

**Millcreek Township School District**  
**Education Profession Level 1, Level 2, and Level 3**  
**Course Requirements for Pre-K Field Experience**

As part of your Education Profession course experience, you will have the opportunity to observe and interact with children in the McDowell Pre-K classroom. This will provide first-hand knowledge of important concepts and skills learned via the coursework.

In order to participate in the Education Profession courses, you must meet certain PA Department of Human Services (DHS) requirements. The requirements are based on your age and must be met prior to being in the Pre-K classroom.

**Students ages 16-17** (*starting on the student's 16<sup>th</sup> Birthday, s/he must have the following before being in a Pre-K classroom*):

- a. The HS student must have a file containing the following:
  1. Health Assessment (on DHS form) with TB test result
  2. 2 letters of reference (cannot be from a family member)

**Students ages 18+** (*starting on the student's 18<sup>th</sup> Birthday, s/he must have the additional items before being in a Pre-K classroom*):

- a. The HS student must have a file containing the following:
  1. Child Abuse clearance (can be volunteer)
  2. PA State Police clearance (can be volunteer)
  3. DHS FBI clearance
  4. NSOR clearance
  5. Signed DHS Disclosure form

Attached are the directions and forms. Once you have all the required documents, provide them to the McDowell Guidance Office. (Remember to keep a copy for your own records.)

You can contact Julie DeVore at the McDowell Guidance Office with questions: 814-835-5416.



## MILLCREEK TOWNSHIP SCHOOL DISTRICT CLEARANCE INSTRUCTIONS

### McDowell HS Students – Field Placement in MTSD Pre-K Classrooms

# #1

#### PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE INSTRUCTIONS

Log on to <https://www.compass.state.pa.us/CWIS>

1. Select **“Create Individual Account”** if you do not have an existing account. Otherwise, select **“Individual Login”** for an existing account to update your clearance.
2. Select **“Next”** if you are creating an individual account.
3. Create your own personal **Keystone ID**. (Remember to right down your log in information.) An email will be sent to you with your password. Then return to the home page <https://www.compass.state.pa.us/CWIS> and select **Individual Login** using your **Keystone ID**.
4. Select **“Volunteer”** as your **reason for the clearance**. Clearance applications **may take up to 14 days**. You will receive an original certificate in the mail, however, you may check the online system to see if the certificate is available to print.

For questions related to the Pennsylvania Child Abuse History Clearance, please contact the CWIS Support Center at 1-877-343-0494.

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# #2

#### PENNSYLVANIA STATE POLICE CRIMINAL RECORD CHECK INSTRUCTIONS

Log on to <https://epatch.state.pa.us>

1. Select **“Submit a New Record Check.”**
2. Provide name, address, and credit card information and process. **Reason for clearance – “Volunteer.”**
3. A printable certificate will be made available for all **“No Record”** responses. Double click on the control number, then double click on the hyper link, **“Certification Form,”** to print the certificate. (Keep a record of your log in information.)
4. **“Under review”** will be updated to **“No Record”** or **“Record”** **within two weeks**. It is the applicant’s responsibility to periodically check the PATCH web site to print the final status.
5. If you have questions about the Pennsylvania State Police Request for Criminal Record Checks, please call 1-888-783-7972.

# #3

## FBI CRIMINAL BACKGROUND CHECK INSTRUCTIONS – FEE \$23.85

The applicant must register separately for the DHS FBI clearance. Prior to going to the fingerprint site. Log on to <https://uenroll.identogo.com>

1. Enter Service Code – **1KG738. This code is for Department of Human Services.**
2. Select “Schedule or Manage Appointment.” Proceed through the application: Essential Info, Employer Info (Millcreek Township School District, 3740 W. 26<sup>th</sup> St., Erie, PA 16506), Citizenship, Personal Question, Personal Info, Address, Documents, Location, Date and Time, and Payment.
3. At the fingerprint site, the applicant will be asked to bring a document such as a current valid state or federal photo ID, (See Identogo’s web site for the list of acceptable documents) and a copy of the Pre-Enrolled registration form. **The FBI Criminal Background Check Process may take up to 14 days for results.**
4. An official letter will be sent directly to the applicant. The applicant must make a copy of the letter for submission to the School Administrator.

