



## CYO COACH CLEARANCE PACKET

Holy Family Parish and Holy Family School strictly adhere to the policies set by the Diocese of Allentown and the State of Pennsylvania.

**Please save all usernames and passwords you create when logging into these sites. You may need them to log back in. Please DO NOT TURN IN Partial packets.**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Child Abuse Clearance:

To obtain a Child Abuse clearance go to: [www.compass.state.pa.us/cwis/public/home](http://www.compass.state.pa.us/cwis/public/home)

**Volunteers:** We can accept a Child Abuse clearance you have already obtained if it is dated within five years. Child abuse clearance fees for volunteers will continue to be waived one time every 57 months.

### State Police Criminal Record Check (PATCH)

To obtain this clearance go to: <https://epatch.state.pa.us/Home.jsp>

**Volunteers:** We can accept a PA State Criminal History Check you have already obtained if it is dated within five years. Volunteers can obtain a record check for free.

### FBI Criminal "DHS" Background Fingerprint Check

Complete the attached Diocese of Allentown Background Check Authorization Form. Fingerprinting instructions are attached. When registering, use service code 1KG6ZJ. Request a payment code from your Safe Environment Coordinator. We can accept a DHS fingerprint you already have if it is dated within one year and was processed under the correct service code.

Please retain the receipt you are given when you are fingerprinted until you receive your results. **After fingerprinting you will receive your "unofficial results" via email. You get ONE chance to open and view these results so be prepared to print them immediately or take a screen shot of it. After this you have to wait for the "official" results to arrive in the mail.**

**In addition, after fingerprinting you will receive your "unofficial results" via email. You get ONE chance to open and view these results so be prepared to print them immediately or take a screen shot of it. After this you have to wait for the "official" results to arrive in the mail.**

### NSOR (National Sex Offender Registry) Clearance

To obtain this clearance fill out the attached form and mail or email it in. It will take a few weeks to receive the actual clearance in the mail. Once received, provide a copy to the Safe Environment Coordinator.

**Signed Coaches Code of Conduct:** See attached

### 4 Signed Acknowledgement Forms for:

#### Diocesan Code of Conduct, Sexual Abuse Policy, Child Protective Services Law and Social Media & Electronic Communications Policy

Go to: <https://www.holyfamilynazarethpa.com/safe-environment> to read the policies. Sign and return the attached acknowledgement forms. A copy of the Child Protective Services Law Policy is attached for your reference.

**Protecting God's Children Training Session:** See attached instructions. Please provide a copy of your completion certificate. If you have already attended a session you do not need to do it again.

Approximate Date: \_\_\_\_\_ Location: \_\_\_\_\_

**Mandated Reporter Training:** See attached instructions. There are two options listed for completing the Mandated Reporter Training. You either do the Zoom session through PA Family Support Alliance or the self led training through the University of Pittsburgh. Do one or the other; not both. Must be completed every 5 years. Please provide a copy of your completion certificate.

**Concussion Training Completion Certificate:** Print email confirmation or certificate upon completion.

Go to: <https://www.sportsafety.com/cardiacwise-pats/#concussionwise>

**Sudden Cardiac Arrest Training Certificate:** Print email confirmation or certificate upon completion.

Go to: [Sportsafety.com/cardiacwise-pats](https://www.sportsafety.com/cardiacwise-pats)

If you have any questions please email me at [hfp23@rcn.com](mailto:hfp23@rcn.com) or call (610) 759-0870. Thank You for Your Time and Cooperation, ~ Florinda Meli, Safe Environment Coordinator



**DIOCESE OF ALLENTOWN**  
OFFICE OF CATHOLIC HEALTH,  
HUMAN SERVICES, AND YOUTH PROTECTION  
OFFICE OF THE SECRETARY  
POST OFFICE BOX F  
ALLENTOWN, PENNSYLVANIA 18105-1538

**Background Check Authorization Form**

Have you resided in the State of Pennsylvania for more than a year?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Does position require interaction with children? Yes \_\_\_\_\_ No \_\_\_\_\_

UEID \_\_\_\_\_

Location Type:

☐ Parish

☐ School

☐ Both

Diocesan Position:

☐ Contractor

☐ Employee

☐ Priest

☐ Religious

☐ Teacher

☐ Volunteer

**PERSONAL INFORMATION - PLEASE PRINT**

Full Name \_\_\_\_\_  
Last First Middle

☐ Female

☐ Male

Alias(es) \_\_\_\_\_  
Last First Middle

Race \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mm dd yyyy

Social Security Number \_\_\_\_\_  
Employees Only

Current Address: \_\_\_\_\_  
Street Address Apartment Number

City State Zip Code

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Diocesan Location \_\_\_\_\_  
Site Name (IE St. Joseph) City (Bethlehem)

**ACKNOWLEDGEMENT SIGNATURE**

*I hereby grant the Diocese of Allentown permission to complete a Criminal Background Check, to conduct a social security number verification, FBI fingerprinting and to complete a Motor Vehicle Check, if applicable. I consent to the Diocese following these procedures, making these inquiries and sharing this information with another Roman Catholic Diocese, as necessary.*

Signature

Date

\* Forward completed form to your Local Safe Environment Coordinator, or Janice Woolley, Audit & Training Supervisor, PO Box F, Allentown PA 18105.

