

MySBY Clearance and Background Check Tracking List

NAME:

PROGRAM:

| | Complete | Filed | Exempt |
|---|-----------------|--------------|---------------|
| New Hires and Renewals | | | |
| • Medical/TB | | | |
| • DC Criminal | | | |
| • FBI Criminal | | | |
| • DC Child Protection | | | |
| • CPR/First Aid (Every 2 Years) | | | |
| • Certified 5 Year Driving Record | | | |
| • Driver's License – SBY must always have a current copy | | | |
| • State Criminal (ID is from a jurisdiction other than DC)* | | | |
| • State Child Protection (ID is from a jurisdiction other than DC)* | | | |
| • Sex Offender Registry (completed by SBY) | | | |
| • Toxicology Screen (SBY will send you the info) | | | |
| New Hire Only | | | |
| • Education (Degree/Diploma) | | | |
| • PREA Certificate | | | |
| • Mandated Reporter | | | |

*To clarify: Everyone is required to obtain the DC Criminal and DC Child Protection Clearances. If your ID (driver's license or state issued ID) is from a jurisdiction other than DC, you are required to obtain Criminal and Child Protection Clearances from the state noted on your ID as well, regardless of whether or not you currently live there.

Unless otherwise noted, all clearances and background checks must be completed annually. It is your responsibility to ensure that your documents are renewed prior to expiration.

Keep your receipts for any fees that you have paid. Submit them to HR with a completed and signed Clearance Reimbursement Form available in this packet. (Note SBY will only reimburse actual fees paid for clearance documents – not for transportation or other expenses.)

MEDICAL/TB CERTIFICATE

1. Print the Form on the next page – Child and Family Services Agency Medical – Medical Report for Applicant*. Complete the first section.
2. Sasha Bruce can arrange for you to have an appointment with our provider at no cost to you. Or you may bring this form to your healthcare provider to complete. If necessary, many Urgent Care or Minute Clinics are also able to complete it.
3. Both boxes must be checked and the form signed and dated by the healthcare provider.**

*To be clear and avoid confusion, even though this Form is titled “Medical Report for Applicant and All Adults 18 Years of Age or Older in the Home/Facility” this application is only for you to complete.

**Healthcare provider must be a MD, DO, NP, or PA; interpretation of a TB test falls outside the scope of practice for RN, LPN, MA, and CNA professionals.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Medical Report for Applicant and All Adults 18 Years of Age or Older in the Home/Facility

| Applicant Information | | | | |
|--|----------|------------|-------------------------------|---|
| Full Name | | | | |
| Date of Birth | | Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female <input type="checkbox"/> Non-binary |
| Home Phone | | Work Phone | | Mobile Phone |
| | | | | |
| Street Address (and apartment # if applicable) | Quadrant | City | State | Zip |

| Medical Information | | | | |
|---|---|-------|------------------------------|-----------------------------|
| I have examined the above-named person and certify that he/she is: | | | | |
| 1. | Free from disease in communicable form | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | In satisfactory physical condition | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Tuberculin test (by the Mantoux method) | Date: | Result: | |
| 4. | Chest X-Ray (in a positive reactor) | Date: | Result: | |

| Findings/Recommendations: | |
|---|-----------------------------|
| Please provide a summary of medical, emotional or substance abuse problems or conditions, if any, which may affect the individual's ability to work with or provide care for children. | |
| | |
| Based on this examination, it is my professional opinion that the above individual is medically, physically and emotionally fit to permit close association with children, without danger or concern for their safety. | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please add any comments in the space below: | |
| | |

| | | |
|---|--|---------------|
| _____ Physician or Nurse Practitioner Printed Name | _____ Physician or Nurse Practitioner Signature | _____ Date |
| _____ Telephone Number | _____ Address | |

DC CRIMINAL BACKGROUND CHECK

DC Metropolitan Police Department

300 Indiana Ave. NW, Room 5059

Washington, DC 20001

Bring: State ID or Driver's License

- DC/VA Residents: 3rd floor for fingerprinting (Cost: \$42)
- MD Residents: 1st floor for criminal records (Cost: \$7)

Instructions: You must have an appointment; walk-ins are not accepted.

1. Go to: <https://mpdc.dc.gov/page/mpd-appointment-scheduler>
2. Scroll down and click on the Blue Box that says Appointments
3. Click on the Dropdown (V) box for the desired appointment categories

DC CHILD PROTECTIVE (CPS)

Please complete your application for the DC Child Protective Check. Be sure to submit a color copy of your Driver's License, passport, or State issued ID and click "A. I submitted a color copy of a government-issued photo identification document with this application." The form does not have to be notarized.

New hires use this link:

<https://cfssa.dc.gov/publication/cpr-request-application-new-hire>

Current employees of SBY use this link to renew:

<https://cfssa.dc.gov/publication/cpr-request-application-current-employee>

Please send a copy of your application and a screenshot of the completion checkmark to clearances@sashabruce.org as proof of submission.

