CCDF Provider Eligibility Standards Packet

NEW HOME PROVIDER

CCDF Provider Eligibility Standards Summary

Legislation was passed in 2001, 2002, 2003, 2005 and 2013 requiring childcare providers receiving Child Care and Development Funds (CCDF) to meet certain provider eligibility standards. This significant legislation amends Sections 12-17.2 of the Indiana Code and impacts **all** childcare providers receiving these funds.

Child Care providers must be able to demonstrate compliance with these standards **prior** to the receipt of any CCDF funds. The Consultants Consortium, Inc. will be responsible for the verification of compliance with these standards. This verification will require the submission of written documentation as well as a home/facility inspection.

1. Working Smoke Detectors

- A home shall have smoke detectors at the top of each stairwell (excluding the basement), one adjacent to the area where the children will be sleeping and **one in the basement**.
- A facility shall have fire suppression devices as required by the DHS, Fire and Building Safety Division.

2. Fire Extinguishers

- The home/facility shall maintain a two and one-half (2 ½) pound or greater ABC multiple purpose fire extinguisher on each floor of the facility with an additional extinguisher in the kitchen area.

3. Exits

- The home/facility shall have two exits, other than windows, located on different sides of the home/facility that are not blocked and do not require passage through a garage or storage area where hazardous materials are stored and may be operated from the inside without the use of a key or any special knowledge**.** (This provision does not apply to a provider's home where care was being provided and voucher payments were received prior to June 30, 2002.)

4. Fire Drills

- The provider (applicant) must conduct monthly documented fire drills in accordance with the rules of the fire prevention and building safety commission.

5. TB Testing

- The provider (applicant), any individual over age 18 who resides in the facility/home, and any volunteers or employees shall provide results of a current intradermal tuberculosis test prior to residence or employment or volunteer *service*.
- Providers must provide a copy of the test results to the verifying agency.
- The provider shall maintain annual documentation from a physician reflecting the results of symptom screening for tuberculosis for any individual with a history of latent or active tuberculosis.

6. Emergency Plans

- All providers shall have written plans for notifying parents of illness, serious injury, or death of a provider; care in an emergency and emergency evacuation plans which are posted in a conspicuous location.

7. CPR/First Aid Certification

- The provider (applicant) and any employee or volunteer serving as a caregiver shall maintain current certification in First Aid.
- The provider (applicant) shall assure that at least one adult annually certified in CPR for all age groups of children receiving care is present at all times when care is being provided.

8. Running Water

- The facility shall have hot and cold running water from an approved water source available in an area of the home where childcare is provided. If water is not provided by a municipal water source, the provider shall provide documentation of a water quality test.

- Water temperature will be tested at the time of the home inspection and must register at least 100 degrees Fahrenheit.

9. Working Telephone

- The facility/home shall have at least one working landline (analog) telephone, or state approved conversion method for a non-analog telephone.
- The provider will need to show a bill for current service and keep phone records to show proof of continuous service for recertification the following year.
- The phone number must be accurate and will be checked at the time of the verification visit.

10. Inaccessible Firearms, Poisons, Chemicals and Medications

- The provider (applicant) shall provide a safe environment by ensuring that firearms, ammunition, poisons, chemicals and medications are inaccessible to the children in their care.
- Firearms and ammunition shall be secured in a locked area, by a key or combination, in an area where children cannot gain access.
- Inaccessible for poisons, chemicals and medications means that in lieu of a locked (key or combination) cabinet, the items mentioned above must be kept in an area inaccessible to the children. This could mean locked closets, rooms, garages, basements or medicine boxes. Childproof locks will not be acceptable.
- The verifying agency will inspect all areas that are accessible to children as well as garages if the escape route passes through this part of the home or facility. All bathrooms and the kitchen will also be inspected.

11. Alleged perpetrator, Child Abuse and Neglect

- The provider (applicant), any individual over age 18 who resides in the home/facility, and any employee or volunteer shall provide evidence that they have not been named as an alleged perpetrator in the Child Protection Index. Forms will be provided that will give the verifying agency permission to check this registry.

12. National Criminal History Checks

- The provider (applicant) shall agree to National Fingerprint Criminal History Checks for the provider, all employees and volunteers who have direct contact with a child receiving care from the provider, as well as household members over the age of 18 years residing in the place where child care is provided, and for juvenile household members who have been waived to adult court.
- National Fingerprint Criminal History Checks must be completed using the services of L1 (Safran) who can be reached at 877-472-6917 or www.ibtfingerprint.com. All required National Fingerprint Criminal History Checks are done at the provider/individual's expense. The original receipt should be kept in the provider/individual's records.
- All criminal history reports must be clear of any felonies and/or misdemeanors related to the health or safety of a child. As well as, any felony sex offense or other offense classified as a dangerous felony or any other felony less than 10 years old as of discharge date from probation, imprisonment or parole, and any misdemeanor related to welfare fraud.
- Providers (applicants) are also responsible for reporting any police investigations, arrests or criminal convictions not listed on any National Fingerprint Criminal History Check for any individual required to provide such a report.
- The provider shall maintain a written policy requiring the individual household members, as well as, employees and volunteers who have direct contact with a child receiving care from the provider to report any criminal convictions to the provider (applicant).
- **Documentation may not be more than 60 days old at the time a completed application is received**.

13. Drug Test

- The provider, any individual over age 18 who resides in the home/facility, and any employee or

volunteer caregiver shall provide, at the provider's expense, results of a 5 panel drug test that documents the individual is free of the presence of illegal controlled substances.

- Drug testing shall be required prior to employment or participation in the CCDF voucher program. Additional drug testing may be required of an individual who is suspected of non-compliance.
- A provider who suspends an individual based on the results of a drug test shall maintain a written policy for reinstatement following rehabilitation and drug testing results that are negative for a prohibited substance.
- **Documentation may not be more than 60 days old at the time a completed application is received.**

14. Immunizations

- The provider (applicant) shall maintain and annually update documentation of age appropriate immunizations for all children, including the provider's own children and any other children present not participating in the CCDF Voucher Program.

15. Tobacco and Substance Policy

- The provider (applicant) shall maintain a written policy prohibiting the use of tobacco, unintended use of a toxic substance, use of alcohol (homes); use or possession of alcohol (centers and ministries): and use or possession of illegal substances, in the facility where child care is operated when childcare is being provided.
- The provider must sign and return a signed Tobacco and Substance Policy statement provided by the verifying agency or developed by the provider.
- The verifying agency will confirm the provider, household members, employees, or other individuals are in compliance with this policy by observation during the home inspection.

16. Supervision Policy

- The provider (applicant) shall ensure that a child in the provider's care is within sight or sound at all times, as defined in the June 3, 2005 Supervision Letter from FSSA.
- The verifying agency will confirm this by observing that the provider is supervising the children during the home inspection.

17. Safe Sleeping Practices

- A provider (applicant) intending to care for children less than 12 months of age shall be certified in safe sleep practices by participating in the Safe Sleeping Practices training provided by the Indiana Child Care Resource and Referral network.
- A provider (applicant) must assure all caregivers of children under 12 months of age follow safe sleeping practices.

18. National Fingerprint Criminal History Results

- An individual's criminal history report must be clear of any felonies and/or misdemeanors related to the health or safety of a child. As well as, any felony sex offense or other offense classified as a dangerous felony or any other felony less than 10 years old as of discharge date from probation, imprisonment or parole, and any misdemeanor related to welfare fraud.

19. Restroom and Hand Washing Standards

- A provider(applicant) must assure all caregivers are following appropriate restroom and hand washing procedures, as defined by the Bureau of Child Care, are followed at all times.
- The home/facility must have toilets which are in proper working order, accessible to children, and kept clean.
- A provider (applicant) shall assure all caregivers are following appropriate diapering guidelines, as defined by the Bureau of Child Care.
- The verifying agency will confirm this by observation during home inspection.

20. Discipline Policy

- A provider (applicant) shall have a written discipline policy which includes the type of discipline to be used and under what circumstances it will be used. This plan must include information about how the policy will be modified to meet a specific child's age and/or abilities, if applicable. (A sample may be obtained from the verifying agency.)
- Parents of children in your care shall receive a copy of this policy. The provider (applicant) must maintain a copy of the policy, signed by the parent/guardian of the child, in the child's records.
- A provider (applicant) shall assure all caregivers are following the discipline policy.
- The verifying agency will confirm this by observation during home inspection.

21. Unscheduled Visit

- A provider (applicant) shall allow parents/guardians to make unscheduled visits to the home/facility anytime child care is being provided.

22. Transportation

- A provider (applicant) shall provide a written statement stating their intent to transport or not transport children and the age of children to be transported.
- A provider (applicant) who does transport children shall:
  - ✓ Obtain written permission from the child's parent/guardian prior to transport (Sample transportation permission slip may be obtained from verifying agency); and
  - ✓ Assure the driver has meet all employee or volunteer requirements; and
  - ✓ Assure the driver holds a valid driver's license; and
  - ✓ Assure the vehicle used for transport is properly licensed and insured.
  - ✓ Submit a written transportation policy which includes age groups being transported.
- A provider (applicant) shall identify the vehicle(s) used to transport children and provide proof of registration and insurance.
- A provider (applicant) must follow Indiana state laws regarding car seats and seatbelt usage at all times.

