

# **BACKGROUND CHECKS**

**Registered Provider Listing**

**Criminal Background Check (CBC) Process  
Overview**

**Criminal Background Check (CBC) Unit  
Policies and Procedures**

**Forms OMR 101-109**

**Frequently Asked Questions on CBC**

**Voluntary and DDSO Fingerprinting Locations**

May be found at the OMRDD website

[www.omr.state.ny.us](http://www.omr.state.ny.us)



STATE OF NEW YORK  
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES  
44 HOLLAND AVENUE  
ALBANY, NEW YORK 12229-0001  
(518) 473-1997 • TDD (518) 474-3694

**DIVISION OF QUALITY ASSURANCE  
ADMINISTRATIVE MEMORANDUM NO. 98-02**

**TO:** All DDSO Directors  
Executive Directors, OMRDD Certified Programs.

**FROM:** Jan Abelseth *(Signature)*  
Interim Deputy Commissioner

**SUBJECT:** State Central Register Background Checks

**DATE:** May 26, 1998

Chapter 578 of the Laws of 1997 amended the Social Services Law, expanding access to the State Central Register of Child Abuse and Maltreatment for non-residential certified providers of service to conduct background checks on employees or prospective employees. This amendment allows a State Central Register background check to be made for employees, prospective employees, consultants, contractors and volunteers who have the potential for regular and substantial contact with children in an OMRDD certified residential or day program.

If you have any questions concerning when a background check should be conducted, how to conduct a background check or what your agency code is, please contact John Guskie, Bureau of Management and Program Evaluation, Division of Quality Assurance, at the above address or at (518) 473-2100.

**Attachment**

**cc:** Central Officer Leadership Team  
J. Guskie  
G. Lind  
D. Johnson  
R. Jung  
C. Mugno  
J. Otis  
J. Trent  
D. Picker

**APPLICANT INQUIRY**

**PROCESS**

**State Central Register of Child Abuse  
and Maltreatment Clearance Inquiry**

**OMRDD**

**May 1998**

**C A P A**  
(Child Abuse Prevention Act)

**APPLICANT INQUIRY PROCESS**

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**I     EXECUTIVE SUMMARY**

1.     It is the responsibility of each provider agency's designated administrative office to ensure that Form DSS-3370, State Central Register Clearance Form is completed and submitted for any current or prospective employee or volunteer who has the potential for regular and substantial contact with children in an OMRDD certified residential or day program.
2.     It is the responsibility of the DDSO Family Care Coordinator to ensure that Form DSS-3370, State Central Register Clearance Form is submitted for any person being actively considered for certification as a family care provider, along with any other adults residing in the house, and who will have the potential for regular and substantial contact with children placed in that home.
3.     When an offer of employment or a commitment to engage services is made, and prior to making any inquiry to the State Central Register, the applicant is to be informed that such an inquiry will be made and the basis for making it is a statutory requirement.
4.     Upon the examination of the information submitted, the State Central Register will notify the provider agency whether or not the applicant is the subject of an indicated child abuse or maltreatment report.
5.     When an applicant is found to be the subject of an indicated case of child abuse or maltreatment, a letter of notification will be sent by the Register to both the provider agency and the applicant. The provider agency must attempt to obtain the report on file with the Register. This report, however, will only be released with the written authorization of the applicant. After reviewing the report, the provider agency must determine whether the applicant should be retained or whether administrative action (e.g., termination, disciplinary action, reassignment, transfer) should be taken.
6.     Every provider agency must ensure the confidentiality of any records or information related to background checks made through the State Central Register. State law requires that individuals given access to child abuse or maltreatment report data shall not divulge or make public any identifying information. Any person who permits or encourages the release of such data, to an unauthorized source, is subject to prosecution for a Class A Misdemeanor.

## II. IMPLEMENTATION RESPONSIBILITY AND WHO SHOULD BE CHECKED

- 1 It is the responsibility of the personnel office (by whatever name or designation it may be known), or other designated administrative office, at each provider agency (see Glossary) to implement procedures to ensure that Form DSS-3370, State Central Register Clearance Form, is completed and promptly submitted to the State Central Register of Child Abuse and maltreatment (State Central Register or SCR) (see glossary) for anyone in the following categories:
  - A Any person who is actively being considered for a position and who has the potential for regular and substantial contact with children (Note: If someone is interviewed and hired, they are still considered an applicant).
  - B Any current employee of an individual, corporation, partnership, or association who provides goods or services to a facility who has the potential for regular and substantial contact with children.
- 2 The personnel office or other designated administrative office, in keeping with the policy of the provider agency, may also require completion of Form DSS-3370 from the following:
  - A Any current employee who, because of transfer or reassignment, has the potential for regular and substantial contact with children.
  - B Any current employee who already is in or has the potential for regular and substantial contact with children.
  - C Any volunteer, current or prospective, who has the potential for regular and substantial contact with children.
  - D Any consultant to be hired or whose contract is to be renegotiated who has the potential for regular and substantial contact with children.
- 3 It is the responsibility of the Family Care Coordinator at the DDSO to implement procedures to ensure that Form DSS-3370, State Central Register Clearance Form, is completed and promptly submitted to the State Central Register for any person who is actively being considered for certification as a family care provider, along with any other adults residing in the house and who have the potential for regular and substantial contact with children to be placed in that home.
- 4 Submission of Form DSS-3370, State Central Register Clearance Form, is to be made only for those who have the potential for regular and substantial contact with children in an OMRDD certified residential or day program. The form is not to be submitted in relation to those who will have such contact only with adults.

Note: All those noted above are hereafter referred to as "applicants" (excluding adults residing in the house of a prospective family care provider) (see glossary) unless these guidelines specifically relates to a certain segment of this group.

