

Monday - Friday 14:00 - 19:00

Saturday & Sunday CLOSED

*Activity day one Saturday a month (See event flyers for details)

The Youth Center will be closed on US holidays and will be closed on scheduled field trip days.

Cost

Free to register at the Youth Center Bldg. 6350 or call Parent Central for registration apt. at the Maude Hall, Bldg. 6400. Small fees may be required for special events and field trips.

You may contact us anytime at DSN (315) 755-1077 or Commercial 050-3355-1077. Please do not hesitate to stop by and visit us in bldg. 6350.

Parent Orientation Checklist

outh	n Name (First, Middle, Last)	Age	Grade
tials	Policy		
	Open Door Policy:		
	I understand that CYS/Youth Center has an open door policy and t	hat I may visit my youth at an	y time.
	Medication Policy:		
	I understand that CYS/MST personnel may administer medication	to my youth ONLY if he/she o	annot administer the medical
	AND if it meets the following criteria.		
	Medication card is filled out by parent and signed by Direct	ctor.	
	Non-prescription medication is on the approved list		
	3. Parent has administered the medication for the first 24 ho		of abarmaay time amount of
	Medication is in the original approved container labeled w dose and date.	ith name or physician, name o	or pharmacy, time, amount or
	5. Medication is unexpired.	-	
	Trip permission slips (Consent) Policy:	74	
	I understand that by initialing/ signing the permission slips for the s	pecial daily activities and for	out-of-town trips. I give my
	consent for my youth to be a participant for those activities. Youth		
	permission slip.		
	Payment Policy:	The same	
	I understand that all fees are due in advance prior to the date of the		
	Services in Bldg. 6400. I also understand that payments are due	by the advertised due date	I understand that youth will
	be allowed to attend until a full payment is made.		
	Program Hours of Operation:	Aller Comments of the Comments	
	MST Hours of Operation are as Posted with exception to special e		
	personnel will not be held liable for youth on premises prior to or at In the event of a special event requiring parent pick up (after 2230		
	hours. I understand that my emergency contacts, releases, employ		
	picked up by closing hours (special events). If no one is available t		
	exhausted, CYS/MST personnel are required to contact the MP's a		
	Child After Hours SOP available at the Youth Center for review		
	Youth Sign in & Out Policy:		
	I understand that MST youth may sign themselves in and out of the		
	deny youth in the program the right to sign out from the program a	gainst their will, FOR ANY RE	ASON.
	Emergency/Youth Release Policy:		
	I understand that the CYS/MST program will only release my youth	to the designees listed as er	nergency contacts, other tha
	the appropriate guardian. Additional designees must be presented	in WRITING by me or my spo	buse to CYS/MST personnel.
	Current Information Updating Policy:		
	I understand that I must keep all information current to include: hor emergency designee information and medical issues/concerns to e		
	Youth Code of Conduct:	ensure i cari be reached in the	e event or an emergency.
	I understand and have read the attached Youth Code of Conduct v	vith my youth	
	Annual Membership/Re-registration Policy:	narny your.	717-1-0
	I understand that I must re-register annually within the month I original	inally registered. No fees will	be charged
	Personal Property & Equipment Policy:		
	I understand that Camp Humphreys CYS/Youth Center is not resp	onsible of any personal prope	rty or equipment that is lost of
	stolen at the center or on any field trips. I also understand that I wil		
	CYS/Youth Center property caused by my youth.	•	
	Withdrawal Notice Policy:		
	I understand that I must out-process through Parent Central Se	rvices, before clearing this p	ost.
	I would like to have a formal Orientation.		
П			



Child and Youth Services Youth Program Registration & Sponsor Consent

Middle and High School Teens: It's so easy to enjoy CYS activities now! Just fill out this form (don't forget the back side), get your parent to sign it and then return it (scan, fax, email or deliver) to your local Youth Program (YP) or Parent Central Services. CYS staff will verify your registration telephonically with your parent or guardian within 5 working days of receipt of form. Here's a look at some opportunities CYS offers: dances, trips, classes, volunteer opportunities, homework assistance, up-to-date technology and internet access, place to meet friends, summer camps and more!

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3012, DoDI 6060.02, DoDI 6060.4, AR 608-10, and AR 215-1.

PRINCIPAL PURPOSE(S): To provide child and family program eligibility, background information and sponsor consent for access to emergency medical care.

ROUTINE USES: Information is furnished to the attending physician when it is necessary for an individual to be taken to a medical facility by someone other than the parent.

