

EARLY CHILDHOOD EDUCATION
FIA CENTRAL REGISTRY CHECK PROCEDURES

Aquinas College
Early Childhood Department
1607 Robinson Road SE,
Grand Rapids, MI 49506
Phone (616) 632-2800

Dear Early Childhood Student:

You are enrolled in an Education course that requires lab participation in an Early Childhood Setting. Child Daycare Licensing requires anyone participating in a licensed setting to have been cleared of substantiated child abuse and neglect through the Family Independence Agency. This involves completing a form including your name, address, date of birth, sex, race and signature.

FIA requires that your signature be witnessed and your identity verified by our office or the Family Independence Agency, *so be sure to bring your drivers license*. The signed form is then sent to FIA and you should receive your clearance letter in 1 to 2 weeks. You may have already completed this process. If so please bring your clearance letter with you the first day of class and we will make a copy of it for our files. This letter must be on file **BEFORE** you can begin your lab participation.

If you have not already begun this process it is critical that you do so as soon as possible so that you will be able to begin your lab placement on time. The form may be completed in the School of Education (SOE) located at the Browne Center. Business hours are 8:30 a.m. to 5:00 p.m.

- Three weeks prior to the start of each semester, a letter (similar to the above) will be sent to all students enrolled in a Early Childhood Education course with a lab component who do not have a Family Independence Agency Central Registry Check clearance letter on file in the campus wide information System.
- When students come into the School of Education office, they will complete a short form (see below) that will be faxed by the end of that day to the Family Independence Agency. The student's information will be checked against the Children's Protective Services Central Registry to determine if his/her name has been placed on the Central Registry for substantiated abuse or neglect, as defined in ACT No. 238, Public Acts of 1975m being 722.621 to 722.636 of the Michigan Compiled Laws.
- Students will be instructed to return a copy of their clearance letter when it is received.
- In one to two weeks, students will receive a letter stating that a clearance check has been performed and will receive the results of that clearance check. When brought to the Aquinas Child Development Center, the letter will be copied and the original returned to the student.
- A copy of the letter will be sent to the laboratory preschool for their files.
- In the School of Education office, records of all request forms faxed to the Family Independence Agency will be kept. A record of letters received will also be kept to ensure that each student has a clearance letter on file before participation in the lab. When a letter is received, the corresponding request will be destroyed.
- Before the end of the semester, all letters received will be documented into the Aquinas Child Development Center File.

Instructions for Completion of the Central Registry Check Request Form

The form must be **printed neatly** and completed in **black ink**.

- 1 - Student's current full name including any middle name(s) or hyphenations
- 2 - Student's maiden name if any. If none, print N/A
- 3 - Student's date of birth
- 4 - Student's sex, print M or F
- 5 - Student's race (black & white are ok to use)
- 6 - Address where student would like their clearance check letter to be sent
- 7 - Student's signature (to be witnessed by AQ SOE staff)
- 8 - Date signed by student
- 9 - Signature of AQ SOE verifying student's signature
- 10 - Student's drivers license number or state ID number
- 11 - AQ student ID Number

Verification includes looking over the entire form for readability, comparing the student's face and signature to that of a valid driver's license or state ID, and signing the form.

CENTRAL REGISTRY CHECK

Children's Protective Services Intake Unit
Kent County Family Independence Agency
415 Franklin SE
Grand Rapids, MI 49507
Phone: (616) 247-6300
Fax (616) 247-6058

To Whom It May Concern:

Please send verification of whether the perspective volunteer or staff person named below is listed on the Children's Protective Services Central Registry System as a perpetrator of abuse/neglect. I have verified the name and date of identification/driver's license:

Sincerely,

Aquinas College
Early Childhood Department
1609 Robinson Road SE
Grand Rapids, MI 49506
Phone (616) 632-2800
Fax (616) 732-4465

I, the undersigned, authorize the Family Independence Agency to check the Central Registry System by name and identifiers to determine if my names have been placed on the Central Registry for substantiated abuse or neglect, as defined in ACT No. 238, Public Acts of 1975, as amended, being 722.621 to 722.636 of the Michigan Compiled Laws.

PLAESE PRINT IN BLACK INK

1	Name of perspective volunteer/staff person			
2	Maiden name or aliases:			
3	Date of Birth : _____/_____/_____			
4	Sex: _____ (M/F)			
5	Race: _____			
6	Home Address: _____	Street	City	Zip code
7	Signature: _____			
8	Date: _____/_____/_____			
9	Driver's license Number	Student ID:		