**III. DETERMINATION OF POTENTIAL FOR REGULAR AND SUBSTANTIAL CONTACT WITH CHILDREN**

- 1 Using the guidelines below, each provider agency will make its own determination as to who will be screened through the State Central Register, based on the regulatory provision of "potential for regular and substantial contact with children" in an OMRDD certified residential or day program.
- 2 The use of the terminology, "the potential for regular and substantial contact with children," as applied in the law to employees, volunteers, consultants, providers of goods and services and family care providers and those residing in the house of a family care provider, has been interpreted by the Office of Children and Family Services as clearly intended to make the provisions for checking such parties through the State Central Register applicable to more than just those who have direct child-care responsibilities. Certainly, such employees are included in the concept, but "regular and substantial contact" implies a degree of contact that is less than direct child-care, but more than casual or occasional. On the other hand, it is not intended to require screening of everyone in a facility just because they might have contact with children.
- 3 In determining whom to include within the definition of "regular and substantial contact" it is necessary to give consideration to what may constitute "regular" contact with children and to what may constitute "substantial" contact.

Regular contact would be more than a one-time contact. It would also be something other than a random set of contacts, even though the contacts occur more than once with the same child or children. Regular also implies that there is some recurring basis to the contact -- that is -- it occurs once a day, one a week, twice a day, twice a week, twice a month, etc. Thus, someone who has contact with a child or children being cared for by the facility which is more than one-time or random and on a recurring basis may be considered to have "regular" contact with children.

Substantial contact may be defined in a similar fashion. A brief contact of only a few moments duration, or even a series of such brief contacts would not constitute substantial contact. To be substantial, the contact must last for some extended period of time, although no absolute time limit may be established for all cases. Furthermore, the person in contact with the child should have an established role that involves some relationship to, or responsibility for care, safety, or development of a child in order for that person to be considered as having the potential for substantial contact. Substantial contact would exclude contacts that are basically superficial in nature. Another factor in determining substantial contact is the potential period of time a person is or may be alone or essentially alone with child. For example, fifteen minutes in which a person will be alone with a child could generally be given greater weight in making a "substantial contact" determination than would the situation of a person in contact with a child for a longer period of time in which other caretaking personnel, adults, or parents are present.

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- 4 To meet the criteria of the Child Abuse Prevention Act and of Social Services Law 424-a for screening applicants with the State Central Register, such applicants must have the potential for both regular and substantial contact with children being cared for by the facility. A person who may have regular contact with children, even once a day every day, but whose contact could not be construed to be "substantial," would not be a person about whom an inquiry to the State Central Register would be made. Likewise, a person who may have a "substantial" contact with a child, in that the person may be alone with a child or children for a substantial block of time, but whose contact is no way "regular" (e.g., it happens only once or very infrequently without any recurring basis), would also not be a person about whom inquiry to the State Central Register would be made.

#### IV. HOW TO CONDUCT BACKGROUND CHECKS

- 1 When conducting an interview with a person who will have the potential for regular and substantial contact with children, the individual conducting the interview should directly ask if the person has ever been a subject of an indicated report of child abuse or maltreatment. (An indicated report means that the Office of Children and Family Services has determined that some credible evidence exists of child abuse or maltreatment, as reported to the State Central Register of Child Abuse and Maltreatment.)
  - \* The person should be advised that if he or she has misrepresented himself or herself by the information given, such misinformation may subsequently result in an administrative action, including dismissal, should the applicant be accepted.
  - \* The person should be advised that, upon active consideration for employment, acceptance of services, or certification as a family care provider, he or she will be asked to complete a form that will be submitted to the State Central Register to determine whether or not he or she has been the subject of an indicated report of child abuse or maltreatment.
- 2 When an offer of employment or a commitment to engage services is made, and prior to making any inquiry to the State Central Register, the applicant is to be informed that such an inquiry will be made and the basis for making it is a statutory requirement. There are several forms to facilitate the process. DDSOs must use these forms; other provider agencies may use them as is or adapt them. See Appendices A, B, C, and D. These and other forms are only to be given to those who have the potential for regular and substantial contact with children.
- 3 Form DSS-3370, State Central Register Clearance Form, MUST be completed in its entirety and it MUST be accurate and legible. If the form does not meet these criteria it will be returned, without processing, by the State Central Register.
  - \* It is recommended that the first section on the form be completed by the personnel office (or other designated administrative office) or family care coordinator, as appropriate.
  - \* It is suggested that the applicant complete the balance of the form and that the personnel office (or other designated administrative office) or family care coordinator, as appropriate, ensure that it has been filled out completely and legibly, and assists the applicant as needed to encourage accuracy.

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- 4 A provider agency may designate one person or several people to be responsible for ensuring completion of Form DSS-3370, and for receiving and processing responses from the State Central Register (see page 15, "Clearance Liaison").
- 5 Each provider agency that provides services to children is to develop its own procedures with providers of goods and services as to how employees of individuals, corporations, partnerships, or associations will:
  - Be determined to have the potential for regular and substantial contact with children served by the provider agency.
  - Be provided with the required notification (see Appendix A) and Form DSS-3370 for completion.
  - Be contacted with the outcome of the inquiry.

In all cases, however, it is the ultimate responsibility of the provider agency to make the final determination as to who will have the potential for regular and substantial contact with children, ensure completion of Form DSS-3370, to submit the form to the State Central Register, and to receive and handle the responses for the Register.

