ATTACHMENT H EXHIBIT ONE

CERTIFICATION OF COMPLETION OF REQUIRED CRIMINAL AND BACKGROUND CHECKS (R 7 / 1-18)

The Provider, (legal name)		, hereby certifies	
•	•	background checks procedure set forth in ntract with the Indiana Department of C	_
(Contract #		ling collection of attestations regarding cl	
or criminal activity.		D	
_		Personnel that have received the requereto. The list is provided on the	-
		an be found at http://www.in.gov/dcs/	
		The Provider shall submit this form wit	
	•	f the Contract. Reminder : Covered Perservices for the Provider pursuant to the	· ·
	· · — ·	mpleted unless they are accompanied by	
completed acceptable checks	3.		
The Provider hereby certifie	es that it has, per Contract requ	nirements complete the below steps (chec	k all that apply to any
		re Policy, Sections 13.3 and 13.4:	Tr J
Varified the identity	of all individuals subject to a	riminal and background checks per DCS	Child Walfara policy:
verified the identity	of all flidividuals subject to ci	milital and background checks per DCS	Clind Welfare policy,
Completed, signed of	and filed the Application for C	Criminal History Background Check Ford	m, state form 53259;
Conducted Child H	Protection Services (CPS) ch	necks (for Indiana, send DCS an Indian	na Request for Child
	History Check State Form 528	802; for other states, <u>see</u> DCS' website on	child welfare policies
for web link);			
	l Sex Offender Registry check.	s (see DCS' website on child welfare pol	icies for web links for
national checks);			
Conducted Court R	ecord Searches for law enforce	cement agency records (see DCS' Admir	nistrative Letter dated
		policies at http://www.in.gov/dcs/2363.h	
Registered and con	anleted fingernrinting through	n the DCS approved fingerprinting vend	or and assured that a
		S letterhead via e-mail for each Covered	
D			D.GG GLUI
Welfare policy.	ts of criminal and civil Back	ground Checks and taken appropriate a	iction per DCS Child
wonano ponoj.			
Signature of Pro		 Date	
Signature of Fio	videi	Date	
Typed or Printed N	ame Signed Above	Title of Signer	
E-mail Add	lress 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

Revision 7 Page 1 of 2

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	Court Record Searches for LEA records in all jurisdictions lived in last five years? Yes or No		
SAMPLE										

Revision 7 Page 2 of 2