DISCLOSURE of requested information is voluntary, however, if information is not provided, individual(s) may not be allowed to participate in the CYS Program.

DECLARATION OF NONDISCRIMINATION

Services will be made available to all youth in attendance, without regard to race, religion, national origin, ancestry, or sex, within the limits of AR 608-10.

Please complete the below infor	mation. Parent will be contacted within	n five (5) days by a CYS sta	ff member to verify information.
YOUTH: Last Name	First Name		Gender
Grade School	DOB	Age	
SPONSOR: Last Name	First Name		Rank
Status	Specify if Other	Branch	
Unit/Employer	Unit/Employer Address		Zip Code
Installation	Work Phone	Cell Phone	
Home Phone	Mailing Address		Zip Code
On Post? Sponsor Prim	ary Email Address	Altern	ate
SPOUSE: Last Name	First Name		Rank
Status	Specify if Other	Branch	
Unit/Employer	Unit/Employer Address		Zip Code
Work Phone	Cell Phone	Home Phone	
Spouse Primary Email Address	Al	ternate	
EMERGENCY/RELEASE CONTACTS	S (Local adults, not parents, authoriz	zed to respond in an eme	ergency or locate parent):
1. Last Name	First Name	Work Phone	9
Cell Phone	Home Phone	Is this person autho	rized to pick-up youth?
2. Last Name	First Name	Work Phone	2
Cell Phone	Home Phone	Is this person autho	orized to pick-up youth?

IMCOM FORM 34, JUN 2019 IMCOM V2.00ES Page 1 of 2

authorized CYS representative to obtain media represents a serious or imminent threat to his made to notify me prior to such action and the be provided without additional consent under 1. Does your youth have any special neemedications, etc.)? YES NO (If yes 2. Can the use of photographs and/or viet by your youth be released to Media at 3. Can your youth be transported in a go 4. Does your youth have permission to a	ical/dental care for my youth is/her life, health, or wellbeine expense, if any, will be paid the provision of AR 40-3. Ids (asthma, allergies, ADHD, as, CYS will send you a Health Screedeo of your youth to include and/or used in CYS marketing overnment or commercial vehaccess CYS network, the inter-	nicle? YES NO
	·	ervices or Parent Central Services
I have reviewed the information on this form a	and to the best of my knowle	edge, the information is accurate.
Parent/Guardian Signature		Date
STAFF TELEPHONIC VERIFICATION Name of	verifying staff	Date
Name of verifying parent	Time	Special needs? YES NO
If yes to Special Needs, date Health Screening	sent to parent D	Pate returned Remarks
Date pass issued in CYMS Staff	Signature	
Name and initials of verifying staff Year 2_	Year 3_	Year 4
ANNUAL RE-REGISTRATION	If yes, explain:	
Year 2 Date Health Changes	YES NO	Parent Signature
Year 3 Date Health Changes	YES NO	Parent Signature
Year 4 Date Health Changes	YES NO	Parent Signature
We look forward to seeing you in our program in our Youth Programs. If you would like more Youth Program Information:	= :	drop by anytime to see the great things happening e of the numbers listed below: Parent Central Services Information:
Additional Information:		
of complete form. 2. CYS staff will validate registration form. If validation Services Director. Youth guest membership will be cancel. 3. Once registration is validated (and, if required, Health	is not completed within 5 working elled if the parent is not available to Screening Tool is completed and re	

IMCOM FORM 34, JUN 2019 IMCOM V2.00ES Page 2 of 2

5. To enroll in a team or individual sports program, a sports physical is required in addition to this registration. Sports fees may also apply.

permission must be granted before a youth is allowed to participate.



DEPARTMENT OF THE ARMY INSTALLATION MANAGEMENT COMMAND HEADQUARTERS, UNITED STATES ARMY GARRISON HUMPHREYS UNIT #15228 APO AP 96271-5228