23. Age of Caregivers

- A provider (applicant) shall be at least 18 years of age.
- A provider (applicant) shall assure any caregiver working without supervision is at least 18 years of age.
- A provider (applicant) shall assure any caregiver less than 18 years of age, but not less than 14 years of age, is supervised at all times by a caregiver at least 18 years of age when they are providing child care.
- The verifying agency will confirm this by observation during home inspection.

24. Child Abuse Prevention and Detection Training

- A provider (applicant) shall verify all employees and volunteers have received training concerning child abuse detection and prevention.
- A provider (applicant) shall maintain documentation of employee/volunteer training with the employee/volunteer's records.
- Information about Child Abuse Detection and Prevention training opportunities can be received from your local Child Care Resource and Referral agency or calling 866-865-7056

25. Orientation

- The provider (applicant) shall have a signed Orientation Training documenting their understanding of orientation topics. (Sample of required topics may be obtained from the verifying agency.)
- Before beginning employment or volunteer duties, the individual must receive a formal orientation to the

program/home/facility.

- A provider (applicant) shall document the completion of employee/volunteer orientation training.
- A provider (applicant) shall maintain documentation of employee/volunteer orientation training with the employee/volunteer's records.

26. Employee Records

- A provider (applicant) shall maintain at the home/facility where the child care program is operated documentation of all required employee/volunteer training.
- A provider (applicant) shall maintain documentation of employee/volunteer orientation training with the employee/volunteer's records.
- A provider (applicant) shall make the documentation available to the Division of Family Resources or its authorized representative, The Consultant's Consortium, Inc., upon request.

Definition of a volunteer: *As defined in IC12-7-2-199.2, A volunteer is an individual who, without compensation, provides services to a child care home, child care center, or child care ministry for at least 8 hours per month.*

- If an individual is not a volunteer, they are considered a guest. A guest **may not** be left alone with child receiving care at the home/facility at any time and may not be counted as a caregiver.

If you are able to meet these CCDF Provider Eligibility Standards, please contact The Consultants Consortium, Inc. to receive a "Provider Packet". The Consultants Consortium, Inc. will be verifying your compliance and are willing to assist you in any way possible.

For a complete list of the Laws, Rules and Related Policies for Child Care Development Fund (CCDF) please go to **http://www.in.gov/fssa/carefinder**

Possible Changes to Your Participation

After you have been certified as a CCDF Eligible Provider, your certification can be changed. This law outlines certain home/facility conditions, as defined by this law, which may place the child(ren) in your care at risk can result in Emergency Decertification. If these conditions exist, you will be unable to receive CCDF payment effective immediately.

Additionally, this law includes gives reasons for revocation of your ability to receive CCDF payment. If it is determined the provider (applicant) has given false statements on an application or any records required by the Division of Family Resources, there are credible allegations the provider has committed fraud, or if criminal charges of fraud have been filed against you, your CCDF eligibility will be revoked. If this happens, you will not be able to reapply to become a CCDF Eligible Provider for at least 2 years.

Please Keep This Information Sheet For Your Records.

Provider Eligibility Standards Team
Contact Information

Mailing Address:
PO BOX 1186
Indianapolis, IN 46206-1186

Phone Number: 1.317.638.7095
Toll Free: 1.866.921.6623

Fax Number: 1.317.972.0351
Toll Free Fax: 1.866.642.8002

Email: PES@e-tcc.com

Provider Packets are available online:
Visit: http://www.in.gov/fssa/carefinder/

"Become A Certified Unlicensed CCDF Provider"

Please Keep This Information Sheet For Your Records.

*****IMPORTANT INFORMATION BELOW*******

PLEASE READ THIS ENTIRE PAGE BEFORE COMPLETING ANY OF YOUR DOCUMENTATION

No payment of CCDF voucher funds will be made to any provider or program until all CCDF Provider Eligibility Standards have been met and a visit verifying the compliance with the provider eligibility standards has occurred.

A representative of The Consultants Consortium (TCC) will conduct a certification visit and information of compliance to the provider eligibility standards will be shared with the intake agent. Only then, can the provider/program receive funds from the CCDF voucher program. Payment will not be retroactive. Payment can begin only after the provider receives notification from the intake agent.

A provider/program must be licensed, registered, or legally exempt from licensure to receive CCDF voucher funds. *If care is being provided in the home, no more than 5 unrelated children can be in the care of the provider or the provider must be licensed.* If you are unsure about your need for licensure, call the Bureau of Child Care at 1-877-511-1144.

If a National Fingerprint Criminal Background Check required for any individual includes any felony criminal conviction or misdemeanor related to the health or safety of a child, any felony sex offense or other offense classified as a dangerous felony or any other felony within 10 years of discharge from probation, imprisonment or parole, any misdemeanor related to Welfare Fraud, the presence of an individual's name in the Sex Offender Registry or Child Protection Index, will result in the exclusion of the applicant from the CCDF Voucher Program. The application will be denied.

Also, a positive drug test result from the provider or any other individual living or working at the child care location will result in the denial of the application.

Your application must be completed within 60 days. If the application is not completed within the 60 days we will return all file documentation and you will be required to submit a new application with updated documentation.

A home inspection will not be scheduled until all file documentation is received in the office and approved by TCC including the National Fingerprint Criminal History check results from the state.

A copy of ALL documentation sent to TCC MUST be retained for your records. You must keep the ORIGINAL receipt for any National Fingerprint Criminal History check. (TCC cannot return the receipt to you.) This will prevent any problems and possible additional costs to you if your paperwork is lost. You should request a copy of your drug test results from the lab conducting your test.

Your Drug Test results are only valid for 60 days. A home inspection must be conducted and certification approval granted prior to the expiration date. If certification approval is not granted by the end of the 60 days you will be required to submit a new application including new/updated documentation.

Your 53323 Consent to Release Information results are only valid for 60 days. A home inspection must be conducted and certification approval granted prior to the expiration date. If certification approval is not granted by the end of the 60 days you will be required to submit a new application including new/updated documentation.

Children Immunization Records MUST BE on the form included in the packet.

First Aid and CPR Requirements

First Aid

The American Red Cross and National Safety Council classes are approved; however, they must include demonstration of skills. Therefore, online classes may not be accepted.

If another entity or individual is offering the course, it must cover the following:

- ✓ Choking
- ✓ Bleeding
- ✓ Artificial Breathing
- ✓ Poisoning
- ✓ Seizures
- ✓ Shock

All courses must also require the pupil to complete a return demonstration of skills. These courses must be taught by a licensed R.N., L.P.N., M.D., D.O., E.M.T. Paramedic or a certified First Aid Instructor. The provider must submit proof of all of the above requirements to meet the CCDF Certification requirement.

CPR

The American Red Cross and National Safety Council classes taught by certified instructors are approved; however, they must include demonstration of skills. Therefore, online classes may not be approved.

All other CPR courses must meet and document compliance with the JAMA (Journal of American Medical Association) standards and be taught by a certified CPR instructor. The course should require that participants demonstrate skills on mannequins as well as pass a written or oral test.

If you are obtaining instruction from the American Heart Association you must complete the certification process. Your card must state certification, not participation.

PLEASE NOTE: CPR training should be complete for all ages of children in your care. If you are caring for school-age children, it is necessary to obtain Adult CPR. In addition, CPR ***must*** be completed annually despite the expiration date on your CPR certification card.

Please Keep This Information Sheet For Your Records.

PROVIDER/APPLICANT SHOULD SUBMIT THE FOLLOWING DOCUMENTATION TO THE OFFICE.

_____ **Form A**: Application for CCDF Provider Eligibility Standards Certification

_____ **Form B**: Household Members List

_____ **Form B1**: Employees and Volunteer Caregivers List

_____ **Form C**: Supplemental Criminal History Information

_____ **Form D**: Tobacco and Substance Abuse Policy

_____ Supervision Letter (dated June 3, 2005) - Must be signed and dated

_____ **Form 1**: Evacuation Plans – This form will be in your file and must also be posted in your home.

_____ **Form 2**: Plan for Provider Illness: This form will be in your file and must also be posted in your home.

_____ Proof of your annual CPR Certification- We need a copy of the front and back of your card.
(Online classes are not accepted-Demonstration of Skills Required)

_____ Proof of your current First Aid Training – We need a copy of the front and back of your card.
(Online Classes are not accepted-Demonstration of Skills Required)

_____ Proof of Safe Sleep Certification, if you plan to care for children under 12 months of age - Copy of your Certificate

_____ Proof of running water- **Current** (within the previous 30 days) Water Bill. If you have Well or Spring Water a Water Quality Test (within the previous 12 months) is required.

_____ Proof of a landline phone – **Current** (within the previous 30 days) Phone Bill

_____ W9 Taxpayer Identification Number Request Form- Must be completed, signed and dated

_____ Child Care Information Sheet – Must be completed, signed and dated.

_____ Proof of Orientation signed by provider/applicant. (Sample available)

_____ Copy of Discipline Policy (Sample available)

_____ Proof of Child Abuse Training

_____ Signed Copy of Transportation Information Form

_____ Copy of the Written Transportation Policy (if applicable)

Please return the above listed documentation to:
The Consultants Consortium (TCC)
PO BOX 1186
Indianapolis, IN 46206-1186

Please Keep This Information Sheet For Your Records.

HOUSEHOLD MEMBERS (18 AND OLDER) MUST SUBMIT THE FOLLOWING DOCUMENTATION TO THE OFFICE.

