



State Central Register (SCR) Information

Frequently Asked Questions:

What is the State Central Register (SCR)?

The New York State Office of Children and Family Services (OCFS) operates the State Central Register for Child Abuse and Maltreatment (SCR). The SCR maintains records on reports of abuse and maltreatment.

Why is the SCR Form required?

Section 424-a of the Social Services Law requires that the New York State Office of Children and Family Services (OCFS) make inquiries to the SCR on whether any person applying for a child day care license or registration is the subject of an indicated report of child abuse or maltreatment.

Who must complete the SCR Form?

The New York State Office of Children and Family Services (OCFS) is required to make inquiries to the SCR on whether any person applying for a child day care license or registration is the subject of an indicated report of child abuse or maltreatment therefore, the SCR form must be completed by the following:

- Individuals who will operate a day care center or school age child care program
- Individuals who represent agencies that have applied to operate day care centers or school age child care programs

Will I be notified of the results?

You will be notified directly by the SCR if the result of this inquiry shows that you are the subject of an indicated report of child abuse or maltreatment. You will be informed at that time of any hearing rights you may have pursuant to Section 424-a of the Social Services Law.

If the SCR replies that you are the subject of an indicated report of child abuse or maltreatment, this agency must consider that factor, in addition to other background information and references in determining whether to approve your application. You may be asked to provide details of the situation(s) or incident(s) that gave rise to the indicated report. You may also be asked to sign a release allowing this agency to receive a copy of the indicated report. If your application is denied, you will be provided with a written statement by this agency, which explains the reason(s) for our denial of your application.

How do I complete the SCR Form?

Follow the instructions listed on the following page to ensure that you complete the form correctly. If you have any questions or need assistance, contact your licensor or registrar.

NOTE: It is extremely important that all information provided is complete and can be easily read. Please print clearly.

Continue to next page ►



Guide to Completing the SCR (LDSS-3370) Form

Who Must Complete the SCR (LDSS-3370) Form

The New York State Office of Children and Family Services (OCFS) is required to make inquiries to the SCR on whether any person applying for a child day care license or registration is the subject of an indicated report of child abuse or maltreatment therefore, the SCR form must be completed by the following:

- Individuals who will operate a day care center or school age child care program
- Individuals who represent agencies that have applied to operate day care centers or school age child care programs

NOTE: It is extremely important that all information provided is complete and can be easily read. Please print clearly.

To properly complete the SCR Form, follow the instructions below:

• Top Line and Agency Address

1. **Three-digit agency code** should be placed in the top left-hand box, followed by the **Resource I.D. (RID)** in the next box to the right. These numbers will be given to you by OCFS. **Clearance Category** code from back of form should be placed in the middle box. Place liaison's phone number in the next box.
2. The last box on the right should be left blank.
3. **Agency Name** – Name by which day care program is known.
4. **Agency Liaison** – Contact person at the day care program. The liaison cannot be the applicant or a relative of the applicant.
5. **Agency Address** – Must include street, city and zip code to ensure proper mailing of SCR response.

ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE				SCR USE ONLY	
AGENCY CODE	RESOURCE I.D.	CATEGORY USE ALPHA CODE	PHONE NUMBER (Area Code)	RID/INVEST I.D.	
PRINT BELOW THE ADDRESS TO WHICH YOU WANT THE RESPONSE RETURNED				The purpose of this information is to identify persons who may be receiving care for on the reverse side of this document. The alpha code is to complete the "Category" box shown and also on the reverse side of this form.	
AGENCY NAME				CLEARANCE CATEGORY: Complete the following for your self, your partner, your children and any other persons in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE". LIST RELATIONSHIP in the State below (see reverse side for the complete list) on the next page if necessary.	
AGENCY LIAISON					
STREET ADDRESS					
CITY STATE ZIP CODE					

• Applicant Information

All household members, adults and children, whether related to the applicant or not, are to be listed in this area of the form. Record each individual's **Relationship to Applicant, Last Name, First Name, Sex (M/F), DOB (mm/dd/yy)**.