CPR/FIRST AID CERTIFICATION COURSE

1. Click [here](#) and add the CPR/First Aid certification course to your cart.
2. Create your account (this is the information that will be on your certificate).
3. Under the coupon/discount code field, enter **SBN100** (this is case sensitive).
4. You will be required to enter in your own credit/debit card information; however your card information will not be saved or charged. To ensure this, **UNCHECK THE AUTO RENEW OPTION.**
5. After you check out, you will be able to access the online certification course, courtesy of Sasha Bruce and the Disque Foundation.
6. Aced the course? Congratulations! Don't forget to email your certificate to clearances@sashabruce.org.

If the link above doesn't work, navigate to:

<https://nhcps.com/cpr-first-aid-online-certification-renewal/>

DRIVING RECORD

Request a copy of your 5 year certified driving record from your State Department of Motor Vehicles. Click on the link below for your state.

- DC Driving Record <https://dmv.dc.gov/service/obtain-copy-your-dc-driver-record>
- [Maryland Driving Record](#) *If this link doesn't work, navigate to this URL: [https://securetransactions.mva.maryland.gov/emvastore/\(S\(i1nsqvwnjfk4xhn1yw4h4xc\)\)/MustHave2.aspx](https://securetransactions.mva.maryland.gov/emvastore/(S(i1nsqvwnjfk4xhn1yw4h4xc))/MustHave2.aspx)
- [Virginia Driving Record](#)

STATE CRIMINAL BACKGROUND CHECK

Maryland ID holders and staff who will work in Prince George's County, see the instructions on the next page for completing your FBI/fingerprinting clearance.

Virginia ID holders, please [click here](#) for completing your Virginia Criminal Background Check, Form SP-167 (you'll complete your FBI Criminal Background Check in DC).

If your ID was issued by another jurisdiction contact Human Resources for further information on applying for your State Criminal Background Check and complete your FBI/Fingerprinting at the Metropolitan Police Department in DC.

MARYLAND CRIMINAL BACKGROUND CHECK

Staff working in Prince George's County as well as Maryland ID holders are required to complete the Maryland Criminal background check.

Individuals completing the Maryland Criminal background check will also be fingerprinted and their FBI Clearance will be released to Sasha Bruce, so they are not required to obtain fingerprints at the Metropolitan Police Department when completing the DC Criminal Background check.

INSTRUCTIONS

- Find the authorized CJIS Fingerprinting location that is most convenient for you. A list of locations is available [HERE](#), however, it is strongly recommended you call in advance to confirm that the schedules and fees posted online are accurate and to obtain any information regarding appointment requirements.
- Bring your State-issued Driver's License or State ID Card
- The Authorization Code for Sasha Bruce is **90-000-068-20**. This is required so that your results will be sent to SBY. Failure to provide this information to the vendor will invalidate your background check, and you will have to complete it again to be eligible to work.
- Questions: SBY Human Resources at clearances@sashabruce.org

202-675-9340

If the link above doesn't work, navigate to:

<https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>

STATE CHILD PROTECTION REGISTRY CHECK

Maryland ID holders, [click here](#) to complete the application form for your Maryland Child Protective Registry Check. The form must be completed online, then printed, signed, and notarized. Email it with a copy of your ID to: PGCDSS.Clearances@maryland.gov and copy clearances@sashabruce.org.

Virginia ID holders, the form for completing your Virginia Child Protective Registry Check is on the following pages. Email a copy of your application to clearances@sashabruce.org.

ID holders from **other states**, please contact Human Resources for further information on applying for your State Child Protective Registry Check/Adam Walsh Registry.

Search Fee \$10.00

INSTRUCTIONS

Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

Read all instructions before completing the form: (Incomplete forms will be returned)

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or white-out will be returned.
2. If a middle name is an initial, indicate “initial only” otherwise, enter a full middle name given at birth.
3. For “other names used” list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.
4. If the answer to any question is none, write “N/A”.
5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.
6. A \$10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on in one money order, company/business check, or cashier’s check. (ex. 4 requests at \$10.00 each will total \$40.00). A \$50 fee will be charged for all returned checks.)

All money orders, company/business checks, or cashier checks should be made payable to:
Virginia Department of Social Services.

Personal checks and cash will not be accepted.

