Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

November 21, 2014

GENERAL LETTER NO. 12-B-AP-46

ISSUED BY: Bureau of Child Care
Division of Adult, Children and Family Services

SUBJECT: Employees' Manual, Title 12, Chapter B, ***FOSTER FAMILY HOME LICENSING APPENDIX***, page 39, revised; and the following forms:

470-2310 *Record Check Evaluation*, revised
470-2310(S) *Record Check Evaluation* (Spanish), revised

Summary

Chapter 12-B-Appendix is revised to modify form 470-2310, *Record Check Evaluation*, and its Spanish translation, form 470-2310(S). The modifications allow for:

- Consistent use among all programs, including health care facilities, foster and adoptive care, and child care.
- A streamlined and consistent process for record check evaluations and centralization of the record check process.

Modifications include changes to:

- Part A to include information on the entity requesting the evaluation.
- Part B to identify the person being evaluated. Part B previously identified the requesting entity.
- Part C to include the evaluation determinations and notice of decision.
- Part D that the applicant completes. Part D was previously completed by the person requesting the evaluation.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 12, Chapter B, Appendix:

Page	Date
470-2310	2/11
470-2310(S)	2/11
39	August 6, 2010

Additional Information

Refer questions about this general letter to Ryan Page, Child Care Regulatory Program Manager.

Iowa Department of Human Services

Record Check Evaluation

A. Agency/Provider/Person Requesting Evaluation

Entity Requesting Evaluation	Requestor's Name	Phone	Fax
Street	City	State	Zip Code

The agency/provider/person listed above is requesting a Record Check Evaluation (RCE) on the following person after a background check revealed a criminal conviction (or deferred judgment), founded abuse (child or dependent adult), or a combination thereof. *In order to complete the evaluation, we need to have all information, including form 470-2310, SING, and Rap Sheet. Please ensure that all forms are dated within the 30 day period. All evaluation materials must be sent in together*.

B. Person Being Evaluated

Last Name, First Name, Middle Initial	Maiden/Previous Names	Role/Position Applying For

The individual listed above requests an evaluation to determine whether they can be permitted to perform duties under the section "Role/Position Applying For."

I realize that the information I provide in Section D. may be verified with local law enforcement agencies, the district court, Iowa Department of Human Services, or other persons having knowledge of the incident.

Signature of Person Being Evaluated	Telephone	Email	Date
Street Address	City	State	Zip Code

C. Evaluation Determination/Notice of Decision

FOR DHS USE ONLY

D.

Explain, in detail, each crime or abuse (completed by applicant). Include date, location, others involved, relationship of the victim to you, age of the victim, and your actions *for each abuse or criminal history (additional sheets may be used)*.

What changes have you made to make you safe to work around or care for others? Explain your accomplishments; work history; caretaker history; counseling, therapy, parenting classes; etc. *Supporting documents such as treatment certificates, reference letters from previous/current employers or probation officers should be included*.

Has DHS evaluated you in the past? Explain when the previous evaluation occurred, what position you were applying for, and whether you received the job/position.

Iowa Department of Human Services

Record Check Evaluation
(Investigación de antecedentes penales)

A. Agencia/Prestador/Persona Solicitante			
Entidad solicitante	Nombre del solicitante	Teléfono	Fax
Calle	Ciudad	Estado	Código postal

La agencia, el prestador o la persona mencionada anteriormente solicita una Investigación de Antecedentes Penales (*Record Check Evaluation*, RCE) de la siguiente persona debido a que una averiguación de antecedentes reveló una condena penal (o suspensión condicional de la sentencia), abuso fundado (de un menor o un adulto dependiente), o una combinación de los mismos. *Para realizar la investigación, debemos tener todos los datos, inclusive el formulario 470-2310, SING, y el expediente policial. Por favor, cerciórese de que todos los formularios tengan fecha dentro de los últimos 30 días. Debe enviar todo el material junto.*

B. Persona investigada		
Apellido, primer nombre, inicial	Apellido de soltera u otros nombres	Empleo o puesto solicitado

La persona mencionada solicita una investigación para determinar si el/la postulante tiene permitido realizar las funciones que se indican en la sección “Empleo o puesto solicitado”.

Estoy consciente de que los datos provistos en la Sección D serán verificados con la policía, el juzgado del distrito, Iowa Department of Human Services, u otras personas con conocimiento del incidente.

Firma de la persona investigada	Teléfono	Correo electrónico	Fecha de de
Domicilio	Ciudad	Estado	Código postal

C. Resultado de la investigación/Notificación de la resolución	Para uso exclusivo de DHS

D.

Explique detalladamente cada delito o abuso (debe ser completado por la persona solicitante). Incluya fecha, lugar, personas involucradas, parentesco de la víctima con usted, edad de la víctima, y sus acciones *para cada antecedente penal o de abuso (puede utilizar hojas adicionales)*.

¿En qué cosas ha cambiado para poder trabajar con otras personas o cuidarlas sin ponerlas en peligro? Explique sus logros; historial laboral; historial como adulto a cargo del cuidado de otras personas; psicoanálisis, terapia, clases para padres; etc. *Debe adjuntar documentación probatoria como certificados de tratamiento, cartas de referencia escritas por su empleador actual, empleadores anteriores u oficiales de libertad condicional*.

¿Ha sido investigado por DHS en el pasado? Explique cuándo se realizó la investigación previa, qué empleo solicitaba y si consiguió dicho empleo o puesto.

Record Check Evaluation, Form 470-2310 or 470-2310(S)

Purpose	Form 470-2310 is used to collect additional information about a criminal conviction or a child abuse report. The worker and the evaluation team then use this information to evaluate the report's effect on the licensing or registration recommendation.
Source	Complete the English version of this form on line using the template available in the public state-approved forms folder on Outlook. Print supplies of the Spanish version from the sample in the manual.
Completion	The person subject to the evaluation and/or the requesting entity completes sections A, B, and D for each founded report of child abuse or criminal conviction. Section C is the evaluation determination and is completed by the Department.
Distribution	The person subject to the evaluation completes the form and sends the form to the Department within ten calendar days of the date on the form. This information is reviewed by the Department. On approved evaluations, a copy of the completed *Record Check Evaluation* will be sent to the requesting entity. On denied evaluations, a copy of the completed *Record Check Evaluation* will be sent to the requesting entity and the person subject to the evaluation.
Data	**Part A**: The agency, provider, or person requesting the evaluation completes this section. Include the requesting entity, requestor's name, and contact information. **Part B**: The person completing the form verifies who is being evaluated, previous or maiden names, and the position they are applying for. **Part C**: The Department will evaluate and approve or deny a person's involvement in the role they have requested. **Part D**: The applicant must complete information regarding each crime or incident of abuse, changes made to assure safety in working with others, and whether the Department has evaluated the applicant in the past.