

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STATEWIDE CENTRAL REGISTER DATABASE CHECK

Agency Use Only

SCR USE ONLY
REQUEST I.D.:

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE

AGENCY CODE: T42	RESOURCE I.D. (RID) 20133551	CHILD CARE FACILITY SYSTEM (CCFS) NUMBER:	CATEGORY USE ALPHA CODE: F	PHONE NUMBER (Area Code): (716) 834-7200
PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER: AGENCY NAME: St. Mary's School for the Deaf AGENCY LIAISON: Mary DeStefano STREET ADDRESS: 2253 Main Street CITY: Buffalo STATE: NY ZIP CODE: 14214			The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above are also on the reverse side of this form. FOR ALL CATEGORIES: Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the fields below (see reverse side for instructions) Attach additional page if necessary.	

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 N.Y.S. Office of Children and Family Services to identify with the greatest degree of certainty whether the person(s) being screened 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.

APPLICANT/HOUSEHOLD MEMBER AREA *PLEASE TYPE OR PRINT CLEARLY

RELATIONSHIP TO APPLICANT	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH
APPLICANT				
MAIDEN/ALIAS				

Please provide your current address and any other addresses at which you have resided for the last 28 years, including street, city and state. For Adoption, Foster Care, Family and Group Family Day Care, also include the same address history for household members 18 of age and older.

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

I affirm that all the information provided on this form is true to the best of my knowledge. 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, registration or approval.

APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE
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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 or Group Family Day Care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE	DATE	SIGNATURE	DATE
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NYS Justice Center for the Protection of People with Special Needs (Justice Center)
 Criminal Background Check Unit
 161 Delaware Avenue
 Delmar, NY 12054
 Fax: 518-549-0464
 Email: cbc@JusticeCenter.ny.gov

Applicant Consent Form for Fingerprinting for Justice Center Criminal Background Check (CBC)



Part 1. Applicant Information (Please print clearly)

Last Name:		First Name:	MI:
Date of Birth:		Social Security Number:	
Applicant address:		Applicant type:	
Facility/Provider:			
State Oversight Agency:	OMH	OPWDD	OCFS
<u>Circle all that apply</u>			

Part 2. Attestation

- I have been advised that as part of the application process, the law requires the facility or provider agency listed above to request a criminal history information check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and authorizes the Justice Center to review and evaluate the results of the criminal history information check received by DCJS and FBI. The Justice Center will provide a summary of NYS criminal history, if any, to the facility or provider agency. A conviction for certain crimes may affect my suitability for employment in this position.
- I consent to having my fingerprints taken and submitted for the purpose of a criminal history information check to DCJS and the FBI and consent to the Justice Center sharing with the facility for provider agency listed above a summary of the NYS criminal history information, if any, returned by DCJS, as part of its background investigation of my suitability for employment or volunteer service, or for certification as a natural person operator.
- I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.
- I have been advised that I have the right to withdraw my application for employment or volunteer service, or certification as a natural person operator, without prejudice, any time before employment, volunteer service, or certification as a natural person operator is offered or declined, regardless of whether the authorized person of the facility or provider agency has reviewed the summary of any criminal history information.
- I have been advised that the results of the criminal history information check forwarded to the Justice Center by DCJS and the FBI shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.
- I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.
- I certify to the best of my knowledge that I: (check as appropriate)
 - have been convicted of a crime in New York State or any other jurisdiction.
 - have pending arrest charges.
 If checked, provide details: _____
- I have been advised that my social security number is being requested so that the Justice Center may check whether I am on the Staff Exclusion List which is maintained as part of the Vulnerable Persons' Central Register and that such check is required by Social Services Law §495 and will be performed prior to the criminal history information check. 14 NYCRR Part 702 provides for the collection of social security numbers for this purpose and the failure to provide my social security number may preclude me from being considered for the position applied for.

Applicant Signature		Date:
Signature Parent/Guardian if Applicant under 18 years		Date:
Part 3	Facility of Provider Agency Authorized Person Information	
Name:		Title:
Signature:		Email:

Fingerprinting Instructions

Please follow the below instructions for completion of your Justice Center Background Check.

You will need the following reference information:

ORI: NY922286Z
Fingerprint Reason: Child Care
Provider number: 25130
We are a direct service provider.

You will be presented the standard options for payment that you can select from. The total cost is as follows (DCJS \$75, plus FBI \$16.50, plus MorphoTrust administrative vendor fee \$10.75 for a total fee they will pay of \$102.25) Employees are reimbursed the cost of fingerprinting.

As a helpful hint, for credit card payments, you do not need to register for epay. You can select epay and continue through the process by clicking on continue without registration.

