

**COMMONWEALTH OF PENNSYLVANIA
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(under Act 168 of 2014)**

(Hiring school entity or independent contractor submits this form to ALL current employer(s) and to former employer(s) that were school entities and/or where the applicant had direct contact with children)

To:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name of Current or Former Employer:</td> <td style="padding: 2px;">Greeche Street Friends</td> </tr> <tr> <td style="padding: 2px;">Street Address:</td> <td style="padding: 2px;">5511 Greeche St</td> </tr> <tr> <td style="padding: 2px;">City, State, Zip:</td> <td style="padding: 2px;">Philadelphia, PA, 19144</td> </tr> <tr> <td style="padding: 2px;">Telephone Number:</td> <td style="padding: 2px;">215-438-7545</td> </tr> </table>	Name of Current or Former Employer:	Greeche Street Friends	Street Address:	5511 Greeche St	City, State, Zip:	Philadelphia, PA, 19144	Telephone Number:	215-438-7545	<input type="checkbox"/> No applicable employment
Name of Current or Former Employer:	Greeche Street Friends									
Street Address:	5511 Greeche St									
City, State, Zip:	Philadelphia, PA, 19144									
Telephone Number:	215-438-7545									

The named applicant is under consideration for a position with our entity. The Pennsylvania General Assembly has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the Commonwealth's students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within **20 business days** as required by Act 168 of 2014.

SECTION 1: APPLICANT CERTIFICATION AND RELEASE (TO BE COMPLETED BY THE APPLICANT EVEN IF THE APPLICANT HAS NO CURRENT OR PRIOR EMPLOYMENT TO DISCLOSE)

Applicant's Name (First, Middle, Last):	
KYLE A BUSHNELL	
Any former names by which the Applicant has been identified:	
DOB: 04-01-1997	
Last 4 digits of Applicant's Social Security Number: 7789	PPID (if applicable):
Approximate dates of employment with the entity listed above: May 2016 - current	
Position(s): after school program staff	

Have you (Applicant) ever:

- Yes ☐ No ☒ Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?
- Yes ☐ No ☒ Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?
- Yes ☐ No ☒ Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any willful failure to disclose the information

required, shall subject me to criminal prosecution under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and to discipline up to, and including, termination or denial of employment, and may subject me to civil penalties and disciplinary action under the Educator Discipline Act. I also hereby authorize the above-named employer to release to the entity listed on page 3, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records.

Kyle Bushnell
Signature of Applicant

6-5-18
Date

SECTION 2: CURRENT/FORMER EMPLOYER VERIFICATION (TO BE COMPLETED BY THE APPLICANT'S CURRENT EMPLOYER(S) AND ALL FORMER EMPLOYERS THAT WERE SCHOOL ENTITIES AND/OR WHERE THE APPLICANT HAD DIRECT CONTACT WITH CHILDREN)

Employing Entity receipt date 6/5/18

Received by Amy FISKE
Contact telephone # 215-438-7004

Dates of employment of Applicant: MAY 2015 - current

To the best of your knowledge, has Applicant ever:

Yes ☐ No ☒ Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?

Yes ☐ No ☒ Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?

Yes ☐ No ☒ Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

Ale Caster School Director
Former Employer Representative Signature and Title

6/8/18
Date

Pursuant to Act 168, an employer, school entity, administrator, and/or independent contractor that provides information or records about a current or former employee or applicant shall be immune from criminal liability under the CPSL, the Educator Discipline Act, and from civil liability for the disclosure of the information, unless the information or records provided were knowingly false. Such immunity shall be in addition to and not in limitation of any other immunity provided by law or any absolute or conditional privileges applicable to such disclosure by the virtue of the circumstances of the applicant's consent thereto.

Under Act 168, the wilful failure to respond to or provide the information and records as requested may result in civil penalties and/or professional discipline, where applicable.

Return all completed information to:

School Entity: CORA Services Inc. - ATTN: Human Resources Department	
Address: 8540 Verree Road	Phone: 215 - 701 - 2526
State: Philadelphia, Pennsylvania	Fax: 215 - 701 - 3150
Zip: 19111	

Certificate of Completion

Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania

Meets ACT 31 of 2014 training requirements

Meets the Recognizing Child Abuse and Mandated Reporting components of
ACT 126 of 2013 training requirements

3 continuing education hours

Presenter:

University of Pittsburgh School of Social Work,
PA Child Welfare Resource Center

403 East Winding Hill Road, Mechanicsburg, PA 17055



Presented to:


Bushnell, Kyle

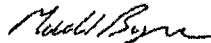
on the date:

