

Early Childhood Background Check Cover Form

K-Number: k _____

Date of Your Appointment: ___ / ___ / _____

Name: _____
(Last Name) (First Name) (Middle Name)

Maiden/Alias: _____

Sex (Circle One): Male Female Unknown

Race (Circle One): Asian Black Indian White Unknown

Height: _____ **Weight:** _____

Eye Color: _____ **Hair Color:** _____

Date of Birth: ___ / ___ / _____
MM DD YYYY

State or Country of Birth: _____

Country of Citizenship: _____

Originating Agency Case Number: DC1443

Social Security Number: _____

For this box, please use your permanent residence information, not your student housing, should you have it.
This information can usually be found on your Driver's License, Non-Driver ID, or other State-Issued Identification.

Address: _____

City State Zip Code

Employer Name and Address:

Kirkwood Community College, 6301 Kirkwood Blvd SW, Cedar Rapids, IA 52404

Reason Fingerprinted: NCPA/VCA Employee



Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry
- Dependent Adult Abuse Registry
- Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address
- Fax
- Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last Fuller	First Mark	Agency Name Kirkwood Community College	Telephone Number (319) 398-4911
Address 6301 Kirkwood Blvd SW			Fax Number (319) 398-1021
City Cedar Rapids	State IA	Zip Code 52404	Email mark.fuller@kirkwood.edu
List the name and address of the person whose information is being requested:			
Name (last, first, middle)		Birth Date	Social Security Number
Address	City	County	State Zip Code
List maiden name, previous married names, and any alias:			
What is the purpose of your request for child or dependent adult abuse information?			Employee
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.			
Signature of Requestor <i>Mark Fuller</i>			Date

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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Section 3: To be completed by the Central Abuse Registry or designee.

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	



Waiver Agreement and Privacy Act Statement

For fingerprint-based National Criminal History Record Checks for Noncriminal Justice Purposes
as authorized by state and/or federal statute

Pursuant to the Iowa User Agreement, this form must be acknowledged, completed and signed by every current or prospective licensee, employee, volunteer, and contractor/vendor, for whom fingerprint-based national criminal history records are requested by a Qualified Entity (QE) under state legislation or federal statute.

The person within the QE who is initiating the process and submitting fingerprints for noncriminal justice purposes must acknowledge and implement the privacy requirements of the QE, and complete and sign the QE portion of this form. The QE must also provide a copy of the executed Waiver Agreement and Privacy Act Statement to the applicant prior to submitting the applicant's fingerprints.

I hereby authorize (**Name of QE**) Kirkwood Community College
to submit a set of my fingerprints to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and FBI national criminal history records that may pertain to me.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

The DCI does not allow agencies to provide a physical copy of the criminal history record received on an individual. However, the QE may show and/or discuss the information with you, the applicant, only. You may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)



Waiver Agreement and Privacy Act Statement (Cont.)

FBI PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

National Child Protection Act as amended by the Volunteers for Children Act (NCPA/VCA)

This section applies to QEs and applicants whose fingerprints are submitted under the authorization of the NCPA/VCA.

The QE is authorized under 34 USC 40102(a) to request a national criminal history record check for the purpose of determining whether you have been convicted of a crime that bears your fitness to have responsibility for the safety and well-being of children, the elderly, or individuals with disabilities.

Until the criminal history record check is complete, the QE may choose to deny you unsupervised access to children, elderly or individuals with disabilities or the QE may choose to deny your application or grant a limited or restricted license.

The noncriminal justice applicant's privacy rights apply to all applicant's whose fingerprints are submitted to request National Criminal History Record Checks for Noncriminal Justice Purposes, including under the NCPA/VCA authorization.

ACKNOWLEDGEMENT AND STATEMENT

I am a current or prospective (check one): Licensee Employee Volunteer Contractor/Vendor

Please complete the following information as it appears on a valid identification document:

Printed Name

Date of Birth

Residential Address

City

State

Zip Code



Waiver Agreement and Privacy Act Statement (Cont.)

(Please initial next to each statement to acknowledge)

_____ I understand that my fingerprints will be used to check the criminal history records of the FBI.

_____ I have been provided a copy of the Privacy Act Statement.

_____ I understand that I am entitled to challenge the accuracy and completeness of any information contained in the criminal history report, if any, received on me.

_____ I understand that the procedures for obtaining a change, correction, or update of my criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

_____ I further understand that I will be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before a final decision is made about my status as an employee, volunteer, contractor or subcontractor, or my eligibility for any pertinent license, certification or registration, adoption, or other benefit.

_____ I understand that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

I **have** been convicted of a crime

I **have not** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below. Use additional paper as needed:

By signing this Waiver Agreement, it is my intent to authorize the release and dissemination of any Iowa and/or national criminal history record that may pertain to me to the above-referenced QE with which I am employed, seeking employment with, seeking to serve as a volunteer for, or am seeking licensure from. I am also acknowledging that the above named QE has notified me of and that I understand my privacy rights as a noncriminal justice applicant. Furthermore, I authorize the QE to forward this agreement to DCI upon request.

