



## CONFIDENTIALITY POLICY

Children in foster care and their families have the right to have information maintained about them, by the agency, kept confidential. That information must be held in confidence by **all** involved in their care and treatment.

Saint Francis Community Services staff will disclose information only on a "need-to-know" basis and that will assist in planning and caring for the child. Included in this information may be assessments and explanations of the child's behaviors and problems that will aid in the care of the child. Also included may be information pertaining to the child's birth family, such as reasons for placement, names of parents, siblings, and other relatives of the child.

Information received from Saint Francis Community Services staff, other professionals involved with the child, directly from the child or his/her family, is **Confidential**. It is important that resource families only share this information with Saint Francis Community Services staff or other professionals directly involved with the care and treatment of the child and family.

The law mandates that the child in foster care has a right to privacy. Information about them will not be discussed with other relatives, friends, neighbors, or others not directly involved in the care and treatment of the child.

It is important to remember that meaningful, constructive, and necessary information will need to be shared with Saint Francis Community Services staff and other professionals involved in the child and family's care and treatment. The child in foster care needs to be aware of this policy. Reminding the child of this plan helps him/her to understand that the agency, birth parents, family members, and other professionals involved in his/her care are working to meet his/her needs.

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Signature

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Date

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Signature

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Date

Saint Francis Community Services  
509 East Elm  
Salina, KS 67401

Lives Change Here

## DISCIPLINE POLICY



**Saint Francis  
Community Services®**  
*Serving Children and Families Since 1945*

Discipline comes from the word “disciple” and means to teach. It is an essential part of child rearing and when used positively it contributes to the health, growth, and development of children. In doing so, it establishes positive patterns of behavior in preparation for adulthood. Discipline is intended to help children understand the connection between feelings, needs, and behaviors; to develop positive self-esteem; to learn how to problem solve and be responsible, by understanding their own needs and learning healthy ways to meet those needs; and to feel good about their relationship with adults and other children. When these objectives are met children learn to feel loveable, capable, worthwhile, and responsible.

Positive discipline when used for purposes of guiding and teaching, provides children with encouragement, a sense of satisfaction, and helps them to understand the consequences of their behavior. The object of discipline is to promote behaviors beneficial to children’s development and to change or eliminate behaviors, which are injurious to their wellbeing. Effective, positive discipline provides a sense of security and respect for order, by setting behavioral limits for the child while enlisting the child’s help in the process.

Saint Francis Community Services encourages positive discipline and will not accept any action administered in a fashion, which may cause a child to suffer physical or emotional harm. Any person living or working in a home providing care for children shall not use disciplinary acts which cause pain such as hitting, beating, shaking, cursing, threatening, binding, closeting, prolonged isolation, denial of meals, derogatory remarks about the child or his/her family of origin, other emotional cruelty or refusing a child access to the home. Any such acts will be cause for corrective action and/or termination of placement.

Only those certified in proper physical hold techniques are allowed to physically restrain children or youth.

I have read, understand, and agree to abide by the above discipline policy.

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Name Printed

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Signature

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Date

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Witness Name Printed

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Witness

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Date

State of Kansas Department for Children and Families Prevention and Protection Services Child Abuse and Neglect Central Registry 915 SW Harrison 5 <sup>th</sup> Fl. Room 530-East Topeka, Kansas 66612	Child Abuse and Neglect Central Registry <b>Release of Information</b>
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I, \_\_\_\_\_, give permission for the release of any information concerning  
(please print complete first, middle and last name)  
myself in the Child Abuse and Neglect Central Registry to:

Contact Person: \_\_\_\_\_

Agency Name: St. Francis Community Services

Mailing address: 509 E Elm  
Salina, KS 67401

Phone Number: (785) 825-0541

I understand that all information released will be for the exclusive and confidential use of the above named organization/person/agency.