Please write down your confirmation number that starts with IISSIS. Bring the confirmation number with you to your scheduled appointment.

Instructions for Fingerprinting at a MorphoTrust USA Enrollment Services Live Scan Location

- 1) Provide the applicant with the ORI number assigned to your agency. The appointment scheduling process requires the applicant to provide the correct ORI number.
- 2) Provide the applicant with the correct 'Fingerprint Reason' Child Care that they should select when they make their appointment.
- 3) Direct the applicant to schedule an appointment for fingerprinting by going to the www.identogo.com website or calling their MorphoTrust toll free call center at (877)-472-6915. Appointment scheduling via the website is available 24/7/365. Appointment scheduling via the call center is available 9am-9pm Monday through Saturday.

If the applicant schedules their appointment through the MorphoTrust website, recommend that they print out the confirmation page and bring it with them to their appointment.

- 4) The applicant will select the most convenient location to get fingerprinted as part of making their appointment. A list of available locations can be found at www.identogo.com. Select "NY" and then click on "Locations" to view the listing.
- 5) Payment options include: personal or business check, government check, certified check, bank check, money order, credit card or MorphoTrust escrow account. Payment is made to "MorphoTrust USA". Should your office desire to enter into an account arrangement with MorphoTrust, information regarding escrow account arrangements may be found at www.identogo.com. Select "NY" and then click on "Forms and Links".

The fingerprinting fee will be comprised of the total fingerprint search fee(s) plus the MorphoTrust USA vendor fee. The total fee is made to MorphoTrust USA.

The DCJS fingerprint search fee remains at \$75.00

The FBI fingerprint search fee is \$16.50 if your agency is authorized to submit an FBI card for a particular job/license type and an FBI fee is required.

The FBI fingerprint search fee continues to be waived for criminal justice employment.

The MorphoTrust vendor fee is \$10.75 as of July 1, 2013.

The MorphoTrust vendor fee relates to the software, equipment and staffing costs in connection with the services they are providing to capture and transmit the electronic fingerprint submission. The fee is assessed twice per year and can change on Jan 1st and July 1st. The highest level it can be set is \$11.75 – as more input comes through the MorphoTrust network, the fee may decrease.

- 6) The applicant will go to the fingerprinting location and bring 2 forms of identification, at least one of which must have a photo. When they schedule their appointment, they will be given the options of what forms of identification are considered acceptable. Such options include driver's license, US Passport, Social Security Card, etc. If they did not already pay on-line when they scheduled their appointment, they will also need to bring their payment to the fingerprinting appointment.
- 7) At the fingerprinting location, the identification documents will be reviewed, fingerprints rolled and photo taken. Once the applicant has been fingerprinted, MorphoTrust immediately launches the fingerprint transaction and photo to DCJS for processing.
- 8) The applicant will be provided two receipts indicating the applicant's name, fingerprinting site location, date and time, fee paid and reason for fingerprinting. You may choose to request that the applicant provide one of those receipts to your agency and retain the other copy for their records.
- 9) Upon completion of the fingerprint search process, the DCJS response will be delivered electronically to the Justice Center. The Justice Center will review the search results and advise your agency of its determination.
- 10) Should either DCJS or the FBI reject a transaction due to image quality reasons, L-1 will contact the applicant and advise him/her that they must schedule an appointment for reprinting. There is no additional cost that will be charged for reprinting. There will be a small percentage of the population (3-5%) that have difficulties in providing a good set of prints due to the quality of their skin/fingerprint ridges. In the event that you have an applicant who has been rejected multiple times by DCJS, please contact DCJS for assistance at (800)262-3257 and ask to speak to someone in the Civil Identification Bureau. Our staff is willing to review the most recent transmission and determine if we can accept the transaction for processing, taking into consideration any additional information you may be able to provide to indicate that a better set of prints may not be obtainable. In the case of FBI rejections, the FBI will require two fingerprint submissions before they will consider conducting a name search. Should your agency receive two FBI rejections for an applicant, a name search request can be made directly to the FBI through the submission of a CJIS Name Check Request Form. Name search requests to the FBI must be made within 90 days of the last FBI rejection. To obtain a CJIS Name Check Request Form, you can go to www.fbi.gov, click on 'Learn About Us', then click on 'Fingerprints' and finally, click on 'Name Checks for Fingerprint Submissions'.

