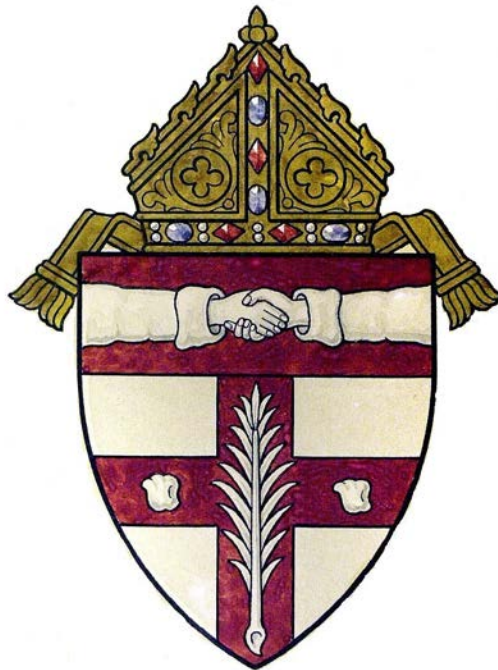


# *Diocese of Owensboro*

## *Safe Environment New Hire Packet*



# CMGConnect

## DIOCESE OF OWENSBORO



## ***Safe Environment Compliance***

### Getting Started:

1. Go to <https://owensboro.cmgconnect.org/>

**New to training?** Create an account by completing all the boxes under “Register for a New Account.” This includes address, primary parish, and how you participate at your parish or school. If you have questions please contact your parish/school coordinator.

**Please do not create a new account if you have previously completed safe environment training.**

**Current Employee/Volunteer:** Please contact your Safe Environment Administrator at your parish/school or the Office of Safe Environment for account information. click the green “Sign In Here” button in the upper right corner of the page.

**NOTE:** For people with known email addresses - that is your username and password is 1234.

**NOTE:** For people without a known email addresses - your account username will be a combination of your first name(.)last name(.) and (.)owb and password 1234.