\* Parish /School must retain a copy of this completed form in the employee/volunteer's file.



# PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE

## DIOCESE OF ALLENTOWN

### Instructions to Obtain Fingerprints for Church Volunteers and Employees

Go to the registration site: <https://uenroll.identogo.com/>

Enter your Service Code to get started

- **Volunteer – 1KG6ZJ for DHS Volunteer**

#### Select Schedule or Manage Appointment.

##### During registration:

- You will be required to enter your personal information.
- Information marked with a red asterisk (\*) is required.
- To receive a copy of your receipt by email, you must enter your email as your preferred form of contact. If you do not enter an email, no receipt will be sent to you.
- You will be asked to fill in Employee Information, please enter  
**Employee Name:** Diocese of Allentown  
**Country:** United States  
**Address Line 1:** PO Box F  
**Address Line 2:** - leave blank-  
**City:** Allentown  
**State:** Pennsylvania **Postal Code:** 18105-1538
- You will be asked if your mailing address is the same as your residential address, please select **NO**  
**When the mailing address comes up, please enter, PO Box F, Diocese of Allentown, Allentown PA. 18105. Please enter your home address in the residential address area.**

Payment Code

- You will be asked to enter your authorization/coupon/payment code (included on above label). The first 5 digits of the code should correspond to the service code that you used to start the registration process (in yellow above).
- Once you have finished entering your information, you can choose a fingerprint location by zip code. Select an appointment time and schedule your fingerprints.
- Print a copy of the confirmation to take with you to fingerprinting appointment AND for your records.
- At the time of your appointment you will receive a printed receipt, please give a copy to your location, keep the original for your files.
- An unofficial copy of your results will be sent to your email address, unless you don't have one. Your unofficial results are only available once, through a one-time use link. **Do NOT login with your phone** because the system doesn't allow letters pulled via mobile devices but it does count as your single login. Only use the link provided by Identogo when you are on a computer and have the ability to save and print it. Please keep this copy (either from email or regular mail) for your records.

**PLEASE KEEP THESE INSTRUCTIONS FOR REFERENCE**

## APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child care setting where child care is occurring.
- Any individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child care provider, group day-care home or family child care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to: [RA-PWNSOR@pa.gov](mailto:RA-PWNSOR@pa.gov) In the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith); **OR**
3. Hand deliver to the Clearance Verification Unit lobby located at: 5 Magnolia Drive, Harrisburg, PA 17110 (Hillcrest Building number 53). Free parking is available in Lot C.

- Processing time is fourteen days from the date the application is received.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- There is no fee for the National Sex Offender Registry verification letter.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

### Purpose of the National Sex Offender Registry Verification (Check one box only)

- ☐ Individual 18 years or older residing in the facility where child care is occurring.
- ☒ Individual working for a Regulated Child Care Provider.
- ☐ Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- ☐ Volunteer of a child-care provider, group-daycare home or family child care home.

### Applicant Demographic Information (All fields required)

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number (XXX-XX-XXXX): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Daytime Phone Number (XXX-XXX-XXXX): \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Include full street address, (Apt # or PO Box if applicable),

City, State and Zip Code

E-mail Address: \_\_\_\_\_

I affirm 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 per Section 4904 of the Pennsylvania Crimes Code.