- 6 The completed Form DSS-3370 must be mailed to:

For individuals who are not prospective employees:

New York State Central Register  
of Child Abuse and Maltreatment  
40 North Pearl Street  
Albany, NY 12243  
Attention: CCU

For individuals who are prospective employees:

New York State Office  
of Children and Family Services  
PO Box 22046  
Albany, NY 12201-2046  
(please see page 11 for fees)

Do not submit the form electronically (e.g., fax) or deliver it by hand.

- 7 Upon examination of the information submitted, the State Central Register will notify the provider agency whether or not the applicant is the subject of an indicated child abuse or maltreatment report.
- 8 Clearance requests for new applicants may be submitted individually.
- 9 If an agency elects to screen or re-screen current employees and/or others already providing services to children, this may not be done any more frequently than semi-annually, and such clearance request forms are to be "batched" when sent to the State Central Register.

V. **CLEARANCE RESPONSES**

- 1 The State Central Register will respond to the clearance request by notifying the inquiring provider agency that the Register does/does not find the person(s) screened to be the subject of an indicated report of child abuse or maltreatment as defined under the limitations of Section 424-a of Social Services Law.
- 2 If an applicant who is screened is found to be the subject of an indicated report, the State Central Register will forward notice of this finding to the subject at his or her home address, as well as to the provider agency.
- 3 If an applicant who is screened is not found to be the subject of an indicated case of child abuse or maltreatment, the provider agency can expect that a response will be generated by the State Central Register within approximately ten days of receipt of the clearance request form.
- 4 If a response is not received within 40 days, a call should be made to the State Central Register to determine if the form was received. Calls should be made to:

(518) 473-8960

Do not resubmit a clearance request unless the State Central Register advises that this should be done.

- 5 IF A RESPONSE IS NOT IMMEDIATELY FORTHCOMING, THIS SHOULD NOT BE CONSTRUED TO MEAN THAT THE APPLICANT IS THE SUBJECT OF A REPORT.
- 6 Additional clearance forms can be obtained by writing to:

Bureau of Forms and Print Management  
NYS OCFS  
PO Box 1990  
Albany, NY 12201

or by calling: (518) 474-2473

**VI. WHAT TO DO WHEN YOU LEARN THAT AN INDIVIDUAL IS THE SUBJECT OF AN INDICATED REPORT**

- 1 When an applicant checked through the State Central Register is found to be the subject of an indicated case of child abuse and maltreatment, a letter of notification will be sent by the Register to both the provider agency and the applicant. At this point, the letter will provide no information other than the fact that the applicant is found to be the subject of an indicated report.

When the notification indicates that the applicant is a subject of an indicated case of child abuse or maltreatment, an attempt must be made by the provider agency to obtain the report on file with the Register. This report, however, will only be released upon the written authorization of the applicant. The release, along with the request for the report, is to be forwarded to the Register by the provider. Attached is a form that must be used by DDSOs and which agencies may wish to adapt or use for this purposes (see Appendix E).

- \* If the applicant is not a permanent employee and refuses to provide written authorization, or has misrepresented himself or herself as to status with the Register, termination should be considered. Likewise, termination of the services of any others covered by the law should be considered.
  - \* If the applicant is a permanent employee, disciplinary action should be considered when: (1) The employee refuses to provide written authorization to obtain the Register report; or (2) It is found that the permanent employee has misrepresented himself or herself during any interview or on any official document.
- 2 After reviewing the report, the provider agency must determine whether the applicant should be retained or whether administrative action (e.g., termination, disciplinary action, reassignment, transfer) should be taken. Contents of the report from the Register, as well as other factors such as the following, should be considered when making determinations on the course of action to be taken.
    - \* The seriousness of the event involved in the indicated report.
    - \* The seriousness and extent of any injury sustained by the child(ren) named in the indicated report.
    - \* The documented harmful effect on or injury to the child(ren) as a result of the applicant's action or inactions and the relevant events and circumstances surrounding the actions.

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- \* The ages of both indicated applicant and the child(ren) at the time of the occurrence of child abuse or maltreatment.
  - \* The elapsed time since the most recent occurrence of child abuse or maltreatment.
  - \* The number and/or frequency of indicated reports of child abuse or maltreatment.
  - \* The relationship of the indicated report(s) of child abuse or maltreatment compared with the nature of the position for which the applicant is being considered.
  - \* Any information produced by the applicant, or produced on his or her behalf, in regard to rehabilitation.
  - \* In an ICF/DD, compliance with 42 CFR 483.420 (d)(1)(iii).
  - \* The length of employment as well as performance evaluations (for those who are currently employees of the provider agency).
- 3 If a decision is made to hire or retain the services of an indicated applicant following review of the indicated report, the rationale for the decision must be documented in writing.
  - 4 If a decision is made not to hire or retain the employee or any other indicated applicant based on the information contained in the Register report, the applicant must be informed in writing whether the decision was based in whole or in part on such indicated report, and the factors that led to the conclusion of unsuitability. The applicant must also be informed that he or she can seek a review of the report. This is required by Section 424-a of the Social Services Law. Attached is a form letter that must be used by DDSOs and which provider agencies may wish to adapt or use for this purpose (see Appendix F).
  - 5 A provider agency may want to give consideration to establishing a review committee to examine and make recommendations for action to be taken in regard to an applicant indicated in a child abuse or maltreatment report. Such a committee may be a useful instrument providing recommendations to the appointing authority to help insure consistent, fair and equitable treatment.