_____ **Form C1**: Supplemental Criminal History Information (Household Member, Employee/Volunteer)

_____ **Form D1**: Tobacco and Substance Abuse Policy (Household Member, Employee/Volunteer)

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED TO THE OFFICE FOR THE PROVIDER, HOUSEHOLD MEMBERS 18 AND OLDER AND ALL EMPLOYEES/VOLUNTEERS

_____ Picture ID- Preferably a State Driver's License or State ID – The ID must show the Date of Birth

_____ A copy of the signed receipt from L1(Safran) for each individual required to provide a National Fingerprint Criminal Background Check which provides proof of fingerprinting. (DO NOT SEND THE ORIGINAL)

_____ State Form 53323- Consent for a Child Protection Index Check and Sex Offender Registry

_____ Drug Test Results- The results must be provided to us directly from the lab along with the signed Drug Test Release Form. The results must have a Medical Review Officers Signature

_____ TB Test Results- Results must be signed by a physician or nurse practitioner- Anyone with a history of Latent Or Active TB is required to submit documentation of an annual health assessment by a Physician reflecting the results are symptom screening for TB. The documentation must indicate they are free from communicable TB.

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED TO THE OFFICE FOR EMPLOYEES/VOLUNTEERS

_____ **Form C1**: Supplemental Criminal History Information (Household Member, Employee/Volunteer)

_____ **Form D1**: Tobacco and Substance Abuse Policy (Household Member, Employee/Volunteer)

_____ Proof of your annual CPR Certification- We need a copy of the front and back of your card. (Online classes are not accepted-Demonstration of Skills Required)

_____ Proof of your current First Aid Training – We need a copy of the front and back of your card. (Online Classes are not accepted-Demonstration of Skills Required)

_____ Proof of Orientation - This form must also be maintained in your employee/volunteers files on site

IMPORTANT NOTICE: THE STATE FORM 53323 RESULTS AND DRUG TEST RESULTS ARE ONLY VALID FOR 60 DAYS. A site inspection must be conducted and certification approval granted prior to the expiration date. If certification approval is not granted by the end of the 60 days you will be required to submit a new application including new/updated documentation.

Please return the above listed documentation to:
The Consultants Consortium (TCC)
PO BOX 1186
Indianapolis, IN 46206-1186

INSPECTION CHECKLIST-THESE ITEMS WILL BE VERIFIED BY TCC DURING THE HOME VISIT.

_____ **Form 1:** Evacuation plan in case of fire or severe weather –MUST BE POSTED

_____ **Form 2**: Plan for Provider Illness- MUST BE POSTED

_____ **Form 3**: Monthly Fire Drill Chart- MUST BE POSTED

_____ **Form 4**: Emergency Telephone Numbers-MUST BE POSTED

_____ Hand Washing and Diapering Procedures will be observed

_____ Working Landline Telephone

_____Working Smoke Detectors

_____Running Water – Water temperature must register at least 100 degrees Fahrenheit.

_____ Fire Extinguishers- Fire extinguishers are required on each floor of the home with an additional extinguisher in the kitchen area. Extinguishers **must be** 2 ½ pound or greater ABC/123 Multiple Purpose. **Single use Fire Extinguishers must be replaced every 24 months. They will be marked yearly at your inspection.**

_____ Verification all firearms and ammunition are inaccessible to children

_____Verification medications, poisons, chemicals, bleach, cleaning materials are inaccessible to children

_____ Verification of Two Exits- The home must have 2 exits, other than windows, located on different sides of the home that are not blocked and do not require passage through a garage or storage area where hazardous materials (gas, cars, mowers, etc) are stored and may be operated from the inside without the use of a key or any special knowledge

CHILD FILES MUST INCLUDE:

_____ Child Immunization Records-**MUST BE ON THE ENCLOSED FORM & SIGNED BY THE CHILD'S DOCTOR/ MEDICAL PROFESSIONAL WITHIN PREVIOUS 12 MOS, OF YOUR INSPECTION**

_____ **Form 5**: Emergency Contacts for Children

_____ Discipline Policy - Signed by the parent for each child

_____ Transportation Slip - Signed by the parent for each child if transporting children

EMPLOYEE/VOLUNTEER FILES (If applicable) MUST INCLUDE

_____ Drug Test Results- The Results must have a Medical Review Officers Signature and should be no more than 60 calendar days old based upon the hire date of the employee or volunteers.

_____ TB Test Results- Results must be signed by a physician or nurse practitioner- Anyone with a history of Latent Or Active TB is required to submit documentation of an annual health assessment by a Physician reflecting the results are symptom screening for TB. The documentation must indicate they are free from communicable TB.

_____ **Form C1**: Supplemental Criminal History Information (Household Member, Employee/Volunteer)

_____ **Form D1**: Tobacco and Substance Abuse Policy (Household Member, Employee/Volunteer)

_____ Proof of your annual CPR Certification (Online classes are not accepted-Demonstration of Skills Required)

_____ Proof of your current First Aid Training (Online Classes are not accepted-Demonstration of Skills Required)

_____ Proof of Orientation - This form must also be maintained in your employee/volunteers files on site

_____ Proof of Child Abuse Training-

TCC will request the results of the National Fingerprint Criminal Background Check, Child Protection Index Check and Sex Offender Registry Check on the applicant, household members, employees and volunteers after submission of the completed State Form 53323 and proof of L1 (Safran) fingerprinting. A home inspection will not be scheduled until the results of the checks have been received.

APPLICATION REQUEST FOR CCDF PROVIDER ELIGIBILITY STANDARDS CERTIFICATION

Provider: First Name _____ Last Name _____

Business Name (if applicable) _____

County Name _____

Home/Site Address: _____

City _____ State _____ Zip Code _____

Mailing Address: (if different from home address) _____

City _____ State _____ Zip Code _____

(Landline) Home Telephone Number: (_____) _____ (REQUIRED)

Cellular Telephone Number (if applicable): (_____) _____

Additional Contact Number (if applicable): (_____) _____

Fax Number (_____) _____

Email Address (if applicable) _____ @ _____

Days Operating (check open days) ☐ Su ☐ M ☐ Tu ☐ W ☐ Th ☐ F ☐ Sa Open from _____ to _____

Ages of children to receive care (check ALL that apply) ☐ Infant ☐ Toddler ☐ Pre-school ☐ School-Age

By my signature below, I hereby certify all documentation submitted is true and correct to the best of my knowledge.

I understand that I will be visited by a representative of The Consultants Consortium (TCC). This visit will be scheduled after all required documentation is received by TCC. The verification visit will confirm compliance of the required CCDF Provider Eligibility Standards for receipt of CCDF childcare voucher dollars. If the provider eligibility standards are met with satisfaction, I will be certified by the Family and Social Service Administration as a certified CCDF childcare provider.

I also understand I must allow unscheduled visits by a parent or legal guardian to my child care program during the hours my child care program is in operation.

PROVIDER SIGNATURE _____ **Date** _____

*Please return **signed and dated** form to the verifying agency, TCC.*

Form A

HOUSEHOLD MEMBERS

Provider Name (Please Print) _____

If you will be providing care in your home, please list name of all persons living in the home, including the provider. Also, include birthdates, ages, social security number, and a copy of the person's proof of identity with birth date, preferably a driver's license or state ID. Please indicate by checking the box below if no one resides in the home.

PRINTED NAME	**AGE**	**DATE OF BIRTH**	**SOCIAL SECURITY NUMBER** **(REQUIRED FOR ANYONE 18 YEARS OR OLDER)**	**Internal Use Only**
(Provider Name)				

I certify that the individuals listed above are members of my household. There are no other persons residing at the location currently being certified for the CCDF Voucher Program. If other individuals move into this residence in the future, OR if any household member reaches the age of 18 during the certification period, I will notify the verifying agency, The Consultants Consortium, and submit all necessary documentation. I understand my failure to provide this information to the verifying agency will constitute non-compliance with the CCDF Provider Eligibility Standards and can result in immediate loss of my eligibility to receive CCDF funds.

❑ **There are currently no individuals residing at the daycare location.**

Provider's signature _____ Date _____

*Please return **signed and dated** form to the verifying agency, TCC.*

FORM B

EMPLOYEES AND VOLUNTEERS

Provider Name (Please Print) _____

If you will be providing care in your home, please list the names of all persons working in the facility or volunteering as a caregiver. Also, include birthdates, ages, social security number, and a copy of the person's proof of identity with birth date, preferably a driver's license or state ID.

PRINTED NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	Supplemental Criminal History	Signed Tobacco & Substance Policy	MRO Signed Drug Test Results	TB Test Results	Documentation of Orientation	Age Appropriate CPR Training	First Aid Training	Child Abuse Training	Proof of Fingerprinting	Included on State Form 53323

NOTE: You must maintain an employee file which includes copies of required training documentation, as well as, any other required test or signed statement. This file will be made available to the verifying agency, The Consultants Consortium, and reviewed for completeness / compliance with Provider Eligibility Standards.

❑ **I CURRENTLY DO NOT HAVE ANY EMPLOYEES OR VOLUNTEERS. I will notify TCC it this changes in the future.**

I certify that the individuals listed above are employed or volunteering as a caregiver. There are no other persons working or volunteering at the location currently being certified for the CCDF Voucher Program. If other individuals are hired or volunteer in this residence/or facility in the future, I will notify the verifying agency, The Consultants Consortium, and submit all necessary documentation. I understand my failure to provide this information to the verifying agency will constitute non-compliance with the CCDF Provider Eligibility Standards and can result in immediate loss of my eligibility to receive CCDF funds.