1. Skip "SCR USE" column
2. **First line** – Applicant's name. If there is more than one applicant (partners, etc.) place the additional name(s) on the lines below the "Maiden/Alias" line.
3. **Second line** – Any maiden names, previous married names or alias by which the applicant has been known. Use additional lines if more than one such name is/has been used.
4. **Remaining lines** – Names of all other living with the applicant. If additional lines are needed, use "additional page". If the applicant lives alone, write **NONE** on the line below "Maiden/Alias" line.

APPLICANT/HOUSEHOLD MEMBER AREA						PLEASE TYPE OR PRINT CLEARLY			
SCR USE	Relationship to Applicant	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH				
	APPLICANT								
	MAIDEN ALIAS								

• Address Information

1. Fill in the current address information on first line. Previous addresses should be listed on the following lines, going back to 1973 or the year the individual reached the age of 18. If additional lines are needed, use "additional page".
2. Complete addresses are required. Include street number, apartment number, street name and city/town/village. Post Office box numbers are not acceptable. If the individual has lived abroad, indicate country and dates of residence. If the individual has spent time in the military, list base names and locations along with dates. All addresses at which individual resided between 1973/age 18 and the present must be listed.

CURRENT STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO

• Signature Information

1. **Applicant's Signature** – Applicant must sign and date the form. The signature should exactly match the name recorded on the first line. For example, Mary Smith may not sign form as Mary Ann Smith. Victoria Smith may not sign as Vicky Smith.
2. All signatures must be dated (mm/dd/yy)
3. The SCR will not accept a form with a signature date more than 6 months old.

I affirm that all the information provided on this form is true. I understand that if I knowingly give false statements, such action could be grounds for denial or revocation of my employment or removal of a license, certificate, permit or approval.

APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE
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EIGHTEEN YEARS OLD OR OVER:
I understand that as a person eighteen years of age or over in a home of an applicant to become an Adoptive or a Foster Parent or a Family Day Care provider, the information I have provided will be used to measure the State Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

SIGNATURE	DATE	SIGNATURE	DATE
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STATE CENTRAL REGISTER DATABASE CHECK Agency Use Only

<small>Submit</small> ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE				SCR USE ONLY
AGENCY CODE:	RESOURCE I.D.:	CATEGORY USE ALPHA CODE:	PHONE NUMBER (Area Code):	REQUEST I.D.:

PRINT BELOW THE ADDRESS TO WHICH YOU WANT THE RESPONSE RETURNED:

AGENCY NAME: _____

AGENCY LIAISON: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above are also on the reverse side of this form

FOR ALL CATEGORIES: Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. **MAKE SURE YOU COMPLETE ALL MAIDEN NAME ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE"**

List **RELATIONSHIP** in the fields below (see reverse side for instructions) Attach additional page if necessary.

The purpose of collecting the demographic data on *other persons in your household* who are not screened pursuant to Section 424-a of the Social Services Law, is to enable the N.Y.S. Children and Family Services to identify with the greatest degree of certainty, whether or not the person(s) being screened is the subject of an indicated child abuse or maltreatment report. The utilization of this information in a discriminatory manner is contrary to the Human Rights Law.

APPLICANT/HOUSEHOLD MEMBER AREA *PLEASE TYPE OR PRINT CLEARLY

SCR USE	Relationship to Applicant	LAST NAME	FIRST NAME	SEX M/F	DATE OF BIRTH
	APPLICANT				
	MAIDEN/ALIAS				

Please provide your current address and any other addresses at which you have resided since 1973, including street, city and state. For **Adoption, Foster Care and Family Day Care**, also include the same address history for household members 18 and older. If you or a household member achieved age 18 after 1973, provide addresses from that year to the present. Attach additional pages if necessary.

CURRENT STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	FROM	TO

I affirm that all the information provided on this form is true. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit or approval.