**VII. CONFIDENTIAL STORAGE AND ACCESS TO RECORDS**

- 1 Every provider agency must ensure the confidentiality of any records or information related to background checks made through the State Central Register, and access thereto. Therefore, it is recommended that all records be maintained in the personnel or other designated administrative office; or for family care, in a secure area under the auspices of the Family Care Coordinator.
- 2 The record of materials compiled through this screening process must be maintained in a separate, confidential file in the personnel office or other administrative office as appropriate. State law requires that individuals given access to child abuse or maltreatment report data shall not divulge or make public any identifying information. Any person who willfully permits or encourages the release of such data, with identifying information, to persons or agencies not authorized by the Child Abuse Prevention Act is subject to prosecution for a Class A Misdemeanor.
- 3 In cases where materials related to the checking process are required to be transmitted, the material must be addressed to an individual rather than an office or location and must be sent in a sealed envelope marked, "Confidential: To Be Opened Only by Addressee."

**VII INSTRUCTIONS FOR COMPLETING FORM DSS-3370 (REV 1/95)**  
**STATE CENTRAL REGISTER CLEARANCE FORM**

**Background**

The "State Central Register Form" IS NOT an application for employment. It is used solely for screening purposes as described in Section 424-a of the Social Services Law. It is to be completed in addition to any other form required by a provider agency as part of any application process that will result in hiring or the retaining of services. Other than for family care certification, the reason an applicant is required to provide demographic data on other person in the household is not to screen those persons, but to enable the State Central Register to identify, with the greatest degree of certainty, whether or not the applicant is the subject of an indicated child abuse or maltreatment report. Any other use of such information in a discriminatory manner would be contrary to the Human Rights Law.

**Fees**

Social Services Law 424-a has been amended to require the collection of a fee for each clearance request received on each prospective employee. An agency check, certified check, postal or bank money order, teller's check, or a cashier's check made payable to "New York State Office of Children and Family Services" in the amount of five (\$5.00) dollars must accompany each clearance application. The check must also include the applicant's name and the provider agency's code number. Please note that a separate check must accompany each clearance application form DSS-3370 (Rev 1/98). While the law stipulates that the fee shall be paid by the applicant, the Office of Children and Family Services will accept a check made out by the provider agency.

Clearance forms for new or prospective employees, with fees, are to be mailed to:

New York State Office of Children and Family Services (NYS OCFS)  
P.O. Box 22046  
Albany, NY 12201-2046

Clearance forms for all other applicants are free of charge and are to be mailed to:

NYS Central Register of Child Abuse and Maltreatment  
40 North Pearl Street  
Albany, NY 12243

**General Instructions**

Screening by the State Central Register can only be done on receipt of Form DSS-3370 (Rev 1/98), State Central Register Clearance Form. While the form may be copied by a provider agency, it must be copied in the 8½"x11" format—it cannot be reduced in size. If the form is copied, and it is necessary to use the reverse side for signatures, this side can be copied separately (i.e., copying does not have to be "two sided"). When completed, the original (i.e., the form actually completed by the applicant) must be forwarded to the State Central Register.

As match determinations are based on a cumulative demographic comparison to information in the State Central Register database, the presence of the following information on the form is critical for a thorough search:

- Applicant's name (including maiden name and any other names or aliases used by the applicant).
- The applicant's sex.
- The applicant's date of birth.
- The applicant's current address, and all previous addresses (as an adult) since 1973.
- The names of all household members at the current address, whether or not related to the applicant.

For family care applicants, not only must the person or persons applying for certification complete and sign this form but the form must also include the names of all other adult members of the applicant's household, whether or not related to the applicant, and be signed by those adults (see page 18, "SIGNATURES").

The State Central Register identifies the names submitted for clearance by "matching" the name, date of birth, and addresses. In the absence of an "exact" match based on that information, the information on the household composition becomes a key factor in search determinations. Please note that the State Central Register will send the provider agency response letters addressing the status of the applicant only, and not his or her family and other household members, except when the applicant is applying for certification as a family care provider. In this instance, the State Central Register will be addressing the status of the applicant and also those persons in the household who are eighteen and over.

It is necessary that the provider agency explain to all applicants completing the State Central Register Clearance Form the intent and purpose of the application, as well as to explain and clarify the applicant's rights under section 424-a of the Social Services Law. See Appendices A, B, or C.

### **Questions**

Questions regarding the completion of the clearance form may be directed to the office of the New York State Central Register: (518) 473-8960.

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**STATE CENTRAL REGISTER CLEARANCE FORM**  
**Clearing Agency Use Only**

ALL INFORMATION MUST BE COMPLETE. PLEASE Print, Type or use a Label				SCR USE ONLY
AGENCY CODE	IDENTIFICATION #	CLEARANCE CATEGORY USE ALPHA CODE	PHONE NUMBER (Area Code)	REQUEST ID

PRINT BELOW THE ADDRESS TO WHICH YOU WANT THE APPLICATION RETURNED:

CLEARANCE LIAISON \_\_\_\_\_

AGENCY NAME \_\_\_\_\_

AGENCY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. Please enter above the appropriate code from the reverse side of this form which describes the category in which you fall.

Please complete the following for yourself, your spouse, your children and any other person(s) in your home. **MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS SECTIONS THAT APPLY.**

**PLEASE TYPE OR PRINT CLEARLY**

The purpose of collecting the demographic data on other persons in your household who are not screened pursuant to Section 424-a of the Social Services Law is to enable the New York State Office of Children and Family Services to identify with the greatest degree of certainty whether or not the person(s) being cleared is the subject of an indicated child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

SCR USE ONLY	RELATION TO APPLICANT	LAST NAME (Print 1 letter in each box)	FIRST NAME (Print 1 letter in each box)	SEX		DATE OF BIRTH			
				M/F	M	D	Y		
	APPLICANT								
	MAIDEN OR ALIAS								

Please provide your current address and any other addresses at which you have resided since 1973 including city and state for each individual being cleared. If individual achieved age 18 after 1973 address need only be provided from that year to the present. Attach additional pages if necessary.