7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet sheet of paper along with your form to be mailed.
9. Search results are not transferable and are not considered official beyond the requesting agency or individual.
10. Mail your completed form and additional sheets (if used) to:

**Virginia Department of Social Services
Office of Background Investigations - Search Unit
801 East Main Street, 6th Floor
Richmond, VA 23219-2901**

Search Fee \$10.00

Purpose of Search, Check one: Adam Walsh Law Adoptive Parent Babysitter/Family Day Care
 CASA Children’s Residential Facility Custody Evaluation Day Care Center Foster Parent
 Institutional Employee Other Employment School Personnel Volunteer Other

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

| | | | | | |
|----------------|--|-----|--|--|--|
| Name | | | Payment/FIPS Code (Use only if assigned by OBI-CRU) | | |
| Address | | | | | |
| City | State | Zip | | | |
| Contact Name | Tel.# | Ext | | | |
| Contact E-Mail | Mandatory if agency code has been assigned | | | | |

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

| | | | | | |
|--|--|---|------|--|--|
| Last Name | First Name | Full Middle Name – (given at birth) - No initials (if middle name is an initial, indicate "Initial Only") | | | |
| Maiden Name (last name before marriage) | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth (MM/DD/YYYY) | Race | | |
| Driver’s License Number or ID # | Social Security Number | Other names used; nicknames, legal names (refer to instruction page) | | | |
| Current Address (Include Street # and Apt #) | City | State | Zip | | |

Applicant’s Prior Addresses

| Include Street # and Apt # | City | State | Zip | Start Date (MM/YY) | End Date (MM/YY) |
|----------------------------|------|-------|-----|--------------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Marital Status Single Married Divorced Widowed Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

| Last Name | First Name | Full Middle Name (given at birth) | Maiden Name | Race | Sex | Date of Birth (MM/DD/YYYY) |
|-----------|------------|--------------------------------------|-------------|------|---|-------------------------------|
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |

List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

| Last Name | First Name | Full Middle Name (given at birth) | Relationship | Sex | Date of Birth (MM/DD/YYYY) |
|-----------|------------|--------------------------------------|--------------|---|-------------------------------|
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |



Search Fee \$10.00

PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of person whose name is being searched
(Sign in presence of Notary)

Parent or Guardian signature required for minor
children under the age of 18

PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____
Commonwealth/State of _____
Acknowledged before me this ____ day of _____, year _____

Notary Public Signature **Notary Number**
My Commission Expires: _____

Notary Seal

PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

Worker: _____ Date: _____

2. ____ Based on information provided by the Local Department of Social Services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

_____ Dept. of Social Services in reference to referral _____ phone# _____

_____ Dept. of Social Services in reference to referral _____ phone# _____

3. ____ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: _____ Date: _____

OBI Staff Only

DEGREE/DIPLOMA

Most positions within the organization require a minimum of a high school diploma/GED for position requirements and some require higher education. Send a copy of your highest educational certificate to clearances@sashabruce.org.

Transcripts are not accepted. They do not cannot confirm achievement of degree and often do not include graduation dates.

Sasha Bruce Mandated Reporter Policy

All Sasha Bruce staff are **mandated reporters**. A mandated reporter is a professional who frequently works with children and is **legally obligated to report all alleged and/or suspected child abuse, neglect, or risk to a minor client's health and safety.** Professionals who have constant access and contact with children will likely be the first to notice any kind of abuse or neglect. According to the Children and Family Services Agency, mandated reporting is a way for DC to provide a safety net that provides life-saving interventions for vulnerable children and youth in our community.

SBY uses a guide for mandated reporters called “**Recognizing and Reporting Child Abuse**”. Some examples outlined in this guide of abuse and/or neglect include, but are not limited to, the following:

- Physical abuse: hitting, slapping, punching, squeezing, pushing, wrestling, etc.
- Emotional abuse: teasing, name-calling, threatening, belittling, harassing, derogatory comments, excessive staring, and excessive horse playing, etc.
- Sexual abuse: inappropriate touching, kissing, fondling, etc.
- Neglect: lack of food, lack of medical supplies, lack of personal health care items, lack of household supplies, lack of heating and cooling, etc.

The procedures and policies are as follows:

- Staff must complete an online two-hour training offered through CFSA at this [link](#). After completion, send the certificate to your direct supervisor and the HR Department at clearances@sashabruce.org.
- All suspected, alleged, or actual abuse must be immediately reported to the appropriate individuals or agencies.
- Staff will report to the Program Manager and CFSA's 24 hour Child Abuse and Neglect Hotline – 202-671-SAFE.
- The Program Manager will report to local authorities, if necessary.
- All clients and families will be informed of the above policy and the staff's role as a mandated reporter.
- Clients will be encouraged to report all safety concerns.

PREA ONLINE TRAINING

PREA training is only required for new hires going to REACH, CHLOE, Bruce House and all occasional workers regardless of program.

The PREA online training can be found [here](#).

Click on the training titled “Your Role Responding to Sexual Abuse” – on the left hand side. This is the only course that you are required to take.

Remember to send a copy of your certificate documenting your completion of the training to clearances@sashabruce.org.

Clearance Reimbursement Application

Name:

Application Date:

Primary Program:

Clearance(s) to be Reimbursed:

Receipt Date(s):

Current Clearance Expiration Dates:

Total Cost to be Reimbursed:

Employee Printed Name

Employee Signature

Date

Supervisor Printed Name

Supervisor Signature

Date

HR Personnel Printed Name

HR Personnel Signature

Date