APPLICANT'S SIGNATURE _____	DATE _____	APPLICANT'S SIGNATURE _____	DATE _____
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EIGHTEEN YEARS OLD OR OVER:

I understand that as a person eighteen years of age or over in a home of an applicant to become an Adoptive or a Foster Parent or a Family Day Care provider, the information I have provided will be used to inquire of the State Central Register to determine if I am the subject of a indicated report of child abuse or maltreatment.

SIGNATURE _____	DATE _____	SIGNATURE _____	DATE _____
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Tear Here

AGENCY LIAISON INSTRUCTIONS

Please verify that each form is completed. Incomplete forms will be returned to the sender. For ADOPTION, FOSTER CARE, and FAMILY DAY CARE, if both spouses are applicants, both are to sign. Persons eighteen years old and over, residing in the home of applicants for ADOPTION, FOSTER CARE and FAMILY DAY CARE, also must sign the form.

AGENCY CODE

Record your 3 digit agency code. **NOTE:** Day Care, Family Day Care and Camps must provide the agency code of the agency or office, which issues your license or certificate. Verify your Alpha of Alpha/Numeric 3 digit code with your licensing agency.

RESOURCE I.D.

Record your RESOURCE I.D. ("RID") in this field. OCFS, OMH, OMRDD, DOH, OASAS and SED licensed agencies and programs, and local Departments of Social Services, have RIDS as of 9/01. Verify your RID with your licensing agency.

CATEGORIES

Record the appropriate category.

- F - Prospective employee (fee required - see below*)
- D - Prospective employee (Local DSS district - bill against reimbursement)**
- Y - Prospective Day Care employee
- Y - Provider of goods/services
- Y - Applying to be a group family day care assistant.
- Q - Applying to be group family day care provider.
- Z - Prospective volunteer/consultant.
- X - Applying to be adoptive parents.
- W - Applying to be foster parents or family care home providers.
- R - Applying to be kinship foster parents.
- P - Applying to be family day care provider.
- N - Applying for a license to operate a day care center. (To be submitted by authorized licensing agency only.)
- M - Director of a summer camp, overnight camp, day camp or traveling day camp.
- E - Current employee.

AGENCY LIAISON

Record the name of the person to whom the response should be sent (cannot be the same as applicant or related to the applicant).

APPLICANT/HOUSEHOLD MEMBER AREA INSTRUCTIONS- This information is to be provided by the applicant/ employee/provider. See front of form.

APPLICANT(S) (at least one person must be so designated)-USE FIRST LINE

MAIDEN NAME/ALTERNATIVE/AKA: must be completed for every applicant. Record **ALL** previous names used. Start with second line.

Use as many lines as needed (One last name per line)

OTHER HOUSEHOLD MEMBERS: describe relationship to applicant, e.g. son, daughter, father, mother, friend ,etc. on remaining lines

(ATTACH ADDITIONAL PAGE IF NECESSARY)

IF NO OTHER HOUSEHOLD MEMBERS, record NONE on line below MAIDEN/ALIAS.

*Social Service Law 424-a has been amended to require the collection of fees for certain categories. A certified check, postal or bank money order, teller's check, cashier's check or agency check made payable to "New York State Office of Children and Family Services" in the amount of five dollars, is to accompany the form. The check also is to include the applicant's name and the agency code. N.B. **A separate check must accompany each form.** See "Operating Instructions for LDSS-3370" for more detailed instructions.

**Social Service Law 424-a has been amended to allow local DSS to bill against their reimbursement the charge collected for screening prospective employees.

**MAIL COMPLETED FORMS TO:
STATE CENTRAL REGISTER
P.O. BOX 4480
ALBANY, N.Y. 12204**

TO ORDER MORE FORMS:

Write to: New York State Family Assistance, Bureau of Forms & Print Management, P.O. Box 1990, Albany, New York 12201.



