Consent for Employers to Check Child Abuse (Childline), National Abuse Registry, Everify and OIG Exclusion Database

Employee Last Name: _____ First Name: _____

Date of Birth:_____ Last Four (4) Digits of Social Security Number:_____

Agency/Facility Name: _____

In accordance with *28 Pa. Code § 611.54, provisional hiring,* I understand that providing my employer/prospective employer with the above information is for the purpose of my employer/prospective employer conducting a check of my name/identity against the OIG exclusion database, E-Verify, PA Department of Health Child Abuse (Childline) Registry as per Register as the perpetrator of a founded or indicated report of child abuse as defined in 55 Pa. Code § 3490.4 (relating to definitions)., Statewide Central Registry, National Abuse Registry and OIG Exclusion Database for the purpose of working at Brooks Alternative Agency Inc.

I understand that while I am awaiting the results of these checks, I may not work unsupervised with individuals. If the information obtained from the criminal history report or ChildLine verification, or both, reveals that the individual is disqualified from employment or referral under § 611.52 (relating to criminal background checks) or under § 611.53 (relating to child abuse clearance), the individual shall be terminated by the home care agency or removed from the home care registry's roster immediately. If the individual fails to provide the ChildLine verification or criminal history report, or both, within the time period permitted for provisional hire, the individual shall be terminated by the home care agency or removed from the home care registry's roster immediately. In addition to the Childline verification and Criminal Background Checks, National Abuse Registry and OIG Exclusion Searches will be done as conditions of employment.

By signing this agreement, I attest that the information I have provided above is factual and correct, and I can be terminated from employment/volunteering for failure to provide accurate information.

I further attest that I am currently not on any registry or offenders list. I understand that if my name appears on any of these registries, I may not be employed directly or indirectly, by Brooks Alternative Agency Inc. to work with individuals at Brooks Alternative Agency Inc.

I further understand that I am required to cooperate with investigations conducted by the Department of Health or its designee(s). I have read and understand the above and hereby give my consent for my name to be checked against the Department of Human Services, Central Registry of Offenders, Childline, and National Abuse Registry, and State-Wide Registry.

_____ _____ _____

Employee/Prospective Employee/Volunteer Name (please print) **Signature** **Date**

This document should be maintained in the employee's personnel file. Do not return to DHS.

Employer/Provider Agency Use Only

The above named individual has been checked against the Check Child Abuse (Childline), Everify, National Abuse Registry, State-Wide Central Registry

Listed on Registry Registry Check Performed By:_____ Date:_____ Yes___No____