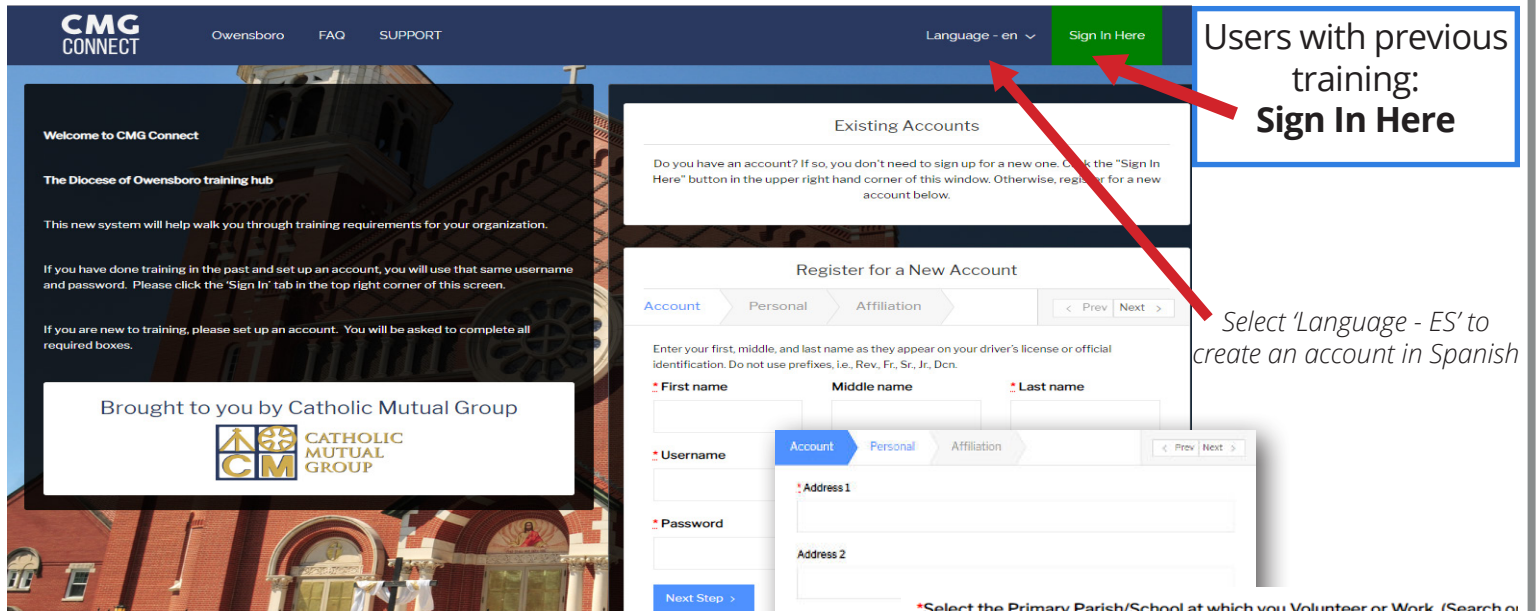
Example: Jason.Johnson.owb

2. Your dashboard will show you the required and optional training curriculums that have been customized for your particular category within the Diocese.

3. Click **Start Curriculum** under *Safe Environment Training, Background Check & Policy Acknowledgement - Owensboro* to begin.

4. On the last page of the curriculum, submit your background check information. Please enter your name as listed on your government issued identification.

**NOTE:** The training will remain **In Progress** until your background check is processed and reviewed by the archdiocese. This can take up to 7-10 business days.



- **USERS WITH TRAININGS:** Click “Sign In Here” to log in with your username that is either your email address or a combination of your first name, last name, and owb (Example: Sally.Smith.owb) and the password **1234**.

- **NEW USERS:** progress through ALL three account creation screens before your registration is complete.

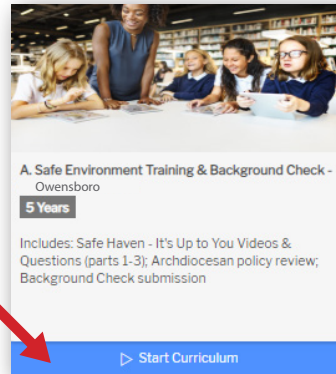
- On your main dashboard, you will click **Start Curriculum** to open up the training.

- Complete each training page—as you work through, they will show as **Done** in each box.

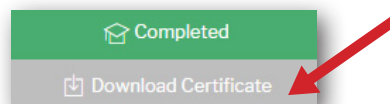
- When finished, click **Dashboard**. Your curriculum will show as *In Progress* on your dashboard until your background check is processed and approved. *Background checks*

- After you are certified, you can log in to your account to access your completion certificate. Click the gray **Download Certificate** button under the Safe Environment curriculum.

*If you have a valid email address on your account, you will receive a system message when approved.*



Safe Haven - It's Up to You 1	Progress
Safe Haven Questions - Part 1	Question/Answer Page
Safe Haven - It's Up to You 2	Video Page
Safe Haven Questions - Part 2	Question/Answer Page
Safe Haven - It's Up to You 3	Video Page
Safe Haven Questions - Part 3	Question/Answer Page
Volunteer Code of Conduct	Read and Acknowledge Page
Office of Child and Youth Protection Requirements for Overnight and/or Out of Town Trips	Read and Acknowledge Page
Policy for Reporting Suspected Abuse of a Minor	Read and Acknowledge Page
When you Suspect Child Abuse or Neglect - Attorney General	Read and Acknowledge Page
Contacts for Archdiocesan Assistance	Read and Acknowledge Page
Background Check	Background Check Page



# Navigating the KOG System

Open your browser and enter the following URL: <https://kog.chfs.ky.gov/>.

## Step 1:

- Select [Sign In](#) if you already have a KOG account.
- Select [Create Account](#) if this is your first-time logging in.


### 1.1 Sign In:

Please use the **email address** and **password** used when your **KOG** account was **created**.

1. **Enter your Email Address.**
2. Click on **Next**.
3. **Enter your Password.**
4. Click on **Verify**.