Director Medical Statement

INSTRUCTIONS

- A Health Care Provider's signature is required in both sections of this form
- Please print clearly



Submit



Maintain
On-Site

Applicant Name: _____

School-Age Program Name: _____

Director Name: _____

Director Date of Birth: _____ / _____ / _____
(mm / dd / yyyy)

Tuberculin Test Information

Date of Test: _____ / _____ / _____
(mm / dd / yyyy)

Mantoux Result: Positive Negative _____ mm

If applicant was previously Positive, indicate date: _____ / _____ / _____
(mm / dd / yyyy)

If Positive:

Was a Chest X-ray ordered? Yes No

If No, attach health care provider's statement indicating why it was not ordered.

If Yes, is Chest X-ray normal? Yes No

If No, attach health care provider's statement documenting treatment and follow-up.

TB Test

Health Care Provider
Signature: _____
Name: _____
Title: _____
Phone: () _____
Date: _____ / _____ / _____ (mm / dd / yyyy)

Medical Condition

On the basis of my findings and on my knowledge of the above named individual, I find that he/she is fit to provide child care and is not currently exhibiting signs or symptoms suggestive of a communicable disease that could be transmitted during child care. Yes No

Comments: _____

Medical Condition

Health Care Provider
Signature: _____
Name: _____
Title: _____
Phone: () _____
Date: _____ / _____ / _____ (mm / dd / yyyy)

Tear Here



Director Criminal History Review

INSTRUCTIONS



Submit



Maintain
On-Site

- The director must complete and sign this form
- The director must submit completed fingerprinting cards, regardless of conviction record
- A crime is a misdemeanor or felony only. This does not include violations such as traffic infractions and trespassing
- Please print clearly

Applicant Name: _____

School-Age Program Name: _____

Director Name: _____

Fingerprinting Information

- The owner/operator, director, substitutes, and all employees and volunteers of the day care facility 18 years of age and older, including all prospective employees and volunteers, must be fingerprinted
- Contact 1-800-732-5207 for information on how all of these fingerprints can be taken free of charge
- Your application will not be complete until all fingerprints have been submitted for processing

Conviction Statement

In accordance with Section 390-b(1)(a) of the Social Services Law, I certify that to the best of my knowledge and belief, I Have I Have Not been convicted of a crime in New York State or any other jurisdiction. If I have been convicted of a crime, I will provide true and accurate information concerning the crime for which I was convicted, the date of conviction and any other relevant information in the space provided below. In addition, I will provide written justification on the back of this sheet, explaining why I should be allowed to care for children regardless of my conviction. ***I am aware that this will be my only opportunity for this explanation to be considered in the decision to approve or deny this application.***

Record of All Convictions

EXAMPLE:	Type of Crime	Penal Code Section	Date of Conviction	County or Court of Arraignment
	Disorderly Conduct	240.20	03/17/1976	Albany

Complete the information below and submit with record of conviction or certification of court arraignment.

Type of Crime	Penal Code Section	Date of Conviction (mm / dd / yyyy)	County or Court of Arraignment
_____	_____	_____	_____
_____	_____	/ /	_____
_____	_____	/ /	_____
_____	_____	/ /	_____
_____	_____	/ /	_____

To the best of my knowledge the information provided above is true and accurate. I understand that my failure to truthfully and accurately state whether I have been convicted of a crime and/or to provide truthful and accurate information concerning the conviction(s) may constitute grounds for dismissal or denial of employment, or suspension, limitation or revocation of the registration to provide child care at this site.

Director Signature: _____

Date: _____
(mm / dd / yyyy)

Tear Here



Employee Criminal History Review

INSTRUCTIONS



Maintain
On-Site

- All employees must complete and sign this form.
- All employees must submit completed fingerprinting cards, regardless of conviction record
- A crime is a misdemeanor or felony only. This does not include violations such as traffic infractions and trespassing
- Duplicate this page. Please print clearly

Applicant Name: _____

School-Age Program Name: _____

Employee Name: _____

Fingerprinting Information

- The owner/operator, director, substitutes, and all employees and volunteers of the day care facility 18 years of age and older, including all prospective employees and volunteers, must be fingerprinted
- Contact 1-800-732-5207 for information on how all of these fingerprints can be taken free of charge
- Your application will not be complete until all fingerprints have been submitted for processing