Provider's signature _____ Date _____

*Please return **signed and dated** form to the verifying agency, TCC.*

FORM B-1

Provider Name _____

Supplemental Criminal History Information
Child Care Development Fund
PROVIDER

I, _____, have been informed that my participation in the Child Care Development Fund Voucher
(PROVIDER NAME)
Program requires the following individuals to consent to a National Fingerprint 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 who has direct contact with a child receiving care from a provider.

I have also been informed that in addition to the requirement to consent to a National Fingerprint 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

for which I am aware regarding any persons required to provide the National Fingerprint Criminal History listed above.

I understand by my signature that I must report this information to the verifying agency immediately and that my failure to report this information may result in my inability to participate in the CCDF Voucher Program.

Signature _____ Date _____

*Please return **signed and dated** form to the verifying agency, TCC.*

Form C

Provider Name _____

Supplemental Criminal History Information
Child Care Development Fund

Household Member, Employee or Volunteer

I, _____, have been informed that participation in the Child Care Development Fund
(Household Member, Employee or Volunteer)
Voucher Program requires the following individuals to consent to a National Fingerprint 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 who has direct contact with a child receiving care from a provider.

I have also been informed that in addition to the requirement to consent to a National Fingerprint Criminal History Check, I shall report to the childcare provider any information regarding:

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

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 CCCDF Voucher Program.

Signature _____ Date _____

*Please return **signed and dated** form to the verifying agency, TCC.*

Form C-1

Tobacco and Substance Policy
Child Care and Development Fund Program
PROVIDER

I, _____, have been informed that my participation in the Child Care Development Fund Voucher
(Provider Name)
Program requires me to provide assurance that I will not allow anyone to participate in the following acts during the hours in which I provide child care.

- I will not use tobacco anywhere in the child care facility (including outdoor play areas) during the hours I provide child care.
- I will not allow any household member or guest to use tobacco anywhere in the child care facility (including outdoor play areas) during the hours I provide child care.
- I will not use alcohol anywhere in the child care facility (including outdoor play areas) during the hours I provide child care.
- I will not allow any household member or guest to use alcohol anywhere in the child care facility (including outdoor play areas) during the hours I provide child care.
- I will not use any substance labeled harmful or fatal if swallowed or inhaled in a manner other than its intended purpose in the child care facility (including outdoor play areas) during the hours I provide child care.
- I will not allow any household member or guest to use any substance labeled harmful or fatal if swallowed or inhaled in a manner other than its intended purpose in the child care facility (including outdoor play areas) during the hours I provide child care.
- I will not use or possess any illegal substance.
- I will not allow any household member or guest to use or possess any illegal substance.

I understand by my signature below that my failure to comply with the above statements may result in my inability to participate in the Child Care Development Fund Voucher Program.

Signature _____ Date _____

*Please return **signed and dated** form to the verifying agency, TCC*

FORM D

Tobacco and Substance Policy
Child Care and Development Fund Program
(Household Member, Employee/Volunteer)

I, _____, have been informed that my participation in the Child Care Development Fund Voucher
(First & Last Name)
Program requires me to provide assurance that I will not allow anyone to participate in the following acts during the hours in which I provide child care.

- I will not use tobacco anywhere in the child care facility (including outdoor play areas) during the hours I provide child care.
- I will not allow any household member or guest to use tobacco anywhere in the child care facility (including outdoor play areas) during the hours I provide child care.
- I will not use alcohol anywhere in the child care facility (including outdoor play areas) during the hours I provide child care.
- I will not allow any household member or guest to use alcohol anywhere in the child care facility (including outdoor play areas) during the hours I provide child care.
- I will not use any substance labeled harmful or fatal if swallowed or inhaled in a manner other than its intended purpose in the child care facility (including outdoor play areas) during the hours I provide child care.
- I will not allow any household member or guest to use any substance labeled harmful or fatal if swallowed or inhaled in a manner other than its intended purpose in the child care facility (including outdoor play areas) during the hours I provide child care.
- I will not use or possess any illegal substance.
- I will not allow any household member or guest to use or possess any illegal substance.

I understand by my signature below that my failure to comply with the above statements may result in my inability to participate in the Child Care Development Fund Voucher Program.

Signature _____ Date _____

*Please return **signed and dated** form to the verifying agency, TCC*

Form D1

Mitchell E. Daniels, Jr., Governor
State of Indiana

Indiana Family and Social Services Administration
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083

E. Mitchell Roob Jr., Secretary

"People helping people help themselves"

June 3, 2005

Dear CCDF Child Care Provider,

As you may be aware, the CCDF provider standard defining supervision as "within sight and sound at all times" (470 IAC 3-18-1(23) has been voided by the Indiana General Assembly. Therefore, this letter serves to provide guidance as to what is meant by the standard of continual supervision found in Indiana Code 12-17.2-3.5-5.5. To ensure the safety of children in child care settings that accept CCDF vouchers, and for the protection of Indiana's providers, continuous supervision will be defined as follows.

- Caregivers shall supervise children by sight **or** sound at all times. Sound monitors alone shall not be considered as an acceptable means of supervision.
- Children shall remain on the same floor of the facility as the caregiver.
- During mealtimes, children shall remain in the caregiver's line of sight.
- Children shall not be left alone either inside or outside. With the written permission of parents, school age children (grade one and above) may be allowed to participate in activities outside the direct supervision of a caregiver. These activities must occur **on the premise** of the child care home. The caregiver must physically check such children every 15 minutes.
- Children who are able to toilet independently, including fastening and unfastening clothing, wiping themselves, flushing the toilet, and washing their hands, may use a bathroom for a short period of time without direct adult supervision.
- Children may sleep outside of the provider's direct line of vision as long as the following conditions are met:

    1. Children remain on the same floor of the home as the provider. Provider's children may sleep in their own beds.
    2. The doors to the rooms where children are sleeping remain open.
    3. Periodically, sleeping children shall be visually monitored and checked to insure they are breathing normally. Children under 15 months of age should be checked approximately every 15 minutes.

In addition, the agency provides the following guidance on safe sleep practices. To reduce the possibility of Sudden Infant Death Syndrome, children age 12 months or younger must be placed on their backs to sleep, unless the caregiver receives a written waiver of this requirement from a health care provider. Infants must sleep in a safe crib or port-a-crib. The following are the current safety guidelines for cribs and port-a-cribs.

- The slats of the crib can be no more than 2 3/8inches apart.
- Mattresses must fit snuggly with no more than one inch between the mattress and the side of the crib.
- The sides of the crib must be locked in the raised position while babies are sleeping.
- Never put anything soft, such as pillows, thick blankets, comforters, stuffed animals, or sheepskins in the crib with a sleeping baby. If a light blanket is used, it should be securely tucked in at the foot of the crib and reach only as far as the infant's chest.

Finally, sleeping infants should never be placed on an adult bed, sleeping bag, sofa, pillows, or thick blanket.

The safety and well being of Indiana's children are the top priority for all of us. Thank you for your hard work and dedication to this goal.

Sincerely,

E. Mitchell Roob Jr.,
Secretary
Family and Social Services Administration

cc: CCDF consultants

I have read and understand the policies set forth in this letter.

Signed, _____ Date_____

*Please return **signed and dated** form to the verifying agency, TCC.*

Provider Name _____ Location Address _____

Evacuation Plan In Case of a Fire or Other Emergency

Use the graph below to draw a floor plan layout of your home.

- Label each room in your home
- Mark the doors in your home
- Use arrows to show **two ways out.**
- Mark the Severe Weather Location- **M**ark the location on the graph above where you will gather in the event of a tornado or severe weather. **It should be a basement or interior area**, where the children will not be exposed to flying glass. If possible, store a battery operated radio and flashlight, blankets, small toys and books in this area. Take your cell or portable phone (if available) with you to this area.

This graph should reflect the route you will take during a fire drill. Remember to practice fire drills monthly!!!

*Fire Extinguishers are required on each floor of the home with an additional extinguisher in the kitchen.

Please indicate an outside meeting place: _____

This location should be at least 50 ft from your home.

Severe Weather Plan Location: _____

This form or one similar to it, must be posted in your home in a visible location.
You must also submit it to the verifying agency, TCC.

Form 1

Provider Name _____

Plan for Provider Illness

Written plan in case of provider illness, injury, or death

Please make sure you fill out this form completely and sign and date the form at the bottom.

- If I should get seriously injured or become seriously ill or expire, I/emergency personnel will call _____ at (_____)_____ who will notify the parents to come and
  (Name of Contact Person) (Area Code and Phone Number)
  pick up their children immediately. The person named above will not care for the children, but only stay long enough for the parents to arrive.

- The children's records are located _____.

- I have provided each parent with the phone number of the childcare resource and referral agency to assist in finding emergency care. The number is **1-800-299-1627**.

- If I should get hurt or become ill and I am able to, I will notify the parents or guardians of the children to come and pick them up or I will provide a qualified substitute caregiver.

  Are you going to use a substitute caregiver? (Please select one) YES or NO

  IF USING A SUBSTITUTE CAREGIVER, please provide the name: _____
  I understand this individual must meet all employee requirements: Drug Test, TB Test, CPR, First AID, and Child Abuse Training, Orientation, National Fingerprint Criminal History and signed release for Child Abuse and Sex Offender Registry. This employee should be listed on the Employees and Volunteer form #B-1.

- If I care for a child who is capable of understanding what to do in an emergency situation I will teach him or her how to contact another adult and/or call 911.