Signature: \_\_\_\_\_

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

## Coaches Code of Conduct

*With Almighty God as my witness, I hereby pledge to abide by the following Contract/Covenant:*

- ❖ I will remember that I am a role model as a Christian and a good citizen for my participants, and as such I will always conduct myself in a mature manner, exercise good sportsmanship and always play by the rules in spirit and in word.
- ❖ I will foster an environment where all children will be given the ability to play and develop skills. I will do all in my power to discourage a “win at all costs” attitude.
- ❖ I will treat each participant as an individual, remembering the potential difference in emotional and physical development for the same age group.
- ❖ I will strive to remove all avoidable perils of competition by the application of intelligent and thoughtful cooperation with other coaches, officials, participants and spectators.
- ❖ I will lead by example in demonstrating fair play and sportsmanship to all my participants.
- ❖ I will do my best to organize practices that are fun and challenging for all my participants.
- ❖ I will ensure that I am knowledgeable in the rules of each activity I coach, and I will teach these rules to my participants.
- ❖ I will use those coaching techniques appropriate for each of the skills I teach.
- ❖ I will remember that I am a youth coach and that the activity is for the children and not adults.
- ❖ I promise to review and practice the necessary first aid principles needed to treat injuries to my participants.
- ❖ I will not question any official’s decision. I will direct all my concerns to the District Commissioner.
- ❖ I will refrain from using profane, obscene or vulgar language at all times.
- ❖ I will not foster nor tolerate my participants using unnecessary and unChristian tactics against opposing participants **or own teammates**. I will uphold the spirit of Christian sportsmanship. I will not look for loopholes in rules and ways to exploit such in word, deed or omission.
- ❖ I will reinforce and encourage a Christian environment and experience not only by my conduct, but by instructing parents and spectators about proper conduct when needed, and to support all official actions against disruptive and/or inappropriate behavior.
- ❖ I will use the activity for the welfare and character building of all participants, not for my own personal gain or satisfaction.
- ❖ I will not be guilty of personal verbal abuse or physical attack upon any participant, opposing coach, official or spectator for any real or imagined wrong decision or judgment.
- ❖ I will keep my personal opinions of any participant, coach, official or spectator out of public discussion during the activity. In an attempt to maintain and foster a Christian environment after said game. I will refrain from said comments immediately after the game. I understand that I am free to express my personal comments, opinions etc. at appropriate times and places.
- ❖ I will not be guilty of gestures indicating objection to decisions by officials or coaches such as throwing equipment or any other forceful action. Furthermore, I will not tolerate said behavior among my participants, assistant coaches and fans.
- ❖ I will respect the property of another team and the facility being used for the activity.

Violation of the Code may result in a minimum penalty of removal from a game or a maximum penalty of an indefinite suspension from all Diocesan CYO Programs. Suspension from any program within the Diocese will also result in simultaneous suspension from all Diocesan Youth Programs. A temporary suspension may be imposed upon a coach for egregious violations while the matter is justly investigated. Violations are subject to review OYYAM.

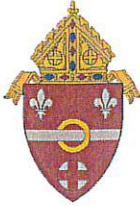
---

Coach’s Printed Name and Signature

---

Date





**DIOCESE OF ALLENTOWN**  
OFFICE OF CATHOLIC HEALTH,  
HUMAN SERVICES, AND YOUTH PROTECTION  
*OFFICE OF THE SECRETARY*  
POST OFFICE BOX F  
ALLENTOWN, PENNSYLVANIA 18105-1538

**ACKNOWLEDGMENT/CERTIFICATION**  
**DIOCESE OF ALLENTOWN**  
**POLICIES AND PROCEDURES REGARDING 2022 CODE OF CONDUCT**

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Code of Conduct. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Code of Conduct or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Code of Conduct and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

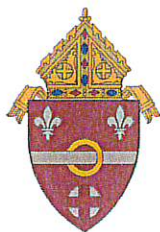
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Clergy/Religious/Employee/Volunteer

\_\_\_\_\_  
Location

\_\_\_\_\_  
Printed Name

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,  
ALLENTOWN, PENNSYLVANIA 18102



**DIOCESE OF ALLENTOWN**  
OFFICE OF CATHOLIC HEALTH,  
HUMAN SERVICES, AND YOUTH PROTECTION  
*OFFICE OF THE SECRETARY*  
POST OFFICE BOX F  
ALLENTOWN, PENNSYLVANIA 18105-1538

**ACKNOWLEDGMENT/CERTIFICATION**  
**DIOCESE OF ALLENTOWN**  
**2022 POLICIES AND PROCEDURES REGARDING ALLEGED SEXUAL ABUSE**

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Alleged Sexual Abuse. I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion.

I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Alleged Sexual Abuse or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Sexual Abuse and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

\_\_\_\_\_  
Date

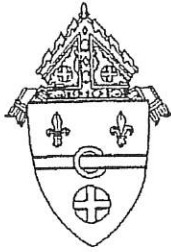
\_\_\_\_\_  
Signature of Clergy/Religious/Employee/Volunteer

\_\_\_\_\_  
Location

\_\_\_\_\_  
Printed Name

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,  
ALLENTOWN, PENNSYLVANIA 18102

\_\_\_\_\_  
ALLENTOWNDIOCESE.ORG | AD-TODAY.COM  
Revised 1/31/2024



**DIOCESE OF ALLENTOWN**  
**Child Protective Services Law Policy**  
**Acknowledgment Form**

I hereby acknowledge that I have received a copy of the Diocese of Allentown's Child Protective Service Law Policy.