IMHM-MWC

11 February 2020

CHILD AND YOUTH SERVICES (CYS) STANDING OPERATING PROCEDURE (SOP) STANDARD OF CONDUCT FOR THE YOUTH CENTER

SUBJECT: Standard of Conduct for the Youth Center

- 1. PURPOSE: To establish guidelines for disciplinary actions (including suspension and expulsion) of youth in CYS programs.
- 2. REFERENCE: AR 608-10, Child Development Services.
- 3. SCOPE: This SOP applies to all CYS employees, contractors, volunteers and patrons working with youth in any CYS programs.
- 4. POLICY: Staff (employees, contractors and volunteers of CYS) will apply positive approaches to managing behavior with youth participants including reinforcement of acceptable behavior. Staff will ensure that youth and parents are aware of the rules and consequences of serious infractions and apply the rules consistently.
- a. During moderate discipline problems that do not endanger the safety and welfare of themselves or other youth, CYS staff will:
- (1) Initially speak with the youth, explain the nature of the problem and reinforce the expectations of acceptable behavior.
- (2) If speaking to the offender is not effective, staff may implement a cool-down period.
- (3) If routine discipline problems persist, the Program Director or Assistant Director will meet with the youth and determine the appropriate discipline based on the infractions chart. Parents will be contacted and the incident will be documented.
- (a) Consequences may include, but are not limited to, suspension or expulsion from any or all CYS programs.
- (b) The documented incident will be signed by the Program Director, youth, and parent(s); and a copy will be maintained in the youth's file.
- b. During serious infractions, staff will deal with immediately and in accordance with the CYS infractions Chart (attached). CYS staff will:

- (1) Remove youth from other participants to ensure safety and welfare of others in the program.
 - (2) Notify the Program Director and call the youth's parent(s) immediately.
 - (3) The Program Director will take the appropriate action and document action taken.
- 5. Food and drinks will not be taken into the eSports area, or the Technology Lab. All litter will be placed in trash receptacles.
- 6. Equipment will be checked out and returned by the same individual. CYS staff will control issue of equipment for individual use through a check-out system; a sign-out sheet or CYMS will be used for this purpose.
- 7. Misuse of equipment and/or furnishings, failure to return property, or encouraging such actions will not be tolerated. CYS members who damage or deface equipment and furnishings or fail to return property will be held accountable for it.
- 8. Respecting the authority of CYS staff members and adult volunteers will be practiced at all times. Failure to do so may result in disciplinary action (see infractions chart).
- 9. Public displays of affection while in CYS facilities or while participating in CYS sponsored activities is not permitted beyond what is proper and appropriate (examples of inappropriate public displays of affections include, but are not limited to, intimate kissing, caressing, or similar expressions of intimacy).
- 10. Military and other unauthorized personnel (non-members) are not allowed at Youth Center functions. Exceptions will be made for official duty purposes, parents, and volunteer staff members attending or assisting on-going CYS programs.
- 11. Personal appearance of youth will be in good taste in accordance with CYS dress code. Members not dressed appropriately will be asked to leave the facility.
- 12. CYS Staff may choose to uphold school suspensions or any other community disciplinary actions.
- 13. Program Directors reserve the right to modify consequences based on a number of factors including, but not limited to, the youth's development level, special needs, and other extenuating factors.
- 14. Any other behavior, not covered in this SOP, which adversely affects the CYS programs or participants, as determined by the Program Director will not be tolerated.

USAG HUMPHREYS YOUTH					
SERVICES MODERATE INFRACTION CHART					
INFRACTION 1 ST OFFENSE 2 ND OFFENSE 3 RD OFFENSE					
Profanity & Disrespect	Verbal Warning	Parent Notification	One day to one week suspension depending on severity.		
			*Youth cannot return until parents meet with the Program Director		
Lying	Verbal Warning	Parent Notification	One day to one week suspension.		
			*Youth cannot return until parents meet with the Program Director		
Cheating	Verbal Warning	Parent Notification	One day to one week suspension. *Youth cannot return until parents meet with the Program Director		
Ignoring Safety Rules	Verbal Warning	Parent Notification	One day to one week suspension. *Youth cannot return until parents meet with the Program Director		

	USAG HUMPI	HREYS YOUTH	
		VICES	
INICOACTION	The state of the s	RACTION CHART	- DD
INFRACTION	1 ST OFFENSE	2 ND OFFENSE	3 RD OFFENSE
Confirmed Vandalism via (CCTV)	Immediate Suspension (with parent notification)	Expulsion	No third chance
* 128	*Illegal activity will be reported to the MPs and Command. Suspension is dependent on outcome of investigation		
Stealing	One week to one month suspension. *Youth cannot return until parents meet with the Program Director	One month to Six months suspension, depending on severity. *Youth cannot return until parents meet with the Program Director	Expulsion
Fighting	One week to one month suspension. *Youth cannot return until parents meet with the Program Director	One month to Six months suspension, depending on severity. *Youth cannot return until parents meet with the Program Director	Expulsion
Threats	One day suspension. Immediate parent notification	One week suspension. *Youth cannot return until parents meet with the Program Director	Expulsion