CURRENT STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO

I affirm that all information provided on this form is true. I understand that if I knowingly give false statements such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit or approval.

APPLICANT'S SIGNATURE	DATE
-----------------------	------

APPLICANT'S SIGNATURE	DATE
-----------------------	------

**EIGHTEEN YEARS OLD OR OVER:**

I understand that as a person eighteen years of age or over in a home of an applicant to become an Adoptive or a Foster Parent or a Family Day Care provider the information I have provided will be used to inquire of the State Central Register to determine if I am the subject of a indicated report of child abuse or maltreatment.

SIGNATURE	DATE
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SIGNATURE	DATE
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## AGENCY LIAISON INSTRUCTIONS

Please check that each form is completed in its entirety. Incomplete clearance requests will be returned. When the request is processed for prospective adoptive parents or foster parents and two parents are in the household, both are to sign as applicants. If both spouses are co-applicants for family day care, both individuals are to sign as applicants. Eighteen year olds and over residing in the home of applicants for adoption, foster care or family day care must also sign and be cleared.

### AGENCY CODE

Record your 3 digit agency code. NOTE: Day Care, Family Day Care and Camps must provide the agency code of the agency or office which issues your license or certificate.

### IDENTIFICATION NUMBER

Record your INDIVIDUAL LICENSE NUMBER (located on permit to operate). This applies only to Day Care Centers, Family Day Care, Camps, and affected programs.

### CLEARANCE CATEGORIES

Record the appropriate clearance category

- F - A prospective employee (fee required - see below\*)
- D - prospective employee (Local DSS district - bill against reimbursement)\*\*
- Y - A prospective employee day care/provider of goods and services.
- Z - A prospective volunteer/consultant.
- X - Applying to be adoptive parents.
- W - Applying to be foster parents or family care home providers.
- R - Applying to be relative foster parents.
- P - I/We are applying to be family day care providers or are persons eighteen years old or over in the home of such applicants.
- Q - I/We are applying to be group family day care providers or assistants to such providers.
- N - An applicant for a license to operate a day care center. (To be submitted by authorized licensing agency only.)
- M - A Director of a summer camp; overnight camp, day camp or traveling day camp.
- E - A Current employee.

### CLEARANCE LIAISON

Record the name to whom the response should be sent (cannot be the same as applicant).

### RELATIONSHIP TO APPLICANT

- A - APPLICANT(S) (at least one person must be so designated)
- M - MAIDEN NAME/ALIAS must be completed for every applicant ("A"). Record ALL previous names used. please indicate individuals relationship to the applicant (e.g. spouse, son, daughter, Aunt, Uncle, Grandparent, fiancé, boarder, roommate, etc.)

\*Social Service Law 424-a has been amended to require the collection of fees for certain clearance categories. A certified check, postal or bank money order, teller's check, cashier's check or agency check made payable to "New York State Office of Children and Family Services" in the amount of five dollars is to accompany the clearance application. The check also is to include the applicant's name and the agency code. N.B.: a separate check must accompany each clearance application (DSS-3370). See "Operating Instructions for DSS-3370" for complete instructions. Clearance forms with fee and/or vouchers are to be mailed to the Post Office Box indicated below.

\*\*Social Service Law 424-a has been amended to allow local DSS to bill against their reimbursement the charge collected for screening prospective employees. See instruction packet.

Clearance forms with Fees are to be sent to:

New York State Office of Children and Family Services  
P.O. Box 22046  
Albany, New York 12201-2046

All other clearances are to be sent to:

The New York State Central Register of Child Abuse and Maltreatment  
40 North Pearl Street  
Albany, New York 12243  
Attention: CCU

To order more forms send a DSS-876 order form to: New York State Family Assistance, Bureau of Forms & Print Management, P.O. Box 1990, Albany, New York 12201.

Completing Form DSS-3370 (Rev 1/98) - First Section

The provider agency should complete this section of the form. It can be typed or it can be done by hand as long as it is legible.

AGENCY CODE                      Enter: Your three digit and/or alpha agency code number. This must appear on the form.

IDENTIFICATION                  Enter: NA (OMRDD).

CLEARANCE CATEGORY          Enter the clearance category appropriate to the applicant for whom clearance is being requested:

F - A prospective employee. NOTE: Fee of \$5.00 required. See information on Page 11.

Y - A prospective provider of goods or services.

Z - A prospective volunteer or consultant.

W - Applying to be foster parents or family care home providers

E - A current employee.

This information must be provided. Use only one alpha category code in the "Clearance Category" space.

CLEARANCE LIAISON              Enter the name of the person to whom any questions from the State Central Register about the clearance request can be directed, if necessary.

The person designated in this box is expected to review the form for completeness, accuracy, and legibility. Illegible or deficient forms will be returned.

The person designated in this box is expected to be the person to whom responses from the State Central Register will be directed upon receipt by the provider agency.

Please note: A person whose name appears in the "clearance liaison" box cannot review or receive back his or her own or any other family member's response. In those instances, someone else must be designated to review the form and receive the response.

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**AREA CODE/PHONE #**

Enter the number at which the person indicated as the "clearance liaison" can be reached.

**AGENCY NAME** }  
**AGENCY ADDRESS** }  
**CITY, STATE** }  
**ZIP CODE** }

Enter the provider agency name and main address ( which must be in New York State).

**Completing Form DSS-3370 (Rev 1/98) - Second Section**

This section should be completed by the applicant. Upon completion, it must be checked to ensure that it is legible and that all requested information has been provided.

**RELATIONSHIP  
TO APPLICANT**

Enter the relationship to the applicant of the person whose name is entered on each line (e.g., self, spouse, son, daughter, mother, father, boarder, roommate.)

