

Substance Abuse Screening Test Consent Form

Indiana Code 12-17.2-3.5-12.1(Legally Licensed Exempt & Child Care Ministries accepting CCDF), 12-17.2-5-3.5 (Licensed Homes), and 12-17.2-4-3.5 (Licensed Centers) 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 licensing or 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.

Program/ Licensee Name: _____

Program address: _____ **Phone:** _____

Person to be screened [name]: _____ **Self** **Employee/ caregiver or Volunteer**

I, the undersigned, have been informed that drug test results must be maintained in the regulated program and available to the to the Division of Family and Children. Confidentiality of these drug testing results will be maintained by the licensee and will not be disclosed for any other purpose. The results of this drug test will be used to determine compliance with the Indiana Code 12-17.2-3.5-12.1(Legally Licensed Exempt & Child Care Ministries accepting CCDF), 12-17.2-5-3.5 (Licensed Homes), and 12-17.2-4-3.5 (Licensed Centers). If drug test results of any individual required supplying such a test, indicate the presence of an illegal controlled substance, the regulated child care program shall immediately suspend or terminate the individual's employment or volunteer services. A regulated child care program that does not comply is subject to denial of an application for a license or suspension revocation of an issued license/ certificate. I further understand that this test and any subsequent test will be conducted at the regulated program's expense or individual's expense.. An inconclusive drug test will not be considered a drug test for purposes of determining compliance with IC12-17.2-5-3.5.

I understand that if I refuse to consent to take the test and maintaining the results for inspection by the DFC will not be in compliance with The results of this drug test will be used to determine compliance with the Indiana Code 12-17.2-3.5-12.1(Legally Licensed Exempt & Child Care Ministries accepting CCDF), 12-17.2-5-3.5 (Licensed Homes), and 12-17.2-4-3.5 (Licensed Centers).

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: and to providing the results to the licensee that will be maintained and available for inspection by the DFR and/or Office of Early Childhood and out-of-School Learning.

Signed: _____ Date/Time: _____
(Individual undergoing drug testing)

License/Director/ Manager: _____ Date/Time _____
(Please maintain a copy of this signed release form & drug test results in files accessible by DFR personnel)