Inappropriate Public Displays of Affection	Warning to youth(s) and parent notification	One day to one week suspension. *Youth cannot return until parents meet with the Program Director	Three month suspension. *Youth cannot return until parents meet with the Program Director
Weapons	Immediate Suspension *Illegal activity will be reported to the MPs and Command. Suspension is dependent on outcome of the investigation	Expulsion	No third chance
Alcohol/Drugs	Immediate Suspension *Illegal activity will be reported to the MPs and Command. Suspension is dependent on outcome of investigation	Expulsion	No third chance
Bomb Threats	Immediate suspension. *Illegal activity will be reported to the MPs and Command. Suspension is dependent on outcome of the investigation	Expulsion	No third chance

SUBJECT: Standing Operating Procedure (SOP) Standard of Conduct for the Youth Center

15. Point of Contact is the undersigned at 755-2693 or tiffany.m.harris14.naf@mail.mil

TIFFANY M. HARRIS Coordinator, Child and Youth Services

I acknowledge that I have read the above memo and attached Infraction Chart and understand the Standard of Conduct Policy for the Youth Center.

Parent Name	Signature	Date
Youth Name	Signature	Date



USAG Humphreys CYS Youth Technology Center (YTC) Internet/Wi-Fi Acceptable Use Policy (AUP) and Parent Permission Form



Child/Youth Name (Pri	int):

- 1. The USAG Humphreys Youth Technology Centers provides filtered access to the Internet via a Wi-Fi network. Children/Youth are allowed to utilize the Wi-Fi network after providing written parent/guardian permission to the Center and completing the required Technology Awareness Training.
- 2. Children/Youth who have provided signed parent or legal guardian permission forms and have completed the required Technology Awareness Training agree to comply with all provisions of this policy, to include random and select monitoring.
- 3. Access to the CYS wireless network is a privilege, not a right, and is expected to be always used appropriately.
- a. All children/youth using the CYS Youth Technology Center (YTC) and/or accessing Wi-Fi must abide by all YTC rules.
 - b. Wi-Fi access codes issued by Center staff must be kept confidential.
- c. Children/Youth must be respectful. Abusive and/or inappropriate messages should never be sent to anyone.
- d. Cyber-bullying is considered harassment. Cyber-bullying is the use of any electronic communication device to convey a message in any form (text, image, audio, or video) that intimidates, harasses, or is otherwise intended to harm, insult, or humiliate another in a deliberate, repeated, or hostile and unwanted manner. Child/Youth will refrain from using personal communication devices or CYS property to cyber-bully one another. Cyber-bullying may include but is not limited to:
 - 1. Spreading information or pictures to embarrass.
 - 2. Heated, unequal arguments online that include making rude, insulting, or vulgar remarks.
 - 3. Isolating an individual from his or her peer group.
 - 4. Using someone else's screen name and pretending to be that person.
 - 5. Forwarding information or pictures meant to be private.
- e. Users must abide by copyright laws. CYS accepts no responsibility for any illegally downloaded or inappropriately used software or other copyrighted material (e.g. audio, video, graphics/images, printed documents, etc.) installed on personal devices while using the CYS network.
- f. Child/Youth must keep all personal information private. Personal information should not be shared with others via the Internet.



USAG Humphreys CYS Youth Technology Center (YTC) Internet/Wi-Fi Acceptable Use Policy (AUP) and Parent Permission Form



- g. Defamatory, inappropriate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, illegal material, or information that encourages the use of controlled substances or the use of the system for the purpose of inciting crime should not be accessed.
- h. Vandalism of the network and/or equipment (i.e. creating or purposely uploading an infected file) is prohibited.
- i. Child/Youth must report to an adult any material posted online that makes them worried that someone else might be in danger or might cause harm to others.

Child/Youth User:

Printed Name:

By signing below, I acknowledge that I have read, understand, and will abide by the USAG Humphreys CYS Youth Technology Center Internet/Wi-Fi Acceptable Use Policy for accessing a government network using my personal communication device(s) or handheld device provided by CYS and will use the Internet in a manner that is safe and responsible. I understand that any violation of the AUP may be unethical and illegal. If I commit any violation, my access privileges may be revoked and disciplinary action and/or appropriate legal action may be taken.