FINGERPRINTING LOCATIONS

WESTERN NY

Batavia - Washington Ave	Batavia, NY. (178 Washington Ave) [Map (opens new browser)]	Mon, Tue, Thu & Fri 9:00 - 12:30 & 1:00 - 4:30; Wed 9:00 - 12:30 & 1:00 - 6:00; E/O Sat 9:30 - 1:30
Cheektowaga No Children Allowed	Cheektowaga, NY. (1660 Kensington Ave, Ste 4) [Map (opens new browser)]	Mon, Tue, Thu & Fri 8:30 - 3:50; Wed 3-8 & E/O Sat 10am-12:50pm
Dunkirk	Dunkirk, NY. (3972 Vineyard Dr) [Map (opens new browser)]	Mon - Fri 9:30 - 12:00 & 1:00 - 5:30; E/O Sat 11:00 - 3:00
East Aurora	East Aurora, NY. (292 Main St) [Map (opens new browser)]	Wed & Thu 12:00 - 3:00
Houghton	Houghton, NY. (9876 Luckey Dr) [Map (opens new browser)]	Tue 9:30 - 2:00; Wed 9:30 - 3:30
Jamestown	Jamestown, NY. (715 Falconer St) [Map (opens new browser)]	Tue & Thu 9:00 - 3:20
Lackawanna	Lackawanna, NY. (659 Ridge Rd) [Map (opens new browser)]	Mon - Wed & Fri 11:00 - 4:30; Thu 11:00 - 5:00; E/O Sat 10:00 - 1:00
Medina	Medina, NY. (115 W Center St) [Map (opens new browser)]	Thu 9:00 - 12:00 & 12:30 - 4:30
Mt Morris	Mt Morris, NY. (130 N Main St) [Map (opens new browser)]	Tue 9:00 - 5:00
North Tonawanda	North Tonawanda, NY. (605 Division St) [Map (opens new browser)]	Mon, Wed & Fri 8:30 - 1:00; Tue & Thu 12:30 - 5:00; E/O Sat 9:00 - 1:00
Rochester - Main St	Rochester, NY. (36 West Main St, Ste 545) [Map (opens new browser)]	Mon, Tue, Thu & Fri 8:30 - 4:30; Wed 9:00 - 8:00; E/O Sat 9:00 - 2:00
Rochester - Monroe Ave	Rochester, NY. (3300 Monroe Ave, Ste 206) [Map (opens new browser)]	Mon 9:00 - 5:00; Tue - Fri 9:00 - 4:00; Sat 9:00 - 1:00
Salamanca	Salamanca, NY. (451 Broad St.) [Map (opens new browser)]	Tue 9:30 - 2:00; Wed 9:30 - 3:30
Wellsville	Wellsville, NY. (30 W Dyke St) [Map (opens new browser)]	Wed 10:30 - 4:30
West Seneca	West Seneca, NY. (4212 Clinton St) [Map (opens new browser)]	Mon - Wed 6:00pm - 9:00pm; E/O Sat 9:00 - 2:00



**Justice Center for the
Protection of People
with Special Needs**

**Request for Staff Exclusion List
Check Form**
For FAX only submission
Criminal Background Check Unit
Fax: 518-549-0464

THIS FORM IS ONLY TO BE USED WHEN AN APPLICANT HAS NOT BEEN ISSUED A SOCIAL SECURITY NUMBER OR ALIEN REGISTRATION NUMBER. All other Staff Exclusion List checks should be done online. Please direct any questions to cbc@JusticeCenter.ny.gov

The Justice Center maintains a Vulnerable Persons Central Register (VPCR) that includes a Staff Exclusion List (SEL) containing the names of individuals who have committed serious acts of abuse and are deemed ineligible to work in a position involving regular and substantial contact with a service recipient. Providers must request the Justice Center to conduct a check of the SEL before determining whether to hire or otherwise allow any person to have regular and substantial contact with a service recipient.

Instructions:

1. The provider's Authorized Person must complete this form and fax it to the Justice Center's Criminal Background Check (CBC) unit for an applicant under **serious** consideration to be hired or otherwise permitted to have regular and substantial contact with a service recipient.
This form should not be used as a screening tool for all applicants.
2. The Justice Center's CBC unit will send the Authorized Person an email indicating the results of the SEL check.
3. If the Applicant is on the SEL, he or she may not be hired in a position involving regular and substantial contact with a service recipient in a facility or provider agency defined in Social Services Law §488(4) or by other providers of services in programs licensed or certified by the Office of Mental Health, Office for People With Developmental Disabilities, Office of Alcohol and Substance Abuse Services, Office of Children and Family Services, Department of Health and State Education Department.
4. If the Applicant is on the SEL, certain other providers have discretion whether to hire the individual as provided in Social Services Law §495(3).
5. If the Applicant is not on the SEL, a criminal background check through the Justice Center, if required, and an inquiry of the Statewide Central Register of Child Abuse and Maltreatment through the Office of Children and Family Services, if required, must be conducted.