**A -** Indicates the applicant, by the legal name now currently known (at least one person must be designated as an applicant). (NOTE: In the case of family care provider certification, if both spouses are co-applicants, both names must be entered, and both parties must sign the form at the bottom. One applicant's name would appear on the line opposite the printed "A" and the other applicant's name would be entered on a line without an "Individual Identifier," and an "A" would be entered in the first column).

**M -** Indicates maiden name, previous married name or names, or any other aliases or nicknames.

NOTE: All persons completing this section of the form must enter an appropriate identifying letter in front of the name by which they are currently known, maiden name, married name(s), nickname(s), and any aliases.

**S -** Indicates spouse.

**F -** Indicates family members.

**O -** Indicates any other household members not related to the applicant (e.g., roommate, boarder).

**E -** In relation to a family care application, indicates any person in the household who is 18 years old or older, other than a spouse (see "S" above). Please note that any such person(s) must sign the form at the bottom.

**LAST NAME/FIRST NAME** Enter each name by which the applicant has been known.

• The name opposite the printed "A" should be the applicant's current legal name.

• The name opposite the printed "M" should be the applicant's maiden name, other legal name, alias or nicknames, if applicable. If not applicable, leave blank. If the applicant has more than one married name, legal name, alias and/or nickname, enter each name and identify with an "M" in the "Individual Identifier" column.

**SEX**

Enter the sex of the person whose name appears on each line by placing an "X" in the appropriate column ("M" for male, "F" for female).

**DATE OF BIRTH**

Enter the date of birth of the person whose name appears on that line, using the six digit method (e.g., 01/03/53). Make sure that there is a date for everyone listed. Ages are not acceptable.

**CURRENT STREET ADDRESS**

Enter the complete address, or as much information as possible. Do not leave empty boxes.

**PREVIOUS STREET ADDRESS**

Enter all other street addresses or as much information as possible, at which the applicant (since the age of eighteen or since 1973, whichever is later) has resided. Attach additional pages if necessary, indicating whether addresses apply to the applicant and/or a co-applicant (i.e., family care).

**Examples of acceptable information:**

40 N. Pearl St. - Albany, NY 12243 - (from) 1984 (to) Present.

90 S. Pearl St. - Albany, NY - (zip) "don't remember" - (from) 1978 (to) 1984.

Incomplete or insufficient address information or unspecified dates are not acceptable. Deficiencies or empty boxes will result in the form being returned.

**SIGNATURES**

Each applicant must sign at the bottom of the form on the line indicated for "Applicant's Signature." The signature should be the applicant's legal signature, and must match the applicant's name as entered on the line on which the individual identifier, "A" appears.

If an applicant is unable to sign, due to any disabling condition, then the applicant is to sign to the best of his or her ability; and "X" is acceptable. In those instances, the signature must be witnessed by agency personnel. The witness is to sign the form and identify him or herself as the witness.

**When the clearance is requested for family care home certification:** A form must be completed containing the name(s) and signature(s) of each applicant (identified by "A" - see "Individual Identifier," page 17); and each person eighteen years of age or older residing in the applicant's home, identified by "E." When there are two or more applicants for family care certification at the same address (e.g., husband and wife), the applicants are to sign the same form on the lines provided for "Applicant's Signature." If more space is needed for signatures, the applicants can sign on the bottom or back of the form. Those persons who are eighteen years of age or older residing in the applicant's home are to sign the form on the line designated by "Signature." If more space is needed, such adult residents may sign on the bottom or back of the form.

NOTE: This information is to be given to anyone who has the potential for regular and substantial contact with the children in your facility and who is actively being considered for employment or consultancy; is an individual or employee of an individual, corporation, partnership, or association that will provide you with goods or services; or is an applicant for family care certification or is an adult living in a family care applicant's home.

**NOTICE OF SOCIAL SERVICE LAW 424-a PROCEDURES**

(Relative to background check to determine if an applicant is the subject of an indicated report of child abuse or mistreatment on file with the State Central Register of Child Abuse and Maltreatment)

**Please read this carefully.**

**It may impact upon your employment or provision of services with [agency name].**

Section 424-a of the New York State Social Services Law requires this agency, as a provider of services for children in residential or non-residential facilities operated or certified by the Office of Mental Retardation and Developmental Disabilities (OMRDD), to inquire whether anyone actively considered for employment who will have the potential for regular and substantial contact with children being cared for by the agency is the subject of an indicated report of child abuse or maltreatment on file with the State Central Register of Child Abuse and Maltreatment (Office of Children and Family Services). This section of the law also requires us to make such an inquiry regarding an employee of an individual, corporation, partnership or association which provides us with goods and services and who has or will have the potential for regular and substantial contact with children being served at a facility under the auspices of this agency. In addition, Section 424-a also includes applicants for family care home certification and any other adult living in the home as being subject to the same process if they will have the potential for regular and substantial contact with children who may live in the home, should it be certified.

This agency will make the required inquiry to the State Central Register regarding yourself, based on the position for which you have applied, are being considered, or which you currently occupy. If the result of this inquiry shows that you are the subject of an indicated report of child abuse or maltreatment, you will be notified of this by the State Central Register. This agency will also be advised of the findings.

If the State Central Register replies to our inquiry that you are the subject of an indicated report of child abuse or maltreatment, this agency must consider that factor, along with other background information, in determining whether to employ you, retain you as an employee, hire you as consultant, allow access to provide goods or services to this agency, or certify you as a family care provider. You may be asked to provide details of the situation(s) that gave rise to the indicated report. You will also be asked to sign a release allowing this agency to receive a copy of the indicated report on file with the State Central Register. Your refusal to sign this release will be taken to mean that you do not wish us to further consider your application.

