

Instructions for Required Volunteer Clearances

As a way to help ensure the safety of the youth that we serve through the organization and in accordance with PA Act 153, Mom's House of Lancaster requires that all employees and volunteers submit to background and child abuse checks. **Clearances must initially be valid within one year of becoming involved with this organization. In accordance with organization policy, clearances must then be updated every two years as involvement continues.**

1. PA Child Abuse History Clearance (one free check for volunteers every 5 years)

- Go to <https://www.compass.state.pa.us/cwis/public/home>.
 - Select "Create Individual Account."
 - Follow the instructions for processing your request.
- Print two copies. Submit one to the Mom's House and keep one for your records.

2. State Police Pennsylvania Access to Criminal History (PATCH) Record (free for volunteers)

- Go to <https://epatch.state.pa.us/Home.jsp>
 - Select "New Record Check." (Volunteers Only)
 - Accept the terms.
 - Follow the instructions for processing your request.
- Check your results: sometimes it comes back right away with "no record," other times you have to wait and check the status later.
- When your status updates to "no record," print two copies. Submit one to Mom's House and keep one for your records.

3. Identogo Fingerprinting: FBI Background Check (\$23)

- Register with Identogo
 - Go to <https://uenroll.identogo.com>.
 - Agency Service Code: 1KG6ZJ (volunteer use only)
 - Click "Schedule or Manage Appointment" and follow the instructions for processing your request.
 - Print and submit the confirmation page to Mom's House as a placeholder until you receive your record.
- Get fingerprinted
 - Ask for a receipt that shows proof of fingerprinting. Submit to Mom's House.
 - Lancaster Location 601 S. Queen Street (Community Action Partnership)
 - Monday-Friday 8 a.m.-noon, 1-5 p.m.
- Show Mom's House the original hard copy for approval (mailed 2-4 weeks after appointment).

4. TB Test & Physical by Physician, PA, or CRNP

- Print attached form, Child Care Staff Health Assessment
- Fill in info Select Other – describe below:
- Write Volunteering
- Receive Physical & Mantox Test
- Return to HealthCare Provider in 3 days to have Mantax read by the Physician, PA, or CRNP.
- Have them complete form
- Return form to Mom's House.

CHILD CARE STAFF HEALTH ASSESSMENT

(55 Pa. Code §§3270.151, 3280.151 and 3290.151)

NAME OF PERSON EXAMINED (Please print)	REASON FOR EXAMINATION
	<input type="checkbox"/> Initial employment in child care <input type="checkbox"/> Biennial re-examination

THIS SECTION TO BE COMPLETED BY EMPLOYER

This physical examination is for the purpose of employment in a child care facility. The types of activities this individual will be doing are as follows (please check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Lifting, carrying children | <input type="checkbox"/> Desk work | <input type="checkbox"/> Other – describe below: |
| <input type="checkbox"/> Close interaction with children | <input type="checkbox"/> Driver of vehicle(s) | |
| <input type="checkbox"/> Food preparation | <input type="checkbox"/> Facility maintenance | |

THIS SECTION TO BE COMPLETED BY PHYSICIAN, PHYSICIAN'S ASSISTANT OR CERTIFIED REGISTERED NURSE PRACTITIONER (CRNP)

1. DID YOU CONDUCT A PHYSICAL EXAMINATION? YES NO

The physical examination should include a functional assessment of vision and hearing and a systems review looking for conditions that might affect performance or predispose this individual to occupational injury relating to the type of activities required by the job (see type of job listed above.) Conditionals also include frequent hand washing, the stress of caring for groups of children, ability to actively supervise children, and exposure to the common infections of childhood. Please take note that substance abuse should be considered in determining suitability to provide child care.

2. DID THIS INDIVIDUAL HAVE ANY COMMUNICABLE DISEASES? YES NO

If yes, attach separate sheet(s) to describe the conditions and the risk it might pose to others exposed to this individual.

3. BASED ON YOUR FINDINGS FOR #1 AND #2 ABOVE AND OTHER INFORMATION GATHERED DURING YOUR EXAMINATION, IS THIS INDIVIDUAL SUITABLE TO PROVIDE CHILD CARE? YES NO

IF YOU ANSWERED "NO" TO QUESTION #3, please list any information regarding this individual's medical condition or other information gathered during your examination that might threaten the health of children or prohibit the individual from providing safe and adequate care to children. Please attach separate pages as needed.

DATE	SIGNATURE	TITLE
TELEPHONE NO.	PRINTED NAME	
ADDRESS		

TESTING FOR TUBERCULOSIS BY THE INTRACUTANEOUS MANTOUX OR INTERFERONGAMMA RELEASE ASSAY BLOOD TEST METHOD

Please note: The child care facility regulations require tuberculosis testing by Mantoux method or the interferongamma release assay (IGRA) blood test at initial employment in a child care setting. Subsequent testing is not required unless directed by a physician, physician's assistant, CRNP, the Department of Health or a local health department.

MANTOUX TEST DATE:	RESULTS: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE
IF SKIN TEST IS POSITIVE:	REPORT OF CHEST X-RAY (Please attach an official radiology report)
	DOES THIS INDIVIDUAL NEED CHEMOPROPHYLAXIS? <input type="checkbox"/> YES <input type="checkbox"/> NO

Please note: For the purposes of meeting the child care facility regulations, a person with a positive tuberculin skin test or blood test and a negative x-ray is not required to have further tuberculosis testing or x-rays, unless the person is exposed to an active case of tuberculosis or the person develops a productive cough which does not respond to medical treatment within 14 days.