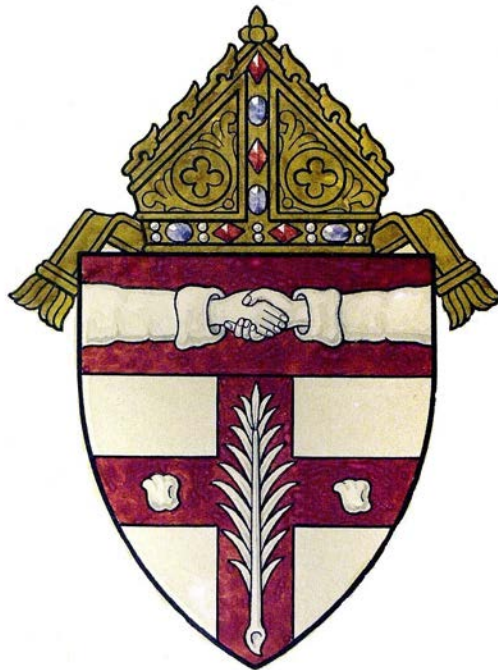


*Diocese of Owensboro*

*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.**

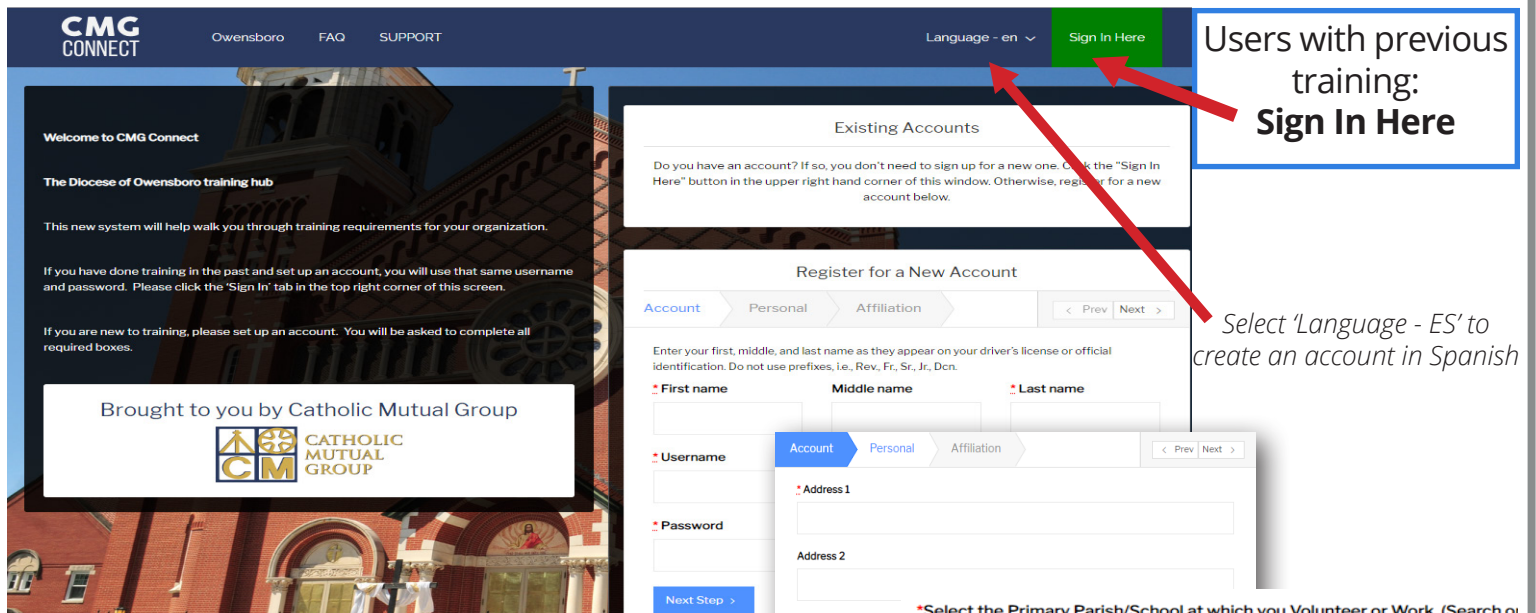
**Current Employee/Volunteer:** Please contact your Safe Environment Administrator at your parish/school or the Office of Safe Environment for account information. click the green “Sign In Here” button in the upper right corner of the page.

**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.

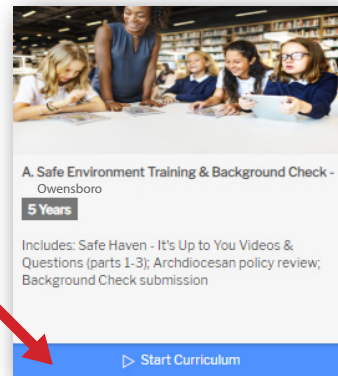
- On your main dashboard, you will click **Start Curriculum** to open up the training.

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

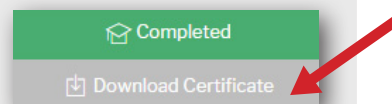
- When finished, click **Dashboard**. Your curriculum will show as *In Progress* on your dashboard until your background check is processed and approved. *Background checks*

- 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



<https://owensboro.cmgconnect.org/>

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
Department for Community Based Services

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
- Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)  
(Institution/Group Home/Emergency/Wilderness)
- Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member  
(Required by KRS 160.380)
- Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
- Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
- Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
- Supports for Community Living (SCL) Employee (Required by 907 KAR 12:010)
- Michelle P. Waiver (Required by 907 KAR 1:835)
- Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
- Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
- Children's Advocacy Center (Required by 922 KAR 1:580)
- Court Appointed Special Advocate (CASA) (Required by KRS 620.515)
- Personal Care Attendant (Required by 910 KAR 1:090)

**Other** (If none of the above categories is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card, or birth certificate):

NAME: \_\_\_\_\_  
(first) (middle) (maiden/nickname) (last)

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

Social Security/Individual Taxpayer Identification #: \_\_\_\_\_

Date of Initial Hire: \_\_\_\_\_

Present Address: \_\_\_\_\_  
City State Zip Code

Previous Address: \_\_\_\_\_  
City State Zip Code

Previous Address: \_\_\_\_\_  
City State Zip Code

Previous Address: \_\_\_\_\_  
City State Zip Code

Previous Address: \_\_\_\_\_  
City State Zip Code

Please list your addresses for the last five years. Use another sheet of paper, if necessary.



**CENTRAL REGISTRY CHECK**

**A credit or debit card payment in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment.**

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

\_\_\_\_\_  
Signature of the Individual Submitting to the Child Abuse or Neglect Check

\_\_\_\_\_  
Date

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization to Disclose Protected Health Information form, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

**NAME OF EMPLOYER/AGENCY:** Diocese of Owensboro Safe Environment Office

**ADDRESS:** 600 Locust Street **CITY:** Owensboro

**STATE:** KY **ZIP:** 42301 **PHONE:** 270-683-1545

**EMAIL:** XXX

**RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]**

- No reportable incident found in accordance with 922 KAR 1:470
- Substantiated child abuse found on the registry Date of substantiated finding: \_\_\_\_\_
- Substantiated child neglect found on the registry Date of substantiated finding: \_\_\_\_\_

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights  Yes  No

A matter subject to administrative review found in accordance with 922 KAR 1:470

**CHECK CONDUCTED ON** \_\_\_\_\_ **BY** \_\_\_\_\_