Part 1. Applicant Information

Last Name:	First Name:	MI:
Job title:	Date of Birth: <i>Only if no SSN or Alien Reg. is available</i>	
Facility/Provider Name & Address:		
Oversight Agency: <input type="checkbox"/> OMH <input type="checkbox"/> OPWDD <input type="checkbox"/> DOH <input type="checkbox"/> SED <input type="checkbox"/> OASAS <input type="checkbox"/> OCFS (Please check one)		

Part 2. Authorized Person Information

Name:

Work Email Required

Facility/Provider
Name:

Phone:

CODE OF CONDUCT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

Revised January 21, 2016

Introduction

The Code of Conduct, as set forth in the Code of Conduct itself, sets forth a framework intended to assist impacted employees to help people with special needs "live self-directed, meaningful lives in their communities, free from abuse and neglect, and protected from harm," in addition to the specific guidance provided by the agency's policies and training.

Similarly, the Notice to Mandated Reporters contains guidance designed to assist mandated reporters, and is intended to provide a summary of reporting obligations for mandated reporters. It is not intended to supplement or in any way add to the reporting obligations provided by law, rule, or regulation.

As provided by law, rule, or regulation, only custodians who have or will have regular and direct contact with vulnerable persons receiving services or support from facilities or providers covered by the *Justice Center Act* must sign that they have read and understand the Code of Conduct.

The framework provides:

1. Person-Centered Approach

My primary duty is to the people who receive supports and services from this organization. I acknowledge that each person of suitable age must have the opportunity to direct his or her own life, honoring, where consistent with agency policy, their right to assume risk in a safe manner, and recognizing each person's potential for lifelong learning and growth. I understand that my job will require flexibility, creativity and commitment. Whenever consistent with agency policy, I will work to support the individual's preferences and interests.

2. Physical, Emotional and Personal Well-being

I will promote the physical, emotional and personal well-being of any person who receives services and supports from this organization, including their protection from abuse and neglect and reducing their risk of harm to others and themselves.

3. Respect, Dignity and Choice

I will respect the dignity and individuality of any person who receives services and supports from this organization and honor their choices and preferences whenever possible and consistent with agency policy. I will help people receiving supports and services use the opportunities and resources available to all in the community, whenever possible and consistent with agency policy.

4. Self-Determination

I will help people receiving supports and services realize their rights and responsibilities, and, as consistent with agency policy, make informed decisions and understand their options related to their physical health and emotional well-being.

5. Relationships

I will help people who receive services and supports from this organization maintain or develop healthy relationships with family and friends. I will support them in making informed choices about safely expressing their sexuality and other preferences, whenever possible and consistent with agency policy.

6. Advocacy

I will advocate for justice, inclusion and community participation with, or on behalf of, any person who receives services and supports from this organization, as consistent with agency policy. I will promote justice, fairness and equality, and respect their human, civil and legal rights.

7. Personal Health Information and Confidentiality

I understand that persons served by my organization have the right to privacy and confidentiality with respect to their personal health information and I will protect this information from unauthorized use or disclosure, except as required or permitted by law, rule, or regulation.

8. Non-Discrimination

I will not discriminate against people receiving services and supports or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition or disability.

9. Integrity, Responsibility and Professional Competency

I will reinforce the values of this organization when it does not compromise the well-being of any person who receives services and supports. I will maintain my skills and competency through continued learning, including all training provided by this organization. I will actively seek advice and guidance of others whenever I am uncertain about an appropriate course of action. I will not misrepresent my professional qualifications or affiliations. I will demonstrate model behavior to all, including persons receiving services and supports.

10. Reporting Requirement

As a mandated reporter, I acknowledge my legal obligation under *Social Services Law* § 491, as may be amended from time to time or superseded, to report all allegations of reportable incidents immediately upon discovery to the Justice Center's Vulnerable Persons' Central Register by calling 1-855-373-2122.

CODE OF CONDUCT¹ ACKNOWLEDGMENT FOR CUSTODIANS OF PEOPLE WITH SPECIAL NEEDS

I pledge to prevent abuse, neglect, or harm toward any person with special needs, consistent with agency policy. In addition, to the extent I am required to report abuse, neglect, or harm of any person with special needs by law, rule, or regulation, I agree to abide by the law, rule, or regulation. If I learn of, or witness, any incident of abuse, neglect or harm toward any person with special needs, I will offer immediate assistance, notify emergency personnel, including 9-1-1, and inform the management of this organization, consistent with agency policy.

I acknowledge that I have read and that I understand the Code of Conduct.

Signature

Print Name

Date

Program:

Department:

Facility/Provider Organization:

¹ No aspect of this Code of Conduct is in any way intended to interfere, abridge, or infringe upon the rights provided by the *Taylor Law*.