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If you are denied employment, terminated as an employee, not hired as a consultant, denied access to any of our facilities for the purposes of providing goods or services, or denied certification as a family care provider -- and such denial is based, in whole or in part on the existence of an indicated report of child abuse or maltreatment, you will be provided a written statement explaining the reason for denial. You will also be informed, at that time, of your right, pursuant to Section 22, 422 and 424-a of the Social Service Law, to request a hearing before the New York State Office of Children and Family Services on the indicated report on file with the State Central Register.

All information obtained through this process is confidential.

Given to: \_\_\_\_\_  
(Applicant-type or print)

By: \_\_\_\_\_  
(Name of agency employee - type or print)

\_\_\_\_\_  
(Signature of agency employee)

For: \_\_\_\_\_  
(Agency Name)

Date: \_\_\_\_\_

NOTE: This information is to be given to anyone who, as a volunteer or applicant, has the potential for regular and substantial contact with children in your facility(ies).

**NOTICE OF SOCIAL SERVICE LAW 424-a PROCEDURES**  
(Relative to background check to determine if an applicant is the subject  
of an indicated report of child abuse or mistreatment  
on file with the State Central Register of Child Abuse and Maltreatment)

**Please read this carefully.**  
**It may impact upon your eligibility to volunteer**  
**with [agency name].**

Dear Volunteer:

It important for you to have the following information, given your capacity as a valued volunteer of this agency Section 424-a of the New York State Social Services Law allows all agencies that provide services to children to ascertain from the New York State Central Register of Child Abuse and Maltreatment whether volunteers have any record of child abuse or maltreatment.

It is our policy to check with the State Central Register of Child Abuse regarding personnel, including our volunteers. A form will be provided to you asking for information which will serve as the basis for this inquiry.

If a reply from the State Central Register indicates that any volunteer is the subject of an indicated report of child abuse or mistreatment, you will be notified of this by the State Central Register. This agency will also be notified of the findings. The matter will be treated in a confidential manner. You may be asked to provide details of the situation, and a mutual agreement may need to be reached regarding future service with the agency or acceptance as a volunteer. Details of an appeal process will also be provided.

It is our hope that you will understand this agency places great value on volunteer service, and the actions described here are not meant to reflect in any way upon your eligibility.

Thank you for your understanding. Please contact the Volunteer Director if you have any questions or concerns.

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Given to: \_\_\_\_\_

By: \_\_\_\_\_  
(Name of agency employee - type or print)

\_\_\_\_\_  
(Signature of agency employee)

For: \_\_\_\_\_  
(Agency Name)

Date: \_\_\_\_\_

NOTE: This information is to be given to anyone who is currently employed by your agency.

**NOTICE OF SOCIAL SERVICE LAW 424-a PROCEDURES**  
(Relative to background check to determine if an applicant is the subject  
of an indicated report of child abuse or mistreatment  
on file with the State Central Register of Child Abuse and Maltreatment)

**Please read this carefully.**

**It may impact upon your continued employment with [agency name].**

Section 424-a of the New York State Social Services Law enables this agency, as a provider of services for children in residential or non-residential facilities operated or certified by the Office of Mental Retardation and Developmental Disabilities (OMRDD), to inquire whether an employee who has the potential for regular and substantial contact with the children this agency serves, is the subject of an indicated report of child abuse or maltreatment on file with the State Central Register of Child Abuse and Maltreatment (Office of Children and Family Services).

In addition, this same section of the law requires that all employees be notified that, if you have the potential for regular and substantial contact with children, you may be requested to complete a form specifically designed for the purpose of making such an inquiry. This agency would then submit the form to the State Central Register to begin the inquiry process. If the result of an inquiry shows that you are the subject of an indicated report of child abuse or maltreatment, you would be notified of this by the State Central Register. This agency would also be advised of the findings.

If the State Central Register replies to our inquiry that you are subject of an indicated report of child abuse or maltreatment, this agency must consider that factor, along with other background information, in determining whether to retain you as an employee, to retain you in another employment capacity, or to retain you in your current position. You may be asked to provide details of the situation(s) that gave rise to the indicated report. You will also be asked to sign a release allowing this agency to receive a copy of the indicated report on file with the State Central Register. Your refusal to sign this release will be taken to mean that you do not wish to continue your employment here.

If your employment is terminated, and such termination is based, in whole or in part on the existence of an indicated report of child abuse or maltreatment, you will be provided a written statement explaining the reason for the denial. You will also be informed, at that time, of your right, pursuant to Sections 22, 422 and 424-a of the Social Services Law, to request a hearing before the New York State Office of Children and Family Services on the indicated report on file with the State Central Register.

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All information obtained through this process is confidential.

Given to: \_\_\_\_\_

By: \_\_\_\_\_

(Name of agency employee - type or print)

\_\_\_\_\_  
(Signature of agency employee)

For: \_\_\_\_\_

(Agency Name)

Date: \_\_\_\_\_

**ACKNOWLEDGMENT BY APPLICANT OF THE PROCESS  
WHEREBY THE APPLICANT'S HISTORY  
IN RELATIONSHIP TO POSSIBLE CHILD ABUSE OR MALTREATMENT  
IS CHECKED AT THE STATE CENTRAL REGISTER**

=====

I, \_\_\_\_\_  
(Name of applicant - type or print)

\_\_\_\_\_ have  
\_\_\_\_\_ have not

been a subject of an indicated report of child abuse or maltreatment. (An indicated report of child abuse or maltreatment is a report on file with the State Central Register of the New York State Office of Children and Family Services because some credible evidence exists to support that you have been involved in a case of child abuse and/or maltreatment.)