Signature:

Date:

- III.tea Haiile		Batto
Parent/Guardian:		
As the parent or guardian of (name USAG Humphreys CYS Youth Te Policy. I understand that CYS has access to the Internet. A filter is bealso recognize that it is impossible materials, and I will not hold CYS hereby give permission for the chi	chnology Center Internet, taken all reasonable pre- eing utilized to limit acces of for CYS to restrict acces responsible for materials	Wi-Fi Acceptable Use cautions to ensure safe s to questionable material. I ss to all controversial acquired on the network. I
Parent/Guardian Name:	Signature:	Date:



USAG Humphreys CYS Youth Technology Center (YTC) Internet/Wi-Fi Acceptable Use Policy (AUP) and Parent Permission Form



I understand the AUP and that any violation of the rules and regulations can be a violation of local and Federal laws. Should the Child/Youth commit any violations, their privileges may be revoked, disciplinary action may be taken, and/or appropriate legal action may be taken.

I also understand that the below log will be maintained for any breakage, user issue or violation that occurs and that the Child/Youth's Parent/Guardian will be notified of each occurrence and action taken by Center Staff.

Child/Youth Signature: Signature:		nature:	Date:	
Parent/Guardian Signature:		:	Date:	
DATE	ITEM	ISSUE/VIOLATION	REPORTED BY	ACTION TAKEN
DITTE	112.00	1000E/VIOE/VIION	KEI SKIED DI	7.011014 17.II.Z.IV

. .

Name of Child (Last Name, First Name, Middle Initial):

Print Name(s)

ASSUMPTION OF RISK AND RELEASE.

I/We, the undersigned, certify that the above named child is in good physical health and able to participate in all activities of the Hawai'i 4-H Youth Development Program from September

August

I/We further understand that the University of Hawai'i does not provide medical or liability insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the Hawai'i 4-H Youth Development Program.

I/We understand that participation in the Program is voluntary. In giving this consent, I/We understand that there are unavoidable and unforeseen risks in participating in the Program. I/We also acknowledge and have independently reviewed and assessed the risks. Knowing these risks, and in consideration of my child's participation, I/We agree, individually, and on behalf of my heirs, successors and personal representative(s) to assume all of the risks and responsibilities associated with my child's participation in the Program.

Signature of Parents/Guardian(s)		 Date	8
Print Name(s)	7,37		

MEDIA RELEASE

I/We give the University of Hawai'i College of Tropical Agriculture and Human Resources (CTAHR), National 4-H Council, 4-H Cooperative Extension Service, USDA/CSREES, 4-H clubs and programs, its nominees, agents, and assigns, unlimited permission to use, publish and republish for purposes of advertising, public relations, trade or any other lawful use, the right to utilize any media of or by me, including but not limited to photographs, video or audio of me (and/or my property), or any written or electronic end product created by me as a result in my participation in any 4-H project or event. Use includes but is not limited to posting it on the CTAHR website. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs, video, or audio and agree that any uses described herein may be made without compensation or additional consideration of me.

I also give the above fore-mentioned parties the right to utilize information I provide in any of their evaluation reports and exhibit this work publicly or privately. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

Signature of Parent (if participant is under 18 years of age)		Date	1 00

MI



NAME: LAST				FIRST		
BIRTHDATE:/	TE: _ / / CONTACT PHONE:		ONE:	EMAIL:		
FAMILY'S CURRENT (If Any- Please check all ACTIV	that apply)	Y AFFILIATIO RESERVE	N GUARD			
ARMY AIR FORCE NAVY MARINES COAST GUARD				-		
MAILING ADDRESS;						
STREET PHYSICAL ADDRESS:				CITY	1.00	Z.JP
STREET				CITY		ZIP
SEX*: FEMALE MALI						
ON A FARM RURAL AREA OR TOWN UNDER 10,000 TOWN OR CITY OF 10,000 TO 50,000 SUBURB OF CITY OVER 50,000 CITY OVER 50,000				RACE*: WHITE HISPANIC BLACK ASIAN PACIFIC AMER IND OTHER(S) HAWAIIAN		
GRADE:	SCHOO	DL:				
NAME OF 4-H CLUB OR GROUP:						
NAME OF LEADER/AD	VISOR:			*		
PROJECT TO BE CONDUCTED: (See list on last page) CODE NAME				LEADERSHIP POSITIONS HELD: (check if applicable) JR. LEADER TEEN LEADER CLUB OFFICER COUNCIL/FEDERATION OFFICER COUNCIL/FEDERATION COMMITTEE CHAIR OTHER		
I agree to attend and participate in meetings and complete my projects				I approve, and will have my child attend meetings and complete projects.		
Signature of Youth:				Signature of Parent/Guardian:		

^{*} This information is needed for reporting purposes only. Hastait Conpensative Extension Service Activities and employment opportunities are available to all people Regardless of race, color religion, sex, age, national origin, bandicap, or political affiliation.