**KENTUCKY  
ONLINE GATEWAY**

Sign in with your Kentucky Online Gateway (KOG) Account (UAT)


Email Address 

**Next**


[Create New Account](#)  
[Resend Account Verification Email](#)

English  [Help](#)

**KENTUCKY  
ONLINE GATEWAY**


  
\*\*\*\*

Verify with your password  
canuat.citizen@keups.net

Password 

**Verify**

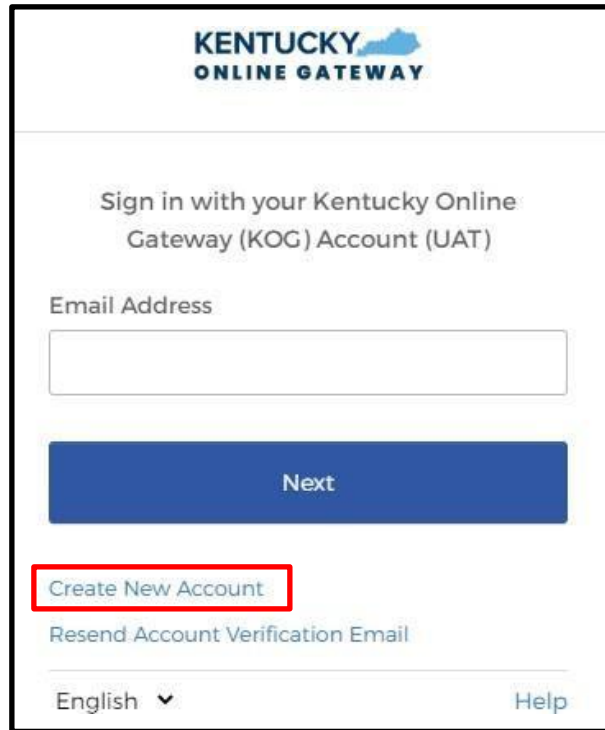
[Forgot password?](#)  
[Back to sign in](#)

English  [Help](#)

## 1.2 Create Account:

The following screen will open when **Create Account** is selected. **Make note** of the **email address** and **password** used to create the account. This will be your **account login** information.

1. Click on **Create New Account**.
2. **Enter** all **required information** marked with a red asterisk (\*).
3. Click on **Sign Up**.



KENTUCKY  
ONLINE GATEWAY

Sign in with your Kentucky Online Gateway (KOG) Account (UAT)