I have received notice of the requirements of Social Services Law 424-a, and I understand that if information regarding my past history with the State Central Register for Child Abuse and Maltreatment is contained in a report from the Register, it will be used to determine my suitability to take a position that involved regular and substantial contact with children under eighteen years of age. I further understand that any misrepresentation of my status or of the information given will result in administrative action, which may include dismissal or discipline.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

NOTE: A form such as this should be completed by all applicants who have the potential for regular and substantial contact with children cared for by the provider agency. It would be used to record the fact that an applicant has been informed that a background check will be made for possible indicated cases of child abuse or maltreatment. The Child Abuse Prevention Act requires that such notification be made.

**AUTHORIZATION FOR RELEASE OF REPORT  
FROM THE  
STATE CENTRAL REGISTER ON CHILD ABUSE AND MALTREATMENT**

(To prepared by the provider agency on agency letterhead)

New York State Central Register  
40 North Pearl Street  
Albany, New York 12243

\_\_\_\_\_ (Name of indicated applicant) \_\_\_\_\_ was recently identified by the State Central Register as subject of an indicated report of child abuse and/or maltreatment, in accordance with the provisions of Section 424-a of the Social Services Law.

I, \_\_\_\_\_ (Name of agency representative) \_\_\_\_\_, hereby request the New York State Central Register to furnish this agency with the information contained in Report # \_\_\_\_\_. By the signature below, the subject of this report has authorized release of the contents of this report to me.

\_\_\_\_\_  
(Signature of authorized representative - e.g., personnel officer,  
family care coordinator)

\_\_\_\_\_  
(title)

\_\_\_\_\_  
(Date)

=====

I, \_\_\_\_\_ (Name of indicated applicant) \_\_\_\_\_, being the subject of the above request, do hereby authorize the New York State Central Register of Child Abuse and Maltreatment to furnish, to the individual named above, the contents of the indicated report, # \_\_\_\_\_.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(Date)

**LETTER OF DENIAL**

(To hire, retain, engage, certify)  
(On agency letterhead)

(Date)

Dear \_\_\_\_\_:

You have been named as the subject of an indicated report of child abuse and/or maltreatment on file with the State Central Register. This agency has carefully examined the information contained in this report in relation to your status as an applicant. From this examination, we have determined not to hire/retain/engage/certify you in a capacity you would have regular and substantial contact with children.

We have come to this conclusion based on the following factors:

(To be completed by Agency)

If you wish to seek a review of the State Central Register report, you may contact the New York State Office of Children and Family Services at the following address: Special Hearings Unit, Bureau of Administrative Procedures, NYS Office of Children and Family Services, 40 North Pearl Street, Albany, New York 12243

Sincerely,

(Signature of authorized representative)

Title

FOLLOWING UP ON A CLEARANCE INQUIRY

TIME FRAME:

Please allow at least 30 working days for us to respond to your clearance request. If you have not received a response after the amount of time, please call the Clearance Unit and speak to one of our staff members. DO NOT have the applicant call us since we will need information that only you can provide.

WHAT WE WILL NEED WHEN YOU CALL TO FOLLOW UP ON A CLEARANCE INQUIRY:

- The applicant's name
- The agency name/agency code
- The date the clearance was sent to us
- The clearance category

POSSIBLE RESPONSES TO YOUR FOLLOW UP REQUEST

- Clearance response could be in the mail. (Depending on submission date).
- It may be among the clearances currently being processed. (Depending on submission date).
- The clearance may require further processing.
- We may ask you to resubmit your clearance with a cover letter indicating who you spoke with and the date the original clearance was submitted. Please include a contact name and phone number so that we can call back if there is a problem or if more information is needed.

LETTERS RECEIVED WITH APPLICANT'S NAME SPELLED INCORRECTLY

Please resubmit the clearance and the letter you received along with a cover letter giving the correct information.

PLEASE CALL US IF YOU HAVE ANY QUESTIONS

CLEARANCE UNIT PHONE: (518) 473-8960

## IX GLOSSARY

(As applicable to the Applicant Inquiry Process  
as required by the Child Abuse Prevention Act)

- Adult:** A person who is eighteen years of age or older.
- Agency, Provider:** The "agent" or "operator" of a facility or a group of facilities operated or certified by OMRDD. In the case of State-operated facilities, the DDSO is considered to be the provider agency. In relation to family care home applicants, the DDSO, as certifier of the home, performs the role allocated to the "provider agency" with regard to making a background check.
- Applicant:** Anyone who has the potential for regular and substantial contact with children while employed by or performing services for the provider agency. This includes:
- Anyone who has applied for employment and who is actively being considered for a position.
  - Anyone who has applied for certification as a family care provider and who is actively being considered for certification.
  - A consultant.
  - A volunteer.
  - An employee of an individual, corporation, partnership, or association who may or does provide services to the agency or facility.
  - A current employee of a provider agency.
- Child:** A person under the age of eighteen.
- Indicated Report** A report made to the State Central Register of Child Abuse and Maltreatment If an investigation determines that some credible evidence of the alleged child abuse or maltreatment exists.

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**State Central Register  
of Child Abuse and  
Maltreatment  
(Register)  
(State Central  
Register)  
(SCR):**

That organization unit with the New York State Office of Children and Family Services (OCFS) that, by statute and regulation, has been designated to receive reports of suspected child abuse and maltreatment; investigate or cause to be investigated such reports; maintain all confidential records related to such reports; and other related activities.

**Clearance forms can be obtained by writing to:**

**New York Family Assistance**  
**Bureau of Forms and Print Management**  
**PO Box 1990**  
**Albany, New York 12201**

**For information, call:**  
**(518) 474-2473**