I understand by my signature I agree that the above plans will be followed in case of my illness and a copy of this will be posted in my home at all times.

Signature _____ *Date*_____

This form or one similar to it, must be posted in your home in a visible location.
You must also submit it to the verifying agency, TCC.

Form 2

Monthly Fire Drill Log

Provider Signature _____

Date	Time	Weather Conditions at Time of Fire Drill	Number of Children Present	Length of Time to Evacuate	Smoke Detectors Checked & Okay	Attendance Taken at Gathering Place	Name of Person Conducting Drill

FIRE DRILLS MUST BE CONDUCTED MONTHLY AND THIS LOG AVAILABLE FOR THE VERIFYING AGENCY AT THE TIME OF RECERTIFICATION.

This form or one similar to it <u>must be posted</u> and will be verified during the home inspection for your Provider Eligibility Recertification.

Form 3

Provider Name _____

Emergency Contact Information to Be Posted By the Phone

Fire: 911 or (___) _____

Ambulance: 911 or (____) _____

Police: 911 or (___) _____

Poison Control: 1-800-222-1222

Our address is: _____

_____

(Address)

_____

(City) (State) (Zip Code)

Our Phone Number is: (____) _____

If a child should need immediate medical assistance I will contact a rescue squad or hospital at 911 or (_____) _____. I will contact the parents of the injured or ill child to let them know their child's condition.

Transportation to the doctor or hospital will be provided by _____(name the method of transportation to be used, such as personal car, rescue squad, taxi or neighbor's car)

This form or one similar to it should be posted and will be verified by TCC during the Provider Eligibility Standards Certification visit.

Form 4

Provider Name _____

Emergency Contacts for Children

Child's Name_____
Address_____
Phone_____ Birthdate _____

Primary Contact_____
Employer_____ Phone_____
Cell phone _____Beeper _____

Alternate Contact_____
Employer_____ Phone_____
Cell phone _____Beeper _____

Alternate Contact_____
Employer_____ Phone_____
Cell phone _____Beeper _____

Special Medical Health Need(s): _____

_____

Parent's Signature: _____

Date:_____

This form or one similar to it will be verified by TCC during the Provider Eligibility Standards Certification visit.

DRUG TEST MUST BE CONDUCTED BY SAMSHA CERTIFIED LABS
Child Care and Development Fund Drug Testing Guidelines
Effective October 31, 2002

Indiana Code 12-17.2-3.5-12.1 requires each childcare provider to provide drug test results which do not show a presence of illegal controlled substances for themselves, all individuals residing in the home over the age of eighteen (18) and any employee or individual caring for children on their behalf prior to participation in the Child Care and Development Fund (CCDF) program. This drug test shall test for Amphetamines, Cocaine, Opiates, PCP and THC. Each drug test shall meet the following criteria.

1. Chain of Custody shall follow guidelines, which are consistent with U.S. Department of Transportation requirements. (See specific Chain of Custody instructions listed below.)
2. Each drug screen shall be processed by a lab, which has been certified by the Substance Abuse and Mental Health Services Administration (SAMHSA, formerly NIDA).
3. Drug test results shall be reviewed by a nationally certified Medical Review Officer using positive cut-offs established by the U.S. Department of Transportation. Drug test results must include contact information for the Medical Review Officer and signature when possible.
4. Drug test results shall be faxed or mailed to the verifying agent.

The following Chain of Custody shall be followed for drug testing results provided to the Family and Social Services Administration as required by Indiana Code.

- ❑ The collector shall ask the donor for photo identification.
- ❑ After verification of donor's identification, the collector will complete step one of the custody of control form provided by the laboratory (non-regulated).
- ❑ The collector will ask the donor to remove any unnecessary outer clothing (coat, etc.) and leave hand carried items (briefcase, etc.) outside toilet enclosure. The donor may be required to empty his/her pockets at collector's discretion.
- ❑ The collector will instruct the donor to wash and dry his/her hands.
- ❑ The collector will provide the donor a wrapped and sealed collection container and/or specimen bottle. Either the collector or the donor may open the container bottles in donor's presence.
- ❑ If the container and bottle are wrapped together, the donor should be allowed to take container and bottle into toilet enclosure. If container and bottle are wrapped separately, only the collection container should be taken into toilet enclosure. The wrapped bottle should remain outside enclosure and then opened in the donor's presence when the donor gives the filled collection container to the collector.
- ❑ The collector will accompany the donor to toilet enclosure when it is time for the donor to provide urine sample. The donor will enter toilet enclosure and shut the door, the collector remains outside the closed door.
- ❑ The donor will hand filled collection container to the collector, both the donor and the collector should maintain visual contract of the specimen until labels and seals are placed over bottle caps.
- ❑ The collector checks specimen and reading of the specimen temperature indicator within four minutes of receiving the specimen from the donor. The collector then marks the appropriate box on custody of control form.
- ❑ The collector checks specimen volume ensuring there is at least thirty milliliters of urine in a single specimen collection.
- ❑ The collector checks specimen for unusual color, odor or other physical qualities that may indicate an attempt to adulterate the specimen.
- ❑ The collector will pour at least thirty milliliters into the specimen bottle.
- ❑ The collector immediately places lid/caps on specimen bottle and then applies tamper evident labels/seals.
- ❑ The collector will write the date on label field. The donor will be asked to initial labels/seals when affixed to the bottles.
- ❑ After sealing the specimen bottle, the donor will be permitted to wash and dry his/her hands, if he/she so desires.
- ❑ The donor will be instructed to read and complete the donor certification section of the custody of control form, including signing certification statement.
- ❑ The collector will complete collector's certification section of custody of control form, including signing certification statement.
- ❑ The collector will record any remarks concerning collection process in "remarks section" of custody of control form.
- ❑ The collector will complete chain of custody block of custody of control form. At a minimum, the collector will complete; the specimen, received by, purpose of, change, date, and released by blocks of the custody of control form.
- ❑ The collector will give the donor his/her copy of custody of control form and the donor may leave collection site at completion of this step of the collection process. It is not necessary for the donor to remain at collection sight while specimen bottle and custody of control form are prepared and packaged for shipment.
- ❑ The collector will prepare the bottle and copies of the custody of control from for shipment to the laboratory. The bottles and custody of control form copies will be shipped in a padded mailer or shipping container secured with an outer seal. The collector will initial and date the seal on the shipping container.
- ❑ Finally, the collector will send the MRO copy of the form directly to the MRO addressed on the form and the employer copy to the designated representative.

CCDF Substance Abuse Screening
Test Consent Form

CCDF Provider Name: _____ Phone: _____

CCDF Provider Address: _____

Individual providing sample: _____ ☐ Provider ☐ Employee ☐ Household Member

Indiana Code 12-17.2-3.5-12.1 requires that each childcare provider shall provide drug test results which do not show a presence of illegal controlled substance(s) for themselves, all individuals residing in the home over the age of eighteen (18) and any employee or volunteer caregivers caring for children prior to participation in the Child Care and Development Fund (CCDF) program. This shall include Amphetamines, Cocaine, Opiates, PCP and THC.

I, the undersigned, have been informed that drug test results must be provided to the Division of Family Resources (DFR) and the CCDF verifying entity for participation in the CCDF program. The DFR and the verifying agency shall maintain confidentiality of these results. The results of this drug test will be used to determine eligibility for participation in the CCDF program. If drug testing results of the provider or any individual required to supply such a test, indicate the presence of an illegal controlled substance, the provider is ineligible to participate in the CCDF program. I further understand that this test and any subsequent test will be conducted at the provider's expense. An inconclusive drug test will not be considered a drug test for purposes of determining program eligibility.

Name of Verifying Agency: **The Consultants Consortium (TCC)**

Name of Contact Person: **Christy Christianson, PES Program Manager** Fax Number: **317-972-0351 or 866-642-8002**

Address: **PO Box 1186, Indianapolis, IN 46206-1186** Phone Number: **317-638-7095 or 866-921-6623**

I understand that if I refuse to consent to take the test and provide the results to the DFR and the verifying agency, the verifying entity will be unable to document my compliance with CCDF Provider Eligibility Standards and thereby will be unable to authorize me, my household member's or employer's participation in the CCDF program. *I understand that I may be required to provide additional test on a random basis or when suspicion of non-compliance is documented.*

I have read and understand the Drug Testing Guidelines and consent form that have been provided to me.

I hereby: _____ Consent _____ Refuse to Consent

to the drug test; to providing the results to the DFR and the verifying agency, and to the use of the results to determine eligibility for the CCDF voucher program.

Individual receiving test: _____ Date/Time_____

Collection Site Representative:_____ Date/Time_____

(Please provide a copy of this signed release form with the drug test results to the agency listed above.)

Child Care Information Sheet

List all children under 12 being cared for in this home, including the provider's own children, if applicable.

Provider Name _____

Child's Name	**Childs Date of Birth**	**Own Child**	**Relative**	**How is this child related to you?** *(grandchild, niece, nephew, step-niece or step-nephew)*	**Immunization Record**	**Discipline Policy Signed**	**Transportation Slip on File**
		❑	❑		❑	❑	❑
		❑	❑		❑	❑	❑
		❑	❑		❑	❑	❑
		❑	❑		❑	❑	❑
		❑	❑		❑	❑	❑
		❑	❑		❑	❑	❑
		❑	❑		❑	❑	❑
		❑	❑		❑	❑	❑

The children listed above are the children I provide child care for including CCDF Voucher Children, Non-CCDF Children and my own children.