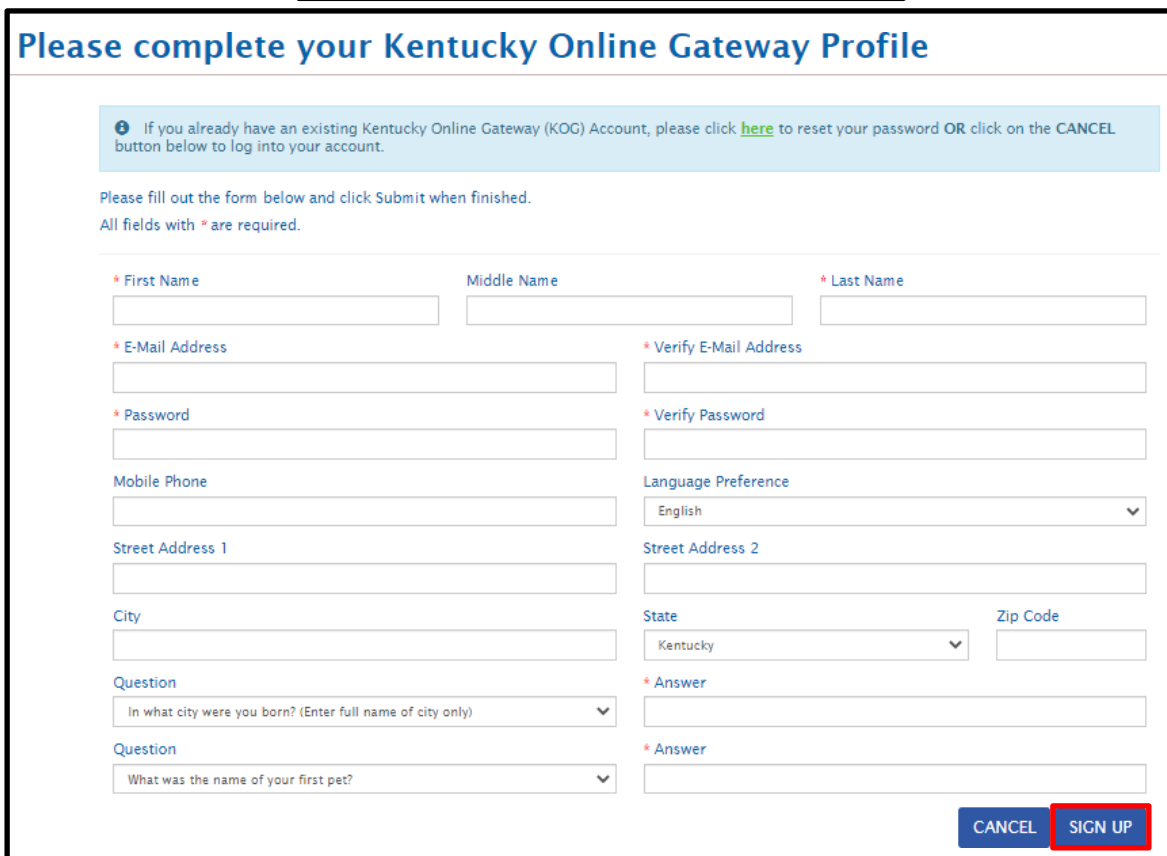
Email Address

Next

Create New Account

Resend Account Verification Email

English ▾ Help



## Please complete your Kentucky Online Gateway Profile

**i** If you already have an existing Kentucky Online Gateway (KOG) Account, please click [here](#) to reset your password OR click on the CANCEL button below to log into your account.

Please fill out the form below and click Submit when finished.  
All fields with \* are required.

* First Name	Middle Name	* Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
* E-Mail Address		* Verify E-Mail Address
<input type="text"/>		<input type="text"/>
* Password		* Verify Password
<input type="text"/>		<input type="text"/>
Mobile Phone		Language Preference
<input type="text"/>		English ▾
Street Address 1		Street Address 2
<input type="text"/>		<input type="text"/>
City		State
<input type="text"/>		Kentucky ▾
		Zip Code
		<input type="text"/>
Question		* Answer
In what city were you born? (Enter full name of city only) ▾		<input type="text"/>
Question		* Answer
What was the name of your first pet? ▾		<input type="text"/>

