

AYS MEDICAL AND SECURITY REQUIREMENTS

Contract Personnel and Volunteers

Due to guidelines for federal and state funding, in addition to insurance and licensing, we are required to keep the following documents on file for all personnel in AYS programs. All contracted personnel (interns, enrichment providers, etc.) and volunteers must have these requirements completed prior to beginning service.

1. 5 Panel Drug Screen

\$45.00 at Community Hospital. All Drug Screen results **MUST** be certified by a Medical Review Officer (MRO). Use attached Community Hospital Occupational Health Services Referral from AYS. Results will be submitted to AYS by Community Hospital.

2. TB (Tuberculosis) Test

\$15.00 at Community Hospital. Use attached Community Hospital Occupational Health Services Referral from AYS. Results will be submitted to AYS by Community Hospital.

3. 10 Digit Fingerprinting

\$10.00 at Indiana State Police Headquarters located at the Indiana Government Center North, 100 N. Senate Avenue. They will need a picture I.D. and will collect cash, money order or cashier's check. Results are mailed to home address and a copy must be submitted to the AYS office (fax, email or drop-off).

4. Supplemental Criminal History Information - Form C-1

No cost. Form is attached and must be submitted to the AYS office (fax, email or drop-off).

5. Consent to Release Form - State Form 53323

No cost. Form is attached and must be submitted to the AYS office (fax, email or drop-off).

6. Central Registry Search - State Form 49214

No cost. Form is attached and must be submitted to the AYS office (fax, email or drop-off).

Provider Name _____

**Supplemental Criminal History Information
Household Member, Employee or Volunteer
Child Care Development Fund**

I, _____, have been informed that participation in the Child Care Development Fund Voucher Program requires the following individuals to consent to a statewide criminal history check:

- a. The provider (defined as the applicant for voucher payment)
- b. If the provider provides child care in the provider's home, any individual who resides with the provider and who is:
 1. at least 18 years of age; or
 2. less than 18 years of age but has previously been waived from juvenile court to adult count; and
- c. Any employee or volunteer serving as a caregiver at the facility where the provider provides child care.

I have also been informed that in addition to the requirement to consent to a statewide criminal history check, I shall report to the verifying agency, The Consultants Consortium, any information regarding:

1. Police investigations;
2. Arrests; and
3. Criminal convictions

not listed on a the criminal history provided regarding any of the persons required to provide the criminal history listed above.

I understand by my signature that I must report this information to the child care provider requesting my criminal history immediately and that my failure to report this information may result in the provider's inability to participate in the Child Care Development Fund Voucher Program.

Signed, _____ Date _____

*This form must be signed and returned to the verifying agency, with Form A,
Request for Provider Eligibility Standards Certification*



CONSENT TO RELEASE INFORMATION FOR LICENSED CENTERS, LICENSED HOMES, UNLICENSED REGISTERED MINISTRIES, AND CCDF LLEPs

State Form 53323 (R / 9-07) / BCC 0330
DIVISION OF FAMILY RESOURCES / BUREAU OF CHILD CARE

The information in this document is confidential according to IC 6.1-1-35-9.

In accordance with IC 12-17.2-4-5(a)(1), IC 12-17.2-4-32(a), and IC 12-17.2-6-14(c), each staff member and/or volunteer shall complete a section of this form in order to have their background information checked.

You must return this completed form to your consultant.

Name of facility / licensee / LLEP / applicant		
Address of facility (number and street, city, state, and ZIP code)		
License / registration number / LLEP number	Name of consultant	County

By signing below, I hereby consent to a release of information from Child Protective Services and the Criminal Justice System to the Indiana Child Care Licensing Section, Bureau of Child Care, and to the licensee / applicant. The information may contain any prior criminal history, arrest record, or child protective service history and is sought to ensure the safety of children in child care settings. I also verify that all information given here is correct.

Name of licensee / applicant (please print)		Maiden or other name	
Social Security number	Date of birth (month, day, year)	Sex	Race
Address (number and street, city, state, and ZIP code)			
Signature of licensee / applicant		Date (month, day, year)	

FOR OFFICE USE ONLY	CH <input type="checkbox"/> Record found <input type="checkbox"/> Record not found	Date (month, day, year)	CPI <input type="checkbox"/> Record found <input type="checkbox"/> Record not found	Date (month, day, year)	SOR <input type="checkbox"/> Record found <input type="checkbox"/> Record not found	Date (month, day, year)
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Name of licensee / staff / volunteer / household member over eighteen (18) (please print)		Maiden or other name	
Social Security number	Date of birth (month, day, year)	Sex	Race
Address (number and street, city, state, and ZIP code)			
Signature of licensee / staff / volunteer / household member over eighteen (18)		Date (month, day, year)	

FOR OFFICE USE ONLY	CH <input type="checkbox"/> Record found <input type="checkbox"/> Record not found	Date (month, day, year)	CPI <input type="checkbox"/> Record found <input type="checkbox"/> Record not found	Date (month, day, year)	SOR <input type="checkbox"/> Record found <input type="checkbox"/> Record not found	Date (month, day, year)
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Social Security number	Date of birth (month, day, year)	Sex	Race
Address (number and street, city, state, and ZIP code)			
Signature of licensee / staff / volunteer / household member over eighteen (18)		Date (month, day, year)	

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Name of licensee / staff / volunteer / household member over eighteen (18) (please print)		Maiden or other name	
Social Security number	Date of birth (month, day, year)	Sex	Race
Address (number and street, city, state, and ZIP code)			
Signature of licensee / staff / volunteer / household member over eighteen (18)		Date (month, day, year)	

FOR OFFICE USE ONLY	CH <input type="checkbox"/> Record found <input type="checkbox"/> Record not found	Date (month, day, year)	CPI <input type="checkbox"/> Record found <input type="checkbox"/> Record not found	Date (month, day, year)	SOR <input type="checkbox"/> Record found <input type="checkbox"/> Record not found	Date (month, day, year)
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Signature of person verifying information	Date (month, day, year)
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REQUEST BY A PERSON OR ORGANIZATION FOR A SEARCH OF THE STATE CENTRAL REGISTRY

State Form 49214 (R / 7-04) / FPP 0005

In compliance with IC 31-33-17-6, the information provided upon completion of this form must be treated as a **CONFIDENTIAL RECORD**.

* This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is **voluntary** and you will not be penalized for refusal.

I hereby request that a search be made of the State Central Registry for the name of the following person:		
Name of subject of search		
Date of birth (<i>month, day, year</i>)	Social Security number *	Other names used
Address of subject of search (<i>number and street, city, state, ZIP code</i>)		
Name of person making request		
Address of person making request (<i>number and street, city, state, ZIP code</i>)		
Signature of person making request		Date (<i>month, day, year</i>)

CONSENT TO RELEASE INFORMATION

I, _____, give permission for _____ to provide my date of birth and
(Name of subject of search) *(Name of person making request)*
 Social Security number for purposes of a search of the State Central Registry in connection with my application for employment.

Signature of subject of search	Date (<i>month, day, year</i>)
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RELEASE OF SCR INFORMATION

This is to verify that a search has been made for _____ in the
(Name of subject of search)
 State Central Registry, and the following has been found:

The above-named person _____ been found listed in the State Central
(has, has not)
 Registry as a person with a conviction arising out of a report of child abuse or neglect.

Name / title of person conducting search	
Signature of person conducting search	Date (<i>month, day, year</i>)
Name of county	

County Office of Family and Children