Signature

Date

TO BE COMPLETED BY THE QUALIFIED ENTITY:

QE Name: Kirkwood Community College

OCA: DC1443

Address: 6301 Kirkwood Blvd SW, Cedar Rapids, IA 52404

Phone: 319-398-4911

By signing this Agreement, I am acknowledging that, as the facilitator of this Agreement for the QE, I have provided the applicant their rights and will carry out any agency requirements once the FBI results are received, if applicable. I have also provided the Privacy Act Statement and a copy of this executed agreement to the applicant prior to submitting the applicant's fingerprints to the DCI to be forwarded to the FBI.

QE Signature: Mark Fuller

Date: _____

The QE **must provide a copy of this Waiver Agreement to the applicant** and **maintain the original at the QE** within the guidelines set forth in the Iowa User Agreement; **Do not send to DCI** unless requested.

Please initial next to each statement below to indicate your acknowledgment of the statement and complete the information at the bottom of this page.

KIRKWOOD COMMUNITY COLLEGE Student Notice and **Consent to Release Information**

I, the undersigned student in the Early Childhood Education program at Kirkwood Community College, understand that participation in service learning and field experience/practicum are part of the early childhood program and that this includes working at affiliating early care and education programs or schools. I acknowledge that this may include experiences with an affiliating early childhood program, school or agency. I further understand that an affiliating agency may from time-to-time establish requirements for on-site participation of Kirkwood students in their service learning or field experience settings and that these requirements may apply to all agency employees and volunteers and that these requirements may be mandated by state, federal or accrediting agencies of the affiliated agency. I understand that for me to obtain employment in early care and education programs or for future licensure as a teacher or paraeducator I will need to submit to full criminal record checks including the following: (please initial each requirement):

1) Background Record Checks. Submission of my name (including all current and former last names and aliases) to criminal record, dependent adult abuse, child abuse and sex offender checks ("Background Record Checks"). I understand that it is my on-going obligation as a program participant to report any criminal activity or abuse events in which I am involved if such activity or event occurs after the Background Record Checks have been performed. I grant Kirkwood permission to submit my name for Background Record Checks with the FBI finger printing to be performed and to release the results to the applicable affiliating agency, so I may be screened by the applicable agency to determine if I may be placed as a student intern in service learning or field experiences.

2) I further understand that affiliating programs/schools have the right to establish requirements for participation in practicum or field experiences and that the requirements may include submission to criminal record, dependent adult abuse, child abuse and sex offender checks based upon all current and former last names and aliases.

3) I understand that it is my responsibility to request an additional background check if any further criminal activity or abuse events occur after the start of the program.

4) I understand and agree that if I am excluded from for participation in service learning, practicum or field experience because of a Criminal record OR if I am not accepted by an affiliated program or school for a field experience or course involving contact with children because I refuse to follow policies and procedures that are required by an affiliating agency in order to participate in an experience, I may be unable to complete my program of study and graduate from the early childhood program.

5) I understand that full Criminal Record checks must be complete every two years, and that if I have not completed the program within two years I will be required to complete another record check.

I hereby release Kirkwood Community College, its employees, and all affiliating programs or schools from any liability with regard to my participation in a field experience or course requiring direct contact with children and decisions made concerning my participation in such experience.

I understand these records will be placed in my Kirkwood Community College student file.

Please Print

Name: _____ Social Security Number and k number: _____

Phone Number: _____

Full Address: _____

Signature: _____ Date of Appt: _____

TO BE COMPLETED BY STUDENT AND TAKEN TO BACKGROUND CHECK APPOINTMENT

**STATE OF IOWA
DHS CRIMINAL HISTORY RECORD CHECK
FORM B**

**TO: Iowa Division of Criminal Investigations
Bureau of Identification, 1st Floor
215 E 7th Street
Des Moines, Iowa 50319**

**FROM: Mark Fuller
Kirkwood Community College
6301 Kirkwood Blvd SW
Cedar Rapids, IA 52404**

PURPOSE: Child Day Care 237A.5, 237A.20 Adoption 600.8(1)(2) Child Abuse 232.71
 Foster Care/Group Foster Care 237.8 Institutions/Facility 218.13 Juvenile Homes 232.142

REQUEST

I am requesting an Iowa criminal history (CCH) check on:

Last Name	First Name	Middle Name
Maiden Name	Sex	Social Security Number
Date of Birth	Signature of Requester <i>Mark Fuller</i>	

RESULTS

As of _____ (date) a name and date of birth check revealed:

CCH record attached No CCH record found

DCI Initials _____

WAIVER
(see reverse side)

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

Signature	Date
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White: Submit to DCI or to County/Region Day Care

Yellow: Control Copy

LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION

Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.

WAIVER:

Iowa law does ***not*** require waiver. However, without a waiver any arrest over 18 months old ***without*** a disposition, cannot be given to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be given out to non-law enforcement agencies without a signed waiver.

General Information:

The information requested is based on ***name*** and ***exact date of birth only***. Without fingerprints a ***positive*** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal working hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history check is of the Iowa Central Repository only. No other state or federal agency records can be searched under current law.

In Iowa, a deferred judgment is not considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e., second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:30 p.m., Monday through Friday.

If the “No CCH record found” box is checked, it could also mean that information in the file is not releasable per Iowa law without a waiver.

Reminder:

Each agency, other than day care, should submit a self-addressed envelope with their requests. This will expedite the process.

FORM B IS FOR THE SPECIFIC PURPOSE SET OUT ON THE FRONT. COURT ORDERED HOME STUDY MUST SUBMIT FORM A WITH PAYMENT.