CANCEL SIGN UP

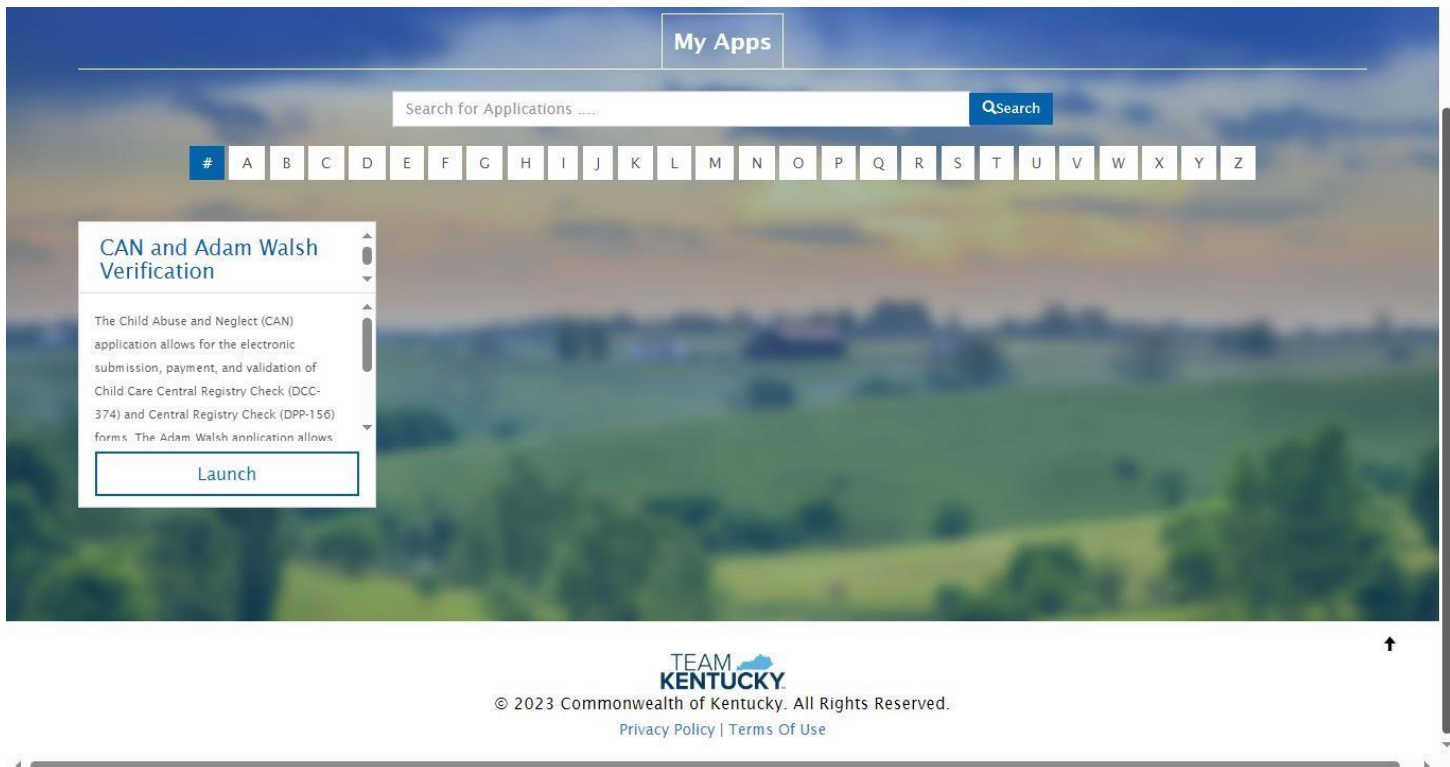
## Step 2: Launching CAN and Adam Walsh Verification:

On the **My Apps Home Page:**

1. Click on **Launch**.

If the **CAN and Adam Walsh Verification** app does not **automatically** appear on your **KOG** home screen under **My Apps**, please follow the below steps.

1. Click on **All Apps**.
2. Select the Letter **'C'** from the **Alphabet List**.
3. Select **'CAN and Adam Walsh Verification'** from the **Apps** listed.
4. Click on **Launch**.



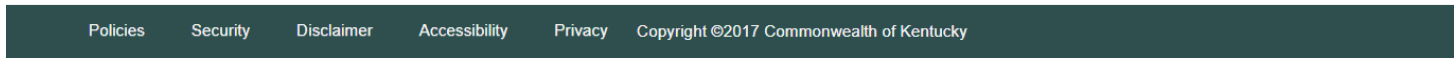
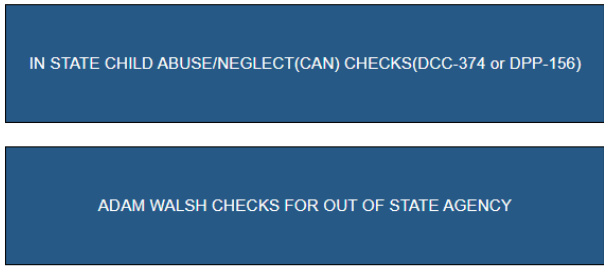
### 1.3 Application Compatibility:

- Google Chrome
- Mozilla (Fire Fox)
- Internet Explorer
- Microsoft Edge
- Safari on Android and iOS devices

## 2. Out of State Adam Walsh Verification:

### 2.1 Landing Page/Home Page:

The **Public Facing Portal** is for **Citizens** who can create an account using their personal email address and log into the application for the purpose of **Registration** checks for **Certification Programs**. The user must select 'Out of State Agency Adam Walsh Checks' option on the home page.