June 6, 2018

Provider Number:
CACE000004

CE Course Number:
PCW000001


Tracy Soska, Director of
Continuing Education
School of Social Work


Michael Byers,
Director PA Child Welfare
Resource Center

PRINT

CHILD CARE STAFF HEALTH ASSESSMENT

(55 Pa. Code §§3270.151, 3280.151 and 3290.151)

NAME OF PERSON EXAMINED (Please print)

Kyle Bushnell

REASON FOR EXAMINATION

- ☒ Initial employment in child care
☐ Biennial re-examination

THIS SECTION TO BE COMPLETED BY EMPLOYER

This physical examination is for the purpose of employment in a child care facility. The types of activities this individual will be doing are as follows (please check all that apply):

- ☐ Lifting, carrying children
☒ Close interaction with children
☒ Food preparation
☐ Desk work
☐ Driver of vehicle(s)
☐ Facility maintenance
☐ Other – describe below:

THIS SECTION TO BE COMPLETED BY PHYSICIAN, PHYSICIAN'S ASSISTANT OR CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP)

1. DID YOU CONDUCT A PHYSICAL EXAMINATION? ☒ YES ☐ NO

The physical examination should include a functional assessment of vision and hearing and a systems review looking for conditions that might affect performance or predispose this individual to occupational injury relating to the type of activities required by the job (see type of job listed above.) Conditionals also include frequent hand washing, the stress of caring for groups of children, ability to actively supervise children, and exposure to the common infections of childhood. Please take note that substance abuse should be considered in determining suitability to provide child care.

2. DID THIS INDIVIDUAL HAVE ANY COMMUNICABLE DISEASES? ☐ YES ☒ NO

If yes, attach separate sheet(s) to describe the conditions and the risk it might pose to others exposed to this individual.

3. BASED ON YOUR FINDINGS FOR #1 AND #2 ABOVE AND OTHER INFORMATION GATHERED DURING YOUR EXAMINATION, IS THIS INDIVIDUAL SUITABLE TO PROVIDE CHILD CARE? ☐ YES ☐ NO

IF YOU ANSWERED "NO" TO QUESTION #3, please list any information regarding this individual's medical condition or other information gathered during your examination that might threaten the health of children or prohibit the individual from providing safe and adequate care to children. Please attach separate pages as needed.

DATE *5/23/18*

SIGNATURE

[Signature]

TITLE

MD

TELEPHONE NO.

215 848 6700

PRINTED NAME

Glenn Roser

ADDRESS

515 W Chester Ave Phila PA 19144

TESTING FOR TUBERCULOSIS BY THE INTRACUTANEOUS MANTOUX OR INTERFERONGAMMA RELEASE ASSAY BLOOD TEST METHOD

Please note: The child care facility regulations require tuberculosis testing by Mantoux method or the interferongamma release assay (IGRA) blood test at initial employment in a child care setting. Subsequent testing is not required unless directed by a physician, physician's assistant, CRNP, the Department of Health or a local health department.

MANTOUX TEST DATE: *5/23/18* RESULTS: ☐ POSITIVE ☒ NEGATIVE *5/25/18*

IF SKIN TEST IS POSITIVE:

REPORT OF CHEST X-RAY (Please attach an official radiology report)

DOES THIS INDIVIDUAL NEED CHEMOPROPHYLAXIS? ☐ YES ☐ NO

Please note: For the purposes of meeting the child care facility regulations, a person with a positive tuberculin skin test or blood test and a negative x-ray is not required to have further tuberculosis testing or x-rays, unless the person is exposed to an active case of tuberculosis or the person develops a productive cough which does not respond to medical treatment within 14 days.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

00278607350010101

KYLE BUSHNEEL			CERTIFICATION ID: 819361HV2H		
65573 WOODSTOCK			CERTIFICATION PURPOSE: EMPLOYMENT		
PHILADELPHIA, PA 19133			VERIFICATION DATE: 6/29/2018		
			SOCIAL SECURITY: XXX-XX-7789		
			DATE OF BIRTH: 01/01/99		
The above named person has applied for a Pennsylvania Child Abuse History Certification pursuant to 23 Pa.C.S. Chapter 63 related to the Child Protection Services Law. NO RECORDS EXIST in the Pennsylvania Department of Human Services' statewide database listing KYLE BUSHNEEL as a perpetrator of an Indicated or Founded report of child abuse.					
Applicants are required to show the administrator the results of their Child Abuse History Certification. Administrators are required to keep a copy of this Child Abuse History Certification on file. A person altering the contents of this document may be subject to civil, criminal or administrative action.					

ISSUED BY Commonwealth of Pennsylvania
Department of Human Services
CHILDLINE AND ABUSE REGISTRY
ChildLine Verification Unit
P.O. Box 8170
Harrisburg, PA 17105-8170
1-877-371-5422

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT



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CY8930 - 6/00