NOTE: *You must maintain files for **all** the children in your care which includes a signed discipline policy, emergency contact information for the child's parent, immunization records, and transportation permission slips, if appropriate.* These records will be reviewed by a representative from the verifying agency, The Consultant Consortium, to determine compliance with CCDF Provider Eligibility Standards.

❑ I am not caring for any children this time.

Provider Signature _____ Date _____

(Your signature is required even if you do not have any children in your care.)

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here **Signature of U.S. person ▶** **Date ▶**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 7[2]

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting *www.irs.gov* or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
For this type of account:	**Give name and EIN of:**
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity [4]
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov.* You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.consumer.gov/idtheft* or 1-877-IDTHEFT(438-4338).

Visit the IRS website at *www.irs.gov* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

Please Keep This Information Sheet For Your Records.

HELPFUL TIPS AND IMPORTANT INFORMATION FOR COMPLETION OF THE STATE FORM 53323

- **Helpful Tips for completing the State Form 53323 Consent to Release Information**
  - **Please use Black or Blue ink to complete the form. (Do Not Use A Pencil)**
  - **The Applicant needs to complete the Name, Address and County in the top section of the form. The address listed in this top section should be the site address where the care is being provided. TCC will complete the LLEP# and Name of Consultant section. NOTE: TCC must be made aware of any applicant, director, employee or volunteer that work at multiple locations. TCC must know each location that the applicant, director, employee or volunteer might work so they can properly process the State Form 53323.**
  - **The name printed on the form needs to match the ID/Driver's License submitted to TCC.**
  - **The Maiden or Other Name field should be completed if applicable.**
  - **Each person completing the form must check the box as the Applicant, Staff, Volunteer or Household Member.**
  - **The SS#, Date of Birth, Sex and Race fields are required.**
  - **The address must include the City, State and Zip Code.**
  - **The signature field and date field are required for each individual. The signature date should be within the last 30 days from the date received by TCC.**

FSSA Fingerprinting in Indiana

Follow the simple steps outlined below to complete the fingerprinting process:

1. Using your computer web browser, go to ***www.L1enrollment.com*** and choose Indiana.
2. If you do not have access to the internet, you may call us toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked the following questions instead of completing these steps yourself.
3. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish).
4. Enter your first and last name and click "go".
5. Choose your Agency Name **Family and Social Services Administration** and click "go".
6. When it asks "Why are you being fingerprinted", select whichever is applicable: child care center employee or child care home employee.
7. Select the location where you want to be fingerprinted. You may choose a region of the state, click on the map, or enter a zip code to get a list of locations in a specific area. Press "go".
8. Click on the words "Click to Schedule" across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the "Next Week>>" link to display more dates. Once you select the location/date combination, select the time for your appointment and click "go".
9. Complete the demographic information page. Required fields are indicated by a red asterisk (*). When complete, click "Send Information".
10. Confirm the information. Follow the on screen directions to make any changes necessary. Once you see the data is correct, click "Send Information".
11. Complete your payment process and click "Send Payment Information".
12. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
13. Bring **one** of the following with you to your fingerprinting appointment: Valid Driver License, Valid State Issued Identification Card, Valid Passport, Student ID with Picture and DOB, Work ID with Picture and DOB, Valid Alien ID card with Picture and DOB. If you do not have the above identification, you will need **both** a valid Birth Certificate and a Social Security Card.
14. Arrive at the facility at your appointed date and time.
15. The Enrollment Officer at the site will check you ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
16. You will receive a signed receipt at the end of your fingerprinting session which can be provided to your agency for proof of fingerprinting.
17. All results will be processed and delivered to the authorized agency. L-1 is never in possession of criminal record data results.

5/5/2009

Requirements Under Federal Law for Fingerprint-based Background Checks

Title 28, CFR, 50.12 (b) *requires*:

Records obtained under this authority may be used solely for the purpose requested and cannot be disseminated outside the receiving departments, related agencies, or other authorized entities.
Officials at the governmental institutions and other entities authorized to submit fingerprints and receive FBI identification records under this authority must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI.
The officials making the determination of suitability for licensing or employment shall provide the applicants the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.
These officials also must advise the applicants that procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in 28 CFR 16.34. Officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. A statement incorporating these use-and-challenge requirements will be placed on all records disseminated under this program.
This policy is intended to ensure that all relevant criminal record information is made available to provide for the public safety and, further, to protect the interests of the prospective employee/licensee who may be affected by the information or lack of information in an identification record.

Based upon this Federal statute, your agency is required to notify applicants that their fingerprints are being submitted to the Federal Bureau of Investigation (FBI) for a national background check.

Additionally, you must notify the applicants they may challenge their record. Please review the second page of this document for instructions on challenging a record. *Each applicant who is subject to a background check is entitled to:*

a. Obtain a copy of any background check report; and
b. Challenge the accuracy and completeness of any such report and obtain a prompt resolution before a final determination is made by the authorized agency.

Procedure to Challenge Criminal History Record

Agency Instructions

The applicant may request a copy of their criminal history information obtained from a national background check. They must do so in person so their identity can be verified at the Indiana State Police Headquarters (see address below). The record may also be sent by US Mail (to address below) if they sign a waiver requesting a copy. The waiver shall include the applicant's name, date of birth, address, legal signature and a method of contact.

For the Applicant

You may challenge the record if you believe it contains inaccurate or incomplete information. You must follow the instructions listed below. The Indiana State Police (ISP) Records Division serves as the state's central repository for criminal history record and custodian for fingerprints. The ISP Records Division does not have the authority to modify any record unless specifically notified to do so by the owner (Court, Clerk of Court or Criminal Justice Agency) of the information.

Instructions for Challenge

Your written request should clearly identify the information that you feel is inaccurate or incomplete and should include copies of official court documents and supporting documentation that substantiate your claim. For example, if your disposition information is incorrect or missing, you may submit documentation obtained from the court having jurisdiction over the arrest or the office prosecuting the offense. The ISP will make appropriate changes and notify you of the outcome when we are in receipt of the official Court or Criminal Justice Agency documents.

You may submit a record challenge to the ISP Records Division by writing to the following address:

Indiana State Police
Attention: Records Division
100 North Senate Avenue, IGCN
Indianapolis, IN 46204

JUVENILE CRIMINAL HISTORY

- Juvenile along with parent or guardian must go to a **local** law enforcement agency (**not** a State Police Post) and ask for fingerprints to be done on a card for a Juvenile Review Challenge. They do not go to an L-1 site because they only do National Criminal History Checks. The local agency may or may not charge a fee for the fingerprints. This would be separate from the $10 charge by the State Police.
- **Do not** leave the card with the local law enforcement agency or ask them to run the check.
- The attached form, fingerprint card, and a $10 certified check or money order payable to the State of IN must be sent together to the address on the form.
- If there are questions about the Review Challenges they can contact Kathi Mauritzen at 317-232-8266.

(Please type or print all information)

NAME OF JUVENILE

Last Name First Name M.I.

Date of Birth Sex Race

Juvenile's Residence Address

REQUEST FOR JUVENILE CRIMINAL HISTORY INFORMATION

Indiana Code 31-39-1-2: "All juvenile court records are confidential."
In accordance with Indiana Code 5-2-5.1-13, juvenile criminal history data may only be released to that individual, their parent, guardian, or custodian.

Juvenile criminal history data may be obtained two (2) ways:

1) The subject of the request; their parent, legal guardian, or custodian may come into our office (address below) and request the criminal history information in person.

   a) Must have picture I.D., or Social Security card & Birth Certificate of the juvenile.
   b) The requestor must be the subject of the request, their parent, guardian, or custodian.
   c) This form- *no exceptions*
   d) $10.00 cash, certified check, or money order payable to STATE OF INDIANA
      (No Personal Checks)

2) Request by mail-please submit the following:
   a) This form- *no exceptions*
   b) A complete set of fingerprints taken by a law enforcement agency
   c) $10.00 cash, certified check, or money order payable to STATE OF INDIANA
      (No Personal Checks)

WARNING-PENALITY FOR MISUSE

The individual receiving the response for juvenile criminal history information may not utilize it for purposes other than those stated in the Indiana Code, or for purposes which deny the subject of this request any civil right to which he or she is entitled.

Any person who uses the response to this request for juvenile criminal history information for any purpose prohibited by law commits a Class A misdemeanor offense under IC 5-2-25-5, and maybe sentenced up to one year in jail.

I affirm, under the penalty of perjury, that the information I have provided on this form is true, and the response to this request for Juvenile Criminal history Information will not be used in violation of law.

Signature of Requestor Date

Cash will be accepted only if request is in person: otherwise, *certified checks* and *money orders* should be payable to STATE OF INDIANA.

Mail request to:
Indiana State Police, Central Repository
P.O. Box 6188
Indianapolis, IN 46206-6188

THIS IS A REQUIRED FORM *Day Care Provider Name* _____

Child Immunization Record

Child's Name _____ **Date of Birth** _____

Parent's Name _____ **Phone** _____

Address _____
Street Address City State Zip

Record Date of Immunization

	Birth	1 mo	2 mo	4 mo	6 mo	12-18 mo	2-3 yr	4-6 yr
Hep B								
DtaP / DTP / Td								
Hib								
MMR								
IPV								
Varicella								
PCV / Prevnar								
Hep A								

Child has documented history of Varicella Disease _____ No _____ Yes If yes, age _____

Please check the appropriate response.

