EXHIBIT ONE

CERTIFICATION OF COMPLETION OF REQUIRED CRIMINAL AND BACKGROUND CHECKS

(R 5 / 4-16)

The Provider, (legal name) _____, hereby certifies that it has performed all of the checks as required pursuant to the criminal and background checks procedure set forth in Section 53 [Criminal and Background Checks] of its professional services contract with the Indiana Department of Child Services (DCS.) (EDS# _____) (the "Contract,") including collection of attestations regarding child abuse and neglect or criminal activity.

A spreadsheet of the Provider's current Covered Personnel that have received the requisite criminal and background checks referenced herein is attached hereto. The list is provided on the Covered Personnel Spreadsheet provided by DCS on its website and can be found at http://www.in.gov/dcs/3743.htm (a sample spreadsheet is attached on page 2 of this Exhibit). The Provider shall submit this form **with an updated list** of covered personnel annually upon the anniversary date of the Contract. **Reminder**: Covered Personnel who join the Provider after the Contract begins may **not** provide any services for the Provider pursuant to the Contract before the requisite criminal and background checks have been completed unless they are accompanied by other staff who have completed acceptable checks.

The Provider hereby certifies that it has, per Contract requirements complete the below steps (check all that apply to any covered personnel) in accordance with DCS Child Welfare Policy, Sections 13.3 and 13.4:

_____ *Verified the identity* of all individuals subject to criminal and background checks per DCS Child Welfare policy;

_____ *Completed, signed and filed* the Application for Criminal History Background Check Form, state form 53259;

_____ *Conducted Child Protection Services (CPS) checks* (for Indiana, send DCS an Indiana Request for Child Protection Services History Check State Form 52802; for other states, *see* DCS' website on child welfare policies for web link);

_____ *Conducted National Sex Offender Registry checks* (*see* DCS' website on child welfare policies for web links for national checks);

_____ *Conducted Local Law Enforcement Agency checks through law enforcement jurisdictions corresponding to all home addresses*;

_____ *Registered and completed fingerprinting* through the DCS approved fingerprinting vendor and *assured that a fingerprint-based status letter is received on DCS letterhead* via e-mail for each Covered Personnel; and

_____ *Reviewed the results* of criminal and civil Background Checks and taken appropriate action per DCS Child Welfare policy.

_____	_____
Signature of Provider	Date
_____	_____
Typed or Printed Name Signed Above	Title of Signer
_____	_____
E-mail Address of Signer	Phone Number

Please print off, complete all appropriate blanks, including signatures, scan and save in PDF format.
Please e-mail this completed certification in a PDF format and complete the Covered Personnel Spreadsheet saving as An Excel document and e-mail both to COBCUinquiry@dcs.in.gov

COVERED PERSONNEL SPREADSHEET

Enter Agency Legal Name Below:			Enter Contract Number Below			Date Below	Name of Preparer Below	
Covered Personnel's **name appears on most recent Fingerprint Based Status Letter** issued to contractor via e-mail.					Required for all Covered Personnel.	Required for all Covered Personnel.	Required for all A1 Covered Personnel	Required for all A1 Covered Personnel
Covered Personnel's Last Name	Covered Personnel's First Name	Date of Birth of Covered Personnel	Last four numbers of SS# of Covered Personnel	Job Title/Duties of Covered Personnel. Assure that CEO is listed on spreadsheet	Child Protection Service Checks for all states lived in last five years?	National Sex Offender Registry Check for all States lived in last five years?	Fingerprint-Based National and State Check completed and evaluated through DCS? Yes or No	Local Law Enforcement Check for all home address(es) lived in last five years? Yes or No

SAMPLE