I have reviewed the Child Protective Services Law Policy and understand its contents, and the process that I must complete if I have reasonable cause to suspect that a child has been subjected to child abuse or acts of child abuse.

I further understand that the Diocese of Allentown has issued the Child Protective Services Law Policy for informational or guidance purposes only and that the Diocese does not intend for the Policy to create a contract or any type of binding obligation on the Diocese. The Diocese of Allentown may periodically review the Child Protective Services Law Policy, and it reserves the right to amend or interpret the Policy as it deems appropriate in its sole discretion. A copy of this acknowledgment form shall be placed in my personnel or volunteer file.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Employee/Volunteer)

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
Location (Parish/School/Office)

\_\_\_\_\_  
City





**DIOCESE OF ALLENTOWN**  
OFFICE OF CATHOLIC HEALTH,  
HUMAN SERVICES, AND YOUTH PROTECTION  
*OFFICE OF THE SECRETARY*  
POST OFFICE BOX F  
ALLENTOWN, PENNSYLVANIA 18105-1538

**ACKNOWLEDGMENT/CERTIFICATION DIOCESE OF ALLENTOWN  
POLICIES AND PROCEDURES REGARDING 2022 SOCIAL MEDIA AND  
ELECTRONIC COMMUNICATIONS**

I acknowledge and certify that I have received or have been given access to the Diocese of Allentown's Policies and Procedures Regarding Social Media and Electronic Communications.

I understand that the Diocese of Allentown may amend or modify these Policies and Procedures from time to time in its sole discretion. I further acknowledge and certify that it is my responsibility to carefully read these Policies and Procedures and to abide by and comply with them at all times. My signature below acknowledges and certifies that I have either read the Policies and Procedures Regarding Social Media and Electronic Communications or have attended a training presentation conducted by the Diocese of Allentown explaining these Policies and Procedures, as well as my responsibility to comply with them.

I acknowledge and certify that I have had an opportunity to ask questions with respect to the Policies and Procedures Regarding Social Media and Electronic Communications and have been made aware of who to contact in the event that I have any future questions or concerns in this regard.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Clergy/Religious/Employee/Volunteer

\_\_\_\_\_  
Location

\_\_\_\_\_  
Printed Name

OFFICE ADDRESS: 1515 MARTIN LUTHER KING JUNIOR DRIVE,  
ALLENTOWN, PENNSYLVANIA 18102

\_\_\_\_\_  
ALLENTOWNDIOCESE.ORG | AD-TODAY.COM  
Revised 1/31/2024




**DIOCESE OF ALLENTOWN**  
OFFICE OF CATHOLIC HEALTH,  
HUMAN SERVICES, AND YOUTH PROTECTION  
*OFFICE OF THE SECRETARY*  
POST OFFICE BOX F  
ALLENTOWN, PENNSYLVANIA 18105-1538

**Instructions to Obtain PGC Certificates**

**Protecting God's Children Program (PGC)**

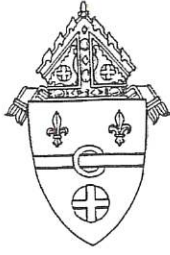
The Protecting God's Children™ program is a virtual training that includes videos and question and answer segments. All clergy, employees, or volunteers who interact with children are required to attend. Currently Protecting God's Children is once and done.

1. Please visit <https://www.virtusonline.org/virtus/>
2. Select the **"First-Time Registrant"** button
3. Select  **"Begin the registration process"**
4. Using the dropdown arrow select **"Allentown, PA (Diocese)"**
5. Click **"yes or no"** if you have previously registered with Virtus. Select **"No"** if you are not sure.
6. Create a username and password, please keep these for future trainings
7. Please fill in all **\*items**. Do not select **"No Email,"** you must have an email address to do the virtual training.
8. Please select the primary location you will be volunteering/employed  
**Please select at least one primary role you perform at this location**  
**Please select any additional roles you perform at this location**  
**Please enter your actual title or position of service**
9. Select **"Yes"** if you are associated with any other diocesan locations, **"No"** if you are not.
10. Please answer the four questions on the next page, by selecting **"Yes" or "No"**
11. Please print and read the documents on the next page, **select "I have read and understand this document", fill in your name and the date, select continue.**
12. On the next page **Select "Online Training" or "Online Spanish Training,"** then click the **"Continue Button"**
13. Have you already attended a VIRTUS Protecting God's Children Session? select **"Yes" or "No"**
14. If you selected **"No"** please select the training you'd like to take (English or Spanish).
15. Your home page will open, please click on **You have 1 online module assigned**, to start your training.
16. Thank you for registering for Virtus Online.
17. Upon completion, please sign out. After 72 hours sign back in to your account and print or take a picture your certificate and give to your supervisor or Local Safe Environment Coordinator. Certificate can be found under training history.
18. The following roles will be assigned monthly online readings on the Virtus website:

