

ATTACHMENT L

EXHIBIT 1

CERTIFICATION OF COMPLETION OF REQUIRED CRIMINAL AND BACKGROUND CHECKS

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 49 [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 list of the Provider's current Covered Personnel that have received the requisite criminal and background checks referenced herein is attached hereto. The list should be provided on the Excel Spreadsheet Tool provided by DCS or similar that records all information on the Excel Spreadsheet Tool for all Covered Personnel. 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):

_____ *Verified the identity* of all individuals subject to criminal and background checks per DCS child welfare policy 2.10;

_____ *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 form; for other states, see DCS' website on child welfare policies for web link);

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

_____ *Conducted Local Law Enforcement 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 2.11.

Signature of Provider

Date

Typed or Printed Name Signed Above

Title of Signer

E-mail Address of Signer

Phone Number

Send by U.S Postal Service to: DCS, Deputy Director of Programs and Services
Rm. E 306, MS 47
302 W. Washington St.
Indianapolis, IN 46204--2739