I give permission for the release of any information concerning myself in the Child Abuse and Neglect Central Registry each year while I am employed or associated with the above agency.  Yes  No

**\*\* Please complete the information below by printing in ink. Please print legibly. Do not leave any space blank. All requested information is required to process this request. Incomplete information will result in the release not being processed and will be returned as insufficient.\*\***

First, Middle and Last Name: \_\_\_\_\_

Maiden Name: (Female applicant only) \_\_\_\_\_

Married Names, Nicknames or Other Names Used:  
(Use N/A if no other names used) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security # \_\_\_\_\_ Gender:  Male  Female

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

Current Address: \_\_\_\_\_

Each request must be submitted with payment prior to the request being processed. Please attach appropriate fee of \$10.00 per release of information. All releases and fees should be sent via postal mail to the attention of DCF, Child Abuse and Neglect Central Registry, P.O. Box 2637, Topeka, KS 66601. The following state agencies are exempt from the \$10.00 fee: JJA (Central Office or Facilities), KNI, Dept. Of Education- Central Office, KDHE, State Hospitals, State Correctional Institutions, Attorney General's Office, Kansas School for the Blind, Kansas School for the Deaf, Child Welfare agencies in other states. Sub-contracting agencies are not exempt and will be assess the \$10.00 fee. Mentor record checks, i.e. Big Brothers Big Sisters, are exempt from the \$10.00 fee. For a complete list of Mentor Programs, go to: <http://ksnmrsmr.org/kansas.gov/Pages/FindProgram.aspx>. If this is a mentor record check, please make sure the box below is checked.

Mentor Program:  If yes, please check

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For Central Registry Use Only

\_\_\_\_\_ FEE ATTACHED

# Record Check Request Form **Child name:**

To: Kansas Bureau of Investigation  
Attn: Central Repository  
1620 SW Tyler  
Topeka, KS 66612-1837



From: St. Francis Community Services  
(Requestor's Full Name or Organization) (Please Print)  
I  
(Requestor's Point of Contact and title)  
  
(Requestor's Mailing Address)  
  
(City, State or Country and Zip)  
  
(Requestor's Phone Number)

1. A criminal history record check of the Kansas Central Repository is requested for the following individual. The Full Name and Date of Birth are mandatory:

**Full Name:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)  
**Maiden or Alias Name:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)  
**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

2. A fingerprint card [ is ] [ is not ] included.

3. Purpose for the criminal history record check (Please be specific): NR-KIN / Informal Care

4. Mailing address for the results of the record check, if different from the "From" address, above:

Same as the "From" address above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Enclosed is payment made payable to the KBI Record Check Fee Fund for the record check in the sum of: N/A

- \$20.00 for a name-based check
- \$29.75 for a fingerprint-based check
- \$30.00 for a certified name-based check
- \$39.75 for a certified fingerprint-based check

6. Dissemination of criminal history information is governed by statutes, laws and regulations. The Requestor will comply with and be subject to the provisions of both State and Federal law regulations, including, but not limited to Title 28 (Judicial Administration) of the Code of Federal Regulations and Kansas Statutes Annotated 22-4107 et seq.

7. Requestor agrees to limit disclosure of the information received to personnel who have a clear, distinct "need to know," and ensure that the information is used only for the purpose for which provided. Further, Requestor shall:

- a. Implement reasonable procedures to insure the confidentiality and security of any information received.
- b. Indemnify and hold harmless the KBI, their employees, including their heirs, executors, administrators, personal representatives, successors, and assigns, from and against any and all causes of actions, claims, demands, suits, rights and other proceedings of any nature which seek damages or other remedies arising from the providing of criminal

8. The KBI has the right to demand return of all information provided to the Requestor when any rule, policy, procedure, regulation or law described in this request is violated or appears to be violated or for non-payment of any service.

9. I have read and understand my responsibilities when receiving record check information from the Kansas Central Repository, and I agree to safeguard and properly use all information I receive.

\_\_\_\_\_  
(Signature of Requestor)