Questions: <https://uenroll.identogo.com> or 1-844-321-2101

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### **IdentGo Enrollment Centers in the Erie Area:**

**Agility Building** – 2323 West 38<sup>th</sup> Street, Erie, PA 16506. PHONE 814-868-4824

**Northwest Tri-County IU #5** - 252 Waterford Street, Edinboro, PA 16412. PHONE 814-734-5610

**Erie County Technical School**, 8500 Oliver Road, Erie, PA 16509. PHONE 814-464-8600.

## APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child care setting where child care is occurring.
- Any individual working for a Regulated Child Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child care provider, group day-care home or family child care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address: Department of Human Services PO Box 8170 Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to: **RA-PWNSOR@pa.gov** In the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith); **OR**
3. Hand deliver to the Clearance Verification Unit lobby located at: 5 Magnolia Drive, Harrisburg, PA 17110 (Hillcrest Building number 53). Free parking is available in Lot C.

- Processing time is fourteen days from the date the application is received.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- There is no fee for the National Sex Offender Registry verification letter.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

### Purpose of the National Sex Offender Registry Verification (Check one box only)

- Individual 18 years or older residing in the facility where child care is occurring.
- Individual working for a Regulated Child Care Provider.
- Individual with an ownership interest (corporate or non-corporate) in a Regulated Child Care Provider and who participates in the organization and management of the operation.
- Volunteer of a child-care provider, group-daycare home or family child care home.

### Applicant Demographic Information (All fields required)

Full Name (Last, First, Middle Initial): \_\_\_\_\_

Social Security Number (XXX-XX-XXXX): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Daytime Phone Number (XXX-XXX-XXXX): \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Include full street address, (Apt # or PO Box if applicable),

\_\_\_\_\_ City, State and Zip Code

E-mail Address: \_\_\_\_\_

I affirm the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law per Section 4904 of the Pennsylvania Crimes Code.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**DISCLOSURE STATEMENT**  
**APPLICATION FOR EMPLOYMENT, INCLUDING PROVISIONAL EMPLOYMENT**  
**Required by the Child Protective Service Law**

**23 Pa. C.S. Section 6344 (relating to employees having contact with children; adoptive and foster parents)**

I swear/affirm that, if being hired on a provisional basis, I have applied for certification through ChildLine, the Pennsylvania State Police, and the Federal Bureau of Investigation and am submitting a copy of the appropriate completed request forms to the employer, administrator, supervisor or other person responsible for employment decisions.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from employment as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or equivalent crime under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I must be dismissed from employment if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above.

I understand that if I am being hired on a provisional basis, I am not permitted to work alone with children and must work in the immediate vicinity of a permanent employee during this provisional employment period.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying employment or participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying employment or participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including termination or denial of employment.

I understand that certifications obtained for employment purposes may be used to apply for employment, serve as an employee, apply to volunteer and serve as a volunteer.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

**If the employee is a minor:**

Parent/Legal Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CHILD CARE STAFF HEALTH ASSESSMENT

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

NAME OF PERSON EXAMINED (Please print)	<b>REASON FOR EXAMINATION</b> <input checked="" type="checkbox"/> Initial employment in child care <input type="checkbox"/> Biennial re-examination
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## 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 checked="" type="checkbox"/> Other – describe below: <i>H.S. Field Experience in Prek.</i>
<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.

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**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.

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**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.



**McDowell High School Education Profession Course**

**Reference Form**

\_\_\_\_\_ is enrolled in a McDowell High School Education Profession course. S/he will be observing and interacting with preschool children as part of the field experience in the course. Please provide a reference for this person as noted below. (References cannot be from family members.)

Place a check in the boxes that apply:

	Outstanding	Good	Satisfactory	Unsatisfactory	Cannot Answer
1. Trustworthy					
2. Cooperative					
3. Dependable					
4. Punctual					
5. Presents self professionally					
6. Conscientious worker					
7. Flexible					

Answer the following questions:

8. How do you know the student?

9. How long have you know the student?

10. Is there any reason why this student should not interact with young children? If so, please explain?

11. Additional comments (optional)?

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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Answer the following questions:

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9. How long have you know the student?

10. Is there any reason why this student should not interact with young children? If so, please explain?

11. Additional comments (optional)?

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