- ❑ Child has received complete age-appropriate immunizations.
- ❑ Child is currently in the process of receiving complete age-appropriate immunizations.

ONE BOX ABOVE MUST BE CHECKED BY THE HEALTH CARE PROVIDER

Comments: ***(Please list immunizations excluded for medical reasons)*** _____

_____

_____

Parent comments: (Please indicate religious objection, if any)

_____

_____

Signature_____ Date_____
(Health Care Provider's Signature and Date is **Required**.)

Printed Name and Title _____
(Printed Name and Title is **Required)**

This form must be updated annually.

TRANSPORTATION INFORMATION

Provider Name _____

Do you plan to transport children while they are in your care? ☐ **NO** ☐ **YES**

- ✓ If you have answered **YES** to the above, you must attach your written transportation policy. This policy must include age groups being transported.
- ✓ If you have answered **NO** to the above, please sign below to confirm your intent.

I am not transporting children at this time. If I decide at a later date to begin offering transportation on a regular or occasional basis, I will contact the verifying agency, The Consultant's Consortium, to demonstrate my compliance with CCDF Provider Eligiblity Standards prior to transporting children.

I affirm the above statement is true and correct. *Signed* _____ Dated _____

THIS PROTION OF THE FORM MUST BE COMPLETED IF YOU INTEND TO TRANSPORT CHILDREN

When transporting children in my care, I will use one of the vehicles listed below.

VEHICLE #1	**VEHICLE #2**
YEAR:	**YEAR:**
MAKE:	**MAKE:**
MODEL:	**MODEL:**
COLOR:	**COLOR:**
PLATE State & **Number**	**PLATE** State & **Number**
INSURANCE COMPANY:	**INSURANCE COMPANY:**

You must provide a copy of the registration and insurance card for EACH vehicle.

When transporting children in my care, one the following driver(s) who is at least 18, holds a valid driver's license and is myself or is included on the Employee and Volunteer Form #B-1 will be responsible for driving and securing children.

DRIVER #1 (Provider, if applicable)	**DRIVER #2**	**DRIVER #3**
NAME:	**NAME:**	**NAME:**
BIRTH DATE:	**BIRTH DATE:**	**BIRTH DATE:**

You must provide a copy of each driver's valid license and list the persons, other than the provider, on Form B-1.

By my signature below, I confirm I understand CCDF Provider Eligibility Standards require me to ensure the following:

- ✓ The vehicle is properly plated and insured at all times; and
- ✓ The drivers are at least 18 years of age and hold a valid driver's license; and
- ✓ The driver is considered an employee or volunteer and therefore has met all CCDF Provider Eligibility Standards.

Further, I understand the children must be transported safely and I must follow proper seatbelt procedures as required by Indiana state law.

Applicant Signature: _____ *Date:* _____

ANNUAL TUBERCULOSIS SCREENING QUESTIONNAIRE

This form is to be used annually when an employee has had a positive result occur from Tuberculosis screening using either skin testing (PPD) or blood sample (QFT-G).

Name_____ Date_____

Positive TB skin test (PPD) Date:_____

OR

Positive Quantiferon- Gold (QFT-G) date: _____
If either PPD or QFT-G is positive- then:
Last Chest X-Ray Date: _____ (result must be on file)

Please indicate if you are having any of the following problems for three to four weeks or longer:

1. **Chronic Cough (greater than 3 weeks) Yes _____ No _____**
2. **Production of Sputum Yes _____ No _____**
3. **Blood-Streaked Sputum Yes _____ No_____**
4. **Unexplained Weight Loss Yes _____ No_____**
5. **Fever Yes _____ No _____**
6. **Fatigue/Tiredness Yes _____ No _____**
7. **Night Sweats Yes _____ No _____**
8. **Shortness of Breath Yes _____ No _____**

<u>NO EVIDENCE OF PULMONARY TUBERCULOSIS OR CONTAGIUM</u>.

Date_____ Agency Employee Signature _____

Date_____ _____
Health Care Provider (M.D., D.O., N.P.)

ORIENTATION FOR STAFF OR VOLUNTEERS

SAMPLE

Name _____ **Position** _____

Date of Hire _____ **Orientation Date** _____ **Start Date** _____

THE FOLLOWING TOPICS WERE DISCUSSED WITH THE NEW EMPLOYEE:

- ☐ Names, ages, specific needs of children assigned, including food allergies
- ☐ Location of children's records
- ☐ Children's emergency information
- ☐ Supervision Policy
- ☐ Discipline Policy
- ☐ Safe Sleep Practices
- ☐ Medication storage and use
- ☐ Illness Policy including when to exclude children due to illness
- ☐ Diapering Procedures
- ☐ Hand Washing Procedures
- ☐ Cleaning, sanitizing, disinfecting procedures
- ☐ Location of emergency numbers
- ☐ Location of first aid supplies
- ☐ Smoking, Alcohol and Drug Policies
- ☐ Emergency evacuation procedures
- ☐ Location and operation of fire extinguishers
- ☐ Location and operation of smoke detectors for testing during drills
- ☐ Emergency procedures for bad weather
- ☐ Location and operation of gas, electric and water shut-off
- ☐ Other _____
- ☐ Other _____

Signature of Employee/Volunteer _____

Signature of Provider _____

This form must be signed and kept in the employee/volunteer file.

SAMPLE

<u>SAMPLE</u> DISCIPLINE/GUIDANCE POLICY

Home Provider Name _____

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, I may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, I will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, I will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or other children, I will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

_____ _____

Child's Name Date of Birth

Additional techniques to be used with my child:

_____

_____

_____

Parent/Guardian Signature _____ Date _____

SAMPLE

IMPORTANT NOTICE!!
PERMISSION TO TRAVEL

SAMPLE

Dear Parent / Guardian:

On _____, I will be taking your child(ren) to
(Date, including year)

_____ located at _____.
(Name of Place) (Address of Place)

We will leave at _____ and return at _____.

Your child needs to bring: _____.

Please sign and return the permission slip below.

Child's Name _____

Child's Name _____

Child's Name _____

I give my permission for my child(ren) listed above to go on _____
(Date)

to _____.
(Location of travel)

I understand my child will be transported safely using the appropriate equipment (car seat, booster seat or lap belt).

Parent / Guardian Signature: _____

Hand Washing 101 for Legally License Exempt Homes

Proper and frequent hand washing is the easiest and most effective way to prevent the spread of illness and disease in child care. Using the proper procedure and washing hands frequently can prevent the spread of the common cold, flu, and food borne illness as well as many other germs. Children mimic behavior, so staff who wash their hands using the proper procedure at the appropriate times are setting a great example for the children in their care.

Hand Washing is Required!

Indiana state regulations require that child care providers and the children in their care wash their hands before and after certain duties and activities.

Child Care Staff Must Wash Hands…

- Before and After
  - Preparing meals and snacks
  - Eating
- After
  - Toileting
  - Feeding infants and children
  - Bathing infants and children
  - Wiping noses
  - Diapering and assisting children with toileting
  - Handling bodily fluids
  - Coughing into hands
  - Handling pets

Children Must Wash Hands…

- Before and After
  - Assisting with meal and snack preparation
  - Eating
- After
  - Toileting
  - Handling bodily fluids
  - Coughing into hands
  - Handling pets

When is Hand Washing Recommended?

Indiana state law covers the hand washing basics, but there are numerous other instances when hand washing is recommended for health and safety purposes.

- It is recommended that staff wash hands *before* feeding infants/children, bathing infants/children, wiping noses, and diapering/assisting children with toileting.
- It is recommended practice that staff wash hands before and after administering medication.
- It is recommended that children wash hands *after* a diaper change.
- It is recommended that staff and children wash hands:
  - After touching contaminated surfaces. A surface is contaminated if there is reason to believe that the surface has been or could be exposed to contaminants. This would include washing hands after taking out the trash.
  - After coming in from the outdoors.
  - Upon arriving at the child care center and before leaving.
  - After sensory play involving sand, water, etc.

The Proper Procedure

The "proper" procedure is the hand washing process that has been proven most effective at eliminating germs. **Staff and children must wash hands using the proper procedure.**

- Wet hands under running water;
- Use plenty of soap to make a good lather;
- Keep fingers pointed toward the drain;
- Scrub fronts and backs of hands;
- Remember to wash wrists, scrub around fingernails and rings;
- Scrub between fingers;
- Scrub for at least 20 seconds;
- Rinse well with running water;
- Dry hands with a clean disposable towel or wall-mounted drying device

An Easy Guide to Diapering Guidelines for Legally License Exempt Homes

Diapering should be a special time for caregiver and baby. This is a chance for the child to bond with you and have your full attention. Because diapering is often a messy job, proper hygiene is essential to protect the health of you and the child.