### 2.2 Out of State Adam Walsh Check

Click Start button on Out of State Adam Walsh Verification Screen to begin an Adam Walsh check.

#### Welcome

Welcome to the Kentucky Out of State Adam Walsh Verification system. This system allows other state agencies to request an Adam Walsh check for a potential foster, adoptive, relative, or fictive kin placement, as provided for under the federal Adam Walsh Child Protection and Safety Act of 2006. If you are not an out of state agency requesting a check for one of those four types of placements, please reach out to [CHFSDCBS.RMS@ky.gov](mailto:CHFSDCBS.RMS@ky.gov) to determine what system you should be using.

#### Instructions

Please complete all required information in the online form below. The results will be sent to your Dashboard.

The Out of State Adam Walsh Verification system requires a social security or taxpayer identification number. If you do not have a social security or taxpayer identification number, please reach out to [CHFSDCBS.RMS@ky.gov](mailto:CHFSDCBS.RMS@ky.gov) for options.

The Out of State Adam Walsh Verification system only accepts previous Kentucky addresses. If you are trying to get information from any other state, please contact that state's Central Registry office for assistance.

To check the status of a previously submitted request, select My Dashboard in the upper left hand corner.

#### Contact

For questions on how to submit a request in the Out of State Adam Walsh Verification database, please refer to the User Guide in the upper right hand corner. If you still have questions, please contact [CHFSDCBS.RMS@ky.gov](mailto:CHFSDCBS.RMS@ky.gov).

Start

## 2.3 Submitting an Adam Walsh Request :

1. All the fields with red asterisk (\*) are required.
2. Select the applicable reason from the list of options provided.

### OUT OF STATE ADAM WALSH CHECK

\* Please select the appropriate reason for the Adam Walsh Check:

- Foster Home Licensing or Placement
- Adoptive Home Licensing or Placement
- Relative Placement
- Fictive Kin Placement

#### 2.3.1 Personal Information

1. All the fields with red asterisk (\*) are required.
2. If either **Middle Name** or **Maiden/Nick Name/Other** is not applicable enter **N/A**.
3. If you do **not** have a **Social Security** or **Taxpayer Identification** number, please enter all **9s** in the **SSN** field.

**Personal Information**

All personal information fields are required. If either a Middle Name or Maiden/Nick Name/Other is not applicable, enter N/A.

* <b>First Name</b> Ex. John	* <b>Last Name</b> Ex. Smith
* <b>Middle Name</b> Ex. Jones	* <b>Maiden/Nick Name/Other</b> Ex. Dave
* <b>Sex</b> -- Please select a Sex --	* <b>Race</b> -- Please select a Race --
* <b>Date of Birth</b> MM/DD/YYYY	* <b>Social Security/Individual Taxpayer Identification #</b> xxx-xx-xxxx

**2.3.2 Previous Kentucky Address:**

1. All the fields with red asterisk (\*) are required.
2. **Address Line 2** is optional, and the State **Kentucky** is a default selection.
3. If the Applicant has lived at only one Kentucky Address, Please select option **No** for the question and continue to the **Agency Information** section.

If selected **Yes**, **Additional Kentucky Address** section will populate, Click on **Add Address**. If you have more than one additional address, click on **Add Address** again until you have entered all the necessary addresses.

**Previous Kentucky Address**

* <b>Address Line 1</b> Ex. 123 Main St	<b>Address Line 2</b> Ex. Apt 10 Or Suite 200	
* <b>City</b> Ex. Frankfort	<b>State</b> Kentucky	* <b>Zip Code</b> Ex. 12345

\* **More than one previous Kentucky address for this applicant?**  Yes  No

**Additional Kentucky Address**

To list additional addresses for the last 5 years, please click the "Add Address" button to add more sections (if applicable).

[+ Add Address](#)

**2.3.3 Agency Information:**

1. All the data fields including **Agency Name** and **Employee Information** in this section must be filled, **Address Line 2** is optional.