Priests	Deacons	Seminarians	Principals	K of C with Squire Programs
DRE/CRE	LSEC	Coaches	Youth Ministers	Prep/CCD Teachers
Employees	Teachers			







**DIOCESE OF ALLENTOWN  
SECRETARIAT FOR CATHOLIC HEALTH,  
HUMAN SERVICES AND YOUTH PROTECTION  
Post Office Box F  
Allentown, Pennsylvania 18105-1538**

**Instructions to Obtain Mandated Reporter Certificates**

**Mandated Reporter Training**

The Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania Online Training course is available online. All clergy, employees, or volunteers who interact with children are required to attend. Mandated Reporter Training expires every 5 years. Please keep you login information for future trainings.

**1. Pa Family Support Alliance website: <https://pafsa.org/>**

- a. Click on "Trainings & Programs" at the top of the page
- b. Select "Mandated Reporter Training"
- c. Scroll down the page until you see  
"Upcoming Virtual Sessions at no cost"
- d. Look for Virtual Sessions in (month), (click here)
- e. Select a date and time that works for you
- f. Fill in all the required boxes marked with \* (an asterisk)
- g. Select "Register"
- g. You will receive an email with information and the Zoom link. The timeline varies with each instructor.
- h. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

**2. University of Pittsburgh's website:**

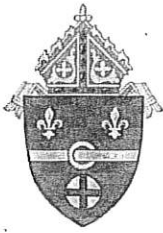
**<https://www.reportabusepa.pitt.edu/PublicStudentSignUp.aspx>**

- a. Fill out all required information (blue fields) to create an account.
- b. Click "Submit" to create a username and password.
- c. Login using your new credentials in the "Welcome" tab.
- d. Complete the 3-hour (minimum) training course.
- e. Upon completion, please print or take a picture of your certificate and give to your supervisor or Local Safe Environment Coordinator.

Complete only one of these trainings. Not both.



\* You keep this page.



# Child Protective Services Law

All persons (including volunteers) who come into contact with children at any time in the course of their work **are considered mandated reporters of child abuse** and are required by State Law to report to law enforcement authorities all cases of suspected child abuse.

Any person who willfully fails to report child abuse commits a crime and is subject to prosecution.

Persons having reasonable cause to suspect that a child has been subjected to child abuse, or acts of child abuse, shall report immediately to the following:

- If you suspect a child is in imminent danger from abuse,  
**PLEASE CALL 911 IMMEDIATELY.**
- Please call the Child Abuse Hotline (24-hour): **1-800-932-0313**
- Please also complete the CY 47 form available from the County Children & Youth Services. It is to be filed within 48 hours of your call. The form is available for completion online at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis) or you may fax or mail the form to the appropriate Office of Children and Youth.
- Please call the Appropriate Office of Children and Youth Services:

Berks	610-478-6700	Bucks	215-348-6950
Carbon	570-325-3644	Luzerne	570-826-8710
Lehigh	610-782-3064	Monroe	570-420-3590
Northampton	610-829-4690	New Jersey	877-652-2873
Schuylkill	570-628-1050	Montgomery	610-278-5800
- The Pastor (or Board of Pastors of the Regional School )
- The Principal of the school
- Attorney Joseph A. Zator at 610-432-1900; please forward a copy of the CY-47 to Attorney Zator.
- If abuse occurs in a school setting, there may be additional reporting requirements. Please see your Principal. If the suspected perpetrator is the Principal, then see your Pastor, or the Superintendent of Education for the Diocese.

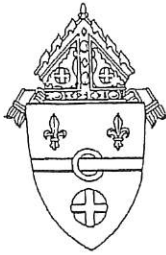
**\*\*Please document who you spoke to and when**

Anyone making a report is immune from civil or criminal liability provided a report is made in good faith.

**The Diocese of Allentown urges any questions  
about the interpretation of the law be resolved in favor of reporting.**

Revised 05/25/2018

\*You keep this page.



## DIOCESE OF ALLENTOWN

### FLOW CHART FOR MANDATED REPORTERS (Call 911 if the child is in imminent danger)