Before you Begin…

- The changing table is fully intact, washable, and sanitizable
- Waterproof paper is used and covers the length and width of the changing surface
- One hand is kept on the child at all times
- The use of gloves is required when blood is present

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The Diapering Process

1. The child's clothing is removed or moved
2. The soiled diaper is removed
3. The child is cleansed with a wipe
4. The waterproof paper is folded to cover the soiled area (if soiled)
5. Gloves are removed (if used)
6. A clean diaper is placed on the child and the child is redressed
7. The diapering waste is disposed of in a tightly covered, plastic-lined waste container
8. The waterproof paper is removed
9. Staff wash and sanitize the surface if soiled using a solution of ¼ cup bleach to 1 gallon of water or EPA approved sanitizer or hospital grade germicide.
10. Staff wash hands

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It is Recommended That…

- Gloves are used
- Staff wash hands before beginning the diapering process
- Children wash hands after the diapering process
    - If an infant cannot be held at the sink, wash hands with a clean, wet, soapy disposable towel or washcloth and rinse hands using a second clean wet disposable towel or washcloth
    - **Diaper wipes are not an acceptable alternative to infant hand washing**
- The changing surface is washed and sanitized after each use

Social and Learning Opportunities

Diapering is a special bonding time between child and caregiver. Here are some things you can do to enhance that experience:

- Focus your attention exclusively on the child.
- Treat the child with respect.
- Talk with the child about what you are doing and what the child is experiencing, as this encourages language skills and helps build confidence.

Car Seat Recommendations for Children

- Select a car seat based on your child's age and size, and choose a seat that fits in your vehicle and use it every time.
- Always refer to your specific car seat manufacturer's instructions; read the vehicle owner's manual on how to install the car seat using the seat belt or LATCH system; and check height and weight limits.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

NHTSA
www.nhtsa.gov

AGE

Birth – 12 months

Your child under age 1 should always ride in a rear-facing car seat.
There are different types of rear-facing car seats: Infant-only seats can only be used rear-facing. Convertible and 3-in-1 car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

1 – 3 years

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness.

4 – 7 years

Keep your child in a forward-facing car seat with a harness until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the back seat.

8 – 12 years

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snug across the shoulder and chest and not cross the neck or face. Remember: your child should still ride in the back seat because it's safer there.

DESCRIPTION (RESTRAINT TYPE)

A **REAR-FACING CAR SEAT** is the best seat for your young child to use. It has a harness and in a crash, cradles and moves with your child to reduce the stress to the child's fragile neck and spinal cord.

A **FORWARD-FACING CAR SEAT** has a harness and tether that limits your child's forward movement during a crash.

A **BOOSTER SEAT** positions the seat belt so that it fits properly over the stronger parts of your child's body.

A **SEAT BELT** should lie across the upper thighs and be snug across the shoulder and chest to restrain the child safely in a crash. It should not rest on the stomach area or across the neck.

www.facebook.com/childpassengersafety

http://twitter.com/childseatsafety

March 21, 2011

Tips for Creating a Safe Sleep Environment for Infants in Child Care

This checklist can serve as a basis for assessing the safe sleep environment for caregivers of infants. This information is based on American Academy of Pediatrics standards and the publication *Caring for Our Children* and applies to **infants under 1 year of age**. You are encouraged to attend the training, Safe Sleeping Practices and Reducing the Risk of SIDS in Child Care, offered through your local child care resource and referral agency (http://iaccrr.org), to learn the most recent research-based practices.

Assess the sleep environment:

- ☐ The Infant is always placed to sleep on a firm sleep surface, such as a safety-approved crib mattress, in a safety-approved crib, porta-crib, or play yard (check with what licensing allows)
- ☐ The mattress fits snugly in the crib
- ☐ The fitted crib sheet fits tightly around the mattress
- ☐ The infant is never placed to sleep on a sofa, chair, or adult bed
- ☐ There is no soft or loose bedding, such as a quilt, placed underneath the infant
- ☐ All blankets, pillows, quilts, and bumpers are kept out of the infant's sleep area
- ☐ Nothing covers the infant's face (i.e., bibs)
- ☐ Crib gyms, crib toys, mobiles, mirrors, and all objects/toys are prohibited in or attached to an infant's crib
- ☐ Stuffed animals, stuffed toys, and loose bedding are kept out of the sleep area
- ☐ There is no smoking in the program
- ☐ The infant is kept away from any area where smoking has occurred
- ☐ The sleeping infant is not overheated by a room temperature that is too high or by too many layers of clothing
- ☐ There is a medical waiver on file that is signed by a doctor and lists the medical reason for a sleep position other than on the back for all infants who require an alternate position

Be sure to follow these important rules of infant care:

- ✓ Infants under one year of age are always **placed on their backs to sleep**, for naps and at night
- ✓ Instead of a blanket, the infant is placed to sleep in sleep clothing such as a one-piece sleeper
- ✓ When the infant is awake and **being watched by a caregiver**, it is desirable to place him or her on the stomach for "tummy time." (Tummy time helps infants achieve developmental milestones.)
- ✓ Shall not use products such as wedges etc. that are intended to control the position of the infant in sleep as these have not been sufficiently tested for effectiveness or safety).
- ✓ If the infant falls asleep in another surface (carrier, car seat, swing) they should be immediately removed and placed in a safety approved crib, porta-crib or pack and play
- ✓ Do not swaddle infants using blankets. Swaddling is not recommended in child care.
    - o If you do swaddle infants under 3 months then use a safe swaddler according to manufacturer specifications and not a blanket
- ✓ The infant is not placed to sleep with a bottle

In addition:

- ✓ **Pacifier use:** Consider offering a clean dry pacifier when placing the infant down to sleep for naps or at night
    - o The pacifier does not need to be re-inserted if it falls out
    - o If infant refuses the pacifier, he or she should not be forced to take it

- For breastfed infants delay pacifier use until 1 month of age to ensure good onset of breastfeeding
- The pacifier should not be coated in any solution. Pacifier should be cleaned often and replaced regularly
- The pacifier should not be clipped or attached to the infant or the crib (strangulation hazard)

✓ Develop and follow a policy regarding sleep position in your child care setting

✓ Discuss your policy with parents before enrollment
- It is recommend that parents sign the policy
- Provide safe-sleep-related educational resource materials for parents

✓ Develop a schedule to check for recalls of infant products. *Consumer Product Safety Commission at: http://www.cpsc.gov*

Does your Crib Meet New Safety Standards?

From the Federal Rule:

"[b] beginning June 28, 2011, all cribs manufactured and sold (including resale) must comply with new and improved federal safety standards. The new rules, which apply to full-size and non-full-size cribs, prohibit the manufacture or sale of traditional drop-side rail cribs, strengthen crib slats and mattress supports, improve the quality of hardware and require more rigorous testing." CPSC's crib rule includes a standard for full-size cribs (**16 CFR part 1219**) and a standard for non-full-size cribs (**16 CFR part 1220**).

Some things you should know:

- All family child care homes (licensed or license-exempt), child care centers, and unlicensed registered child care ministries must use compliant cribs.
- As of June 28, 2011 all cribs manufactured and/or distributed in the United States must comply with new standards.
- Cribs manufactured before July 23, 2010 are not likely to be compliant.
- Cribs manufactured between July 24, 2010 and June 27, 2011 are not guaranteed to be compliant either.
  - A certificate of compliance must be kept on file for these cribs
- ***NO*** drop-side crib will be compliant with the new standards, even if it has an "immobilizer" or "fix-it" kit.

New Play Yard standards:

Effective Feb 28, 2013, play yards manufactured or imported for sale in the US must meet new and improved federal safety standards (16 CFR 1221).

For Play Yards: (Check with what licensing allows)

☐ Side rails should not form a sharp V when the product is folded. This prevents a child from strangling in the side rail.

☐ Corner brackets should be strong in order to prevent sharp-edged cracks and to prevent a side-rail collapse

☐ The mattress should be sturdy on the play yard floor to prevent children from getting trapped or hurt

☐ There should be no tears in mesh or fabric

☐ No missing, protruding, or loose screws, rivets, bolts, or hardware

☐ In good repair (if it is broken do not use it) and has not been recalled

☐ No cracks or stress whitening in plastic parts (especially corner brackets)

Due to changes in Indiana law, as of July 1,2013, you and all of your employees and volunteers must take training on Child Abuse Detection and Prevention in order to continue receiving CCDF payments.

There are a variety of ways that you and your staff can receive this required training at no cost:

1. Attend a webinar:
   Go to IACCRR Training Central at http://www.iaccrr.org/default.cfm?page=training-central. You must register with Training Central to see the available dates and times of the scheduled webinars and to register to attend a webinar. Many additional webinars have been added in order to help you meet this new requirement. Webinars are free but space is limited. You must have internet access and a compatible computer to participate in a webinar. If you have questions about this please call IACCRR at 1-800-299-1627.

2. Attend a face to face training at one of the local Child Care Resource and Referral Offices. A map of these offices and contact information for each is printed on the back of this flyer. Please call your local Child Care Resource and Referral office to learn more about when the trainings are offered and how to register your staff. Additional trainings have been added at each of the local offices to help you meet this new requirement. Trainings are free but space is limited.

3. If you have a large number of staff members that need this required training, your local Child Care Resource and Referral Office may be able to schedule a time to train your staff in person at your child care facility. Please contact your local Child Care Resource and Referral Office listed on the back of this flyer to learn more about this possibility.

4. You can find additional online training opportunities at http://www.iaccrr.org/default.cfm. These trainings are offered by a variety of child care partners. There may a cost for these trainings.

Training must contain information about how to identify child physical, sexual and emotional abuse and neglect, how to report suspected abuse or neglect, and how you can prevent abuse or neglect from occurring. If you are unsure if a particular training will meet the requirements, check with your inspector/consultant prior to taking the training.

Remember, you are required to show documentation that you and each staff person and volunteer has received this training. You must keep this documentation and make it available to your inspector during your next inspection.

While additional trainings and webinars have been added, it is highly recommended that you schedule your training as soon as possible. You and your staff must have this training prior to your inspection in order to continue receiving CCDF payments.