2. After providing the required information in all the sections, **Select** one of the following:
  - **Save And Add Applicant:** This will save the current request and **add** a request for an additional Individual.
  - **Save:** This will save the current request to be submitted later.
    - \*The request will display at the bottom of the screen under **Dashboard** to be viewed or edited.
  - **Submit:** This will save the request and a **confirmation screen** will populate prompting you to either **Cancel** or **Continue to Submit**.

**Agency Information**

**\* Agency Name**

**\* Employee Name**

**\* Employee email address**

**\* Employee Phone**  **Employee Phone Ext .**

**\* Address Line 1**  **Address Line 2**

**\* City**  **\* State**  **\* Zip Code**

**Confirm Submit**

There are 1 application(s) in this submission. Please verify provided information is correct.

If you agree, Please click "Submit" to continue otherwise click "Cancel"

## 2.4 AW Requestor Dashboard (My Dashboard):

1. The **Requestor Dashboard** contains a **list** of the **Adam Walsh** checks **requested** by the **Account Holder**.
2. It **Displays** the **Case Number, Individual's First Name, Last Name, Date Submitted, Date Last Updated, the AW check Status** and the options to **View, Edit, Print** and **Delete**.
3. Once an **Adam Walsh** check application is **submitted** the **Status** will change from **Saved** to **Submitted**.
4. Once an **Adam Walsh** check application is **in process** the **Status** will change from **Submitted** to **Under Review**.
5. Once an **Adam Walsh** check application is **complete** the **Status** will change from **Under Review** to **Completed**.

6. If an **Adam Walsh** check application is **canceled** the **Status** will change from **Under Review** to **Canceled**.

**\*If the application is canceled a New Application will need to be completed and submitted.\***

Case Number	First Name	Last Name	Date Submitted	Date Last Updated	Status	View	Edit	Print	Delete Application
OSAW20230000032	Hailey	Johnson	11/29/2023	11/29/2023	Submitted	View	Edit	Print	Delete
OSAW20230000031	Alabama	Citizen	11/22/2023	11/22/2023	Completed	Result	Edit	Print	Delete
OSAW20230000030	William	Spock	10/25/2023	10/26/2023	Completed	Result	Edit	Print	Delete
OSAW20230000028	Nathan	Roaster	10/19/2023	10/24/2023	Completed	Result	Edit	Print	Delete

### 2.5 Printing/Saving:

Once your **Adam Walsh** check is **complete** you will be able to **view, print** and **save** the results.

1. **Launch** the **CAN and Adam Walsh Verification** app from the **KOG** apps page.
2. Select **Out of State Agency Adam Walsh Checks**.
3. Go to **My Dashboard** and scroll down to where your application is listed.
4. Click on **Print**.
5. Click on the **dropdown** arrow next to the **Disk** image and select **PDF**.
6. Open the **PDF**, you will be able to **print and/or save** the completed **Adam Walsh** check.



Social Security /Individual taxpayer Identificaiton 9: ggg\_g\_g\_ggg

pres ious .Address: 567 halo lane louisville Kh 40243

Cih Slate Z1 COC'

Previous .Address:

Cir Slate Z1 Co%

Previous .Address:

Cir Slate Z1 Co%

Previous .Address:

CU Slate Zip Code

Pres ious .Address:

Cir Siate Z1 Co%

Please list your addresses for the lasl five years. Lse another sheet of paper. if necessan.

CENTRAL REGISTRY CHECK

I hereby authorize the Cabinet for Health and Famil5' See iees to complete a Child Abuse or Genteel check and lo submit the results of the check to me and on my behalf. to lhe employer or aagency listed below . I also release lhe Cabinet for Health and Famil5' See iees. its officers aeents and emp1o5'ees from any liabiliL' or damages resulting from the release of lhis information.

All the information proc ided is complete and lrue lo the best of ink' know ledee. I understand ifl give false information or do not report all of lhe Information needed I may be subject to prosecution for fraud.

Mimi Rogers

12/13/2023

Date