Conviction Statement

In accordance with Section 390-b(1)(a) of the Social Services Law, I certify that to the best of my knowledge and belief, I Have I Have Not been convicted of a crime in New York State or any other jurisdiction. If I have been convicted of a crime, I will provide true and accurate information concerning the crime for which I was convicted, the date of conviction and any other relevant information in the space provided below. In addition, I will provide written justification on the back of this sheet, explaining why I should be allowed to have contact with children regardless of my conviction. ***I am aware that this will be my only opportunity for this explanation to be considered in the decision to approve or deny my employment.***

Record of All Convictions

EXAMPLE:	Type of Crime	Penal Code Section	Date of Conviction	County or Court of Arraignment
	Disorderly Conduct	240.20	03/17/1976	Albany

Complete the information below and submit with record of conviction or certification of court arraignment.

Type of Crime	Penal Code Section	Date of Conviction (mm / dd / yyyy)	County or Court of Arraignment
_____	_____	____ / ____ / ____	_____
_____	_____	____ / ____ / ____	_____
_____	_____	____ / ____ / ____	_____
_____	_____	____ / ____ / ____	_____

To the best of my knowledge the information provided above is true and accurate. I understand that my failure to truthfully and accurately state whether I have been convicted of a crime and/or to provide truthful and accurate information concerning the conviction(s) may constitute grounds for dismissal or denial of employment, or suspension, limitation or revocation of the registration to provide child care at this site.

Employee Signature: _____ Date: ____ / ____ / ____
(mm / dd / yyyy)

Tear Here



Volunteer/Other Criminal History Review

INSTRUCTIONS



Maintain
On-Site

- All volunteers, consultants and others, including board members and corporate personnel who will have contact with children, must complete and sign this form and submit completed fingerprinting cards.
- A crime is a misdemeanor or felony only. This does not include violations such as traffic infractions and trespassing
- Duplicate this page. Please print clearly

Applicant Name: _____

School-Age Program Name: _____

Volunteer/Other Name: _____

Fingerprinting Information

- The owner/operator, director, substitutes, and all employees and volunteers of the day care facility 18 years of age and older, including all prospective employees and volunteers, must be fingerprinted
- Contact 1-800-732-5207 for information on how all of these fingerprints can be taken free of charge
- Your application will not be complete until all fingerprints have been submitted for processing

Conviction Statement

In accordance with Section 390-b(1)(a) of the Social Services Law, I certify that to the best of my knowledge and belief, I Have I Have Not been convicted of a crime in New York State or any other jurisdiction. If I have been convicted of a crime, I will provide true and accurate information concerning the crime for which I was convicted, the date of conviction and any other relevant information in the space provided below. In addition, I will provide written justification on the back of this sheet, explaining why I should be allowed to have contact with children regardless of my conviction. ***I am aware that this will be my only opportunity for this explanation to be considered in the decision to approve or deny my ability to have involvement with children.***

Record of All Convictions

EXAMPLE:	Type of Crime	Penal Code Section	Date of Conviction	County or Court of Arraignment
	Disorderly Conduct	240.20	03/17/1976	Albany

Complete the information below and submit with record of conviction or certification of court arraignment.

Type of Crime	Penal Code Section	Date of Conviction (mm / dd / yyyy)	County or Court of Arraignment
_____	_____	____ / ____ / ____	_____
_____	_____	____ / ____ / ____	_____
_____	_____	____ / ____ / ____	_____
_____	_____	____ / ____ / ____	_____

To the best of my knowledge the information provided above is true and accurate. I understand that my failure to truthfully and accurately state whether I have been convicted of a crime and/or to provide truthful and accurate information concerning the conviction(s) may constitute grounds for dismissal or denial of involvement with children at this site, or suspension, limitation or revocation of the registration to provide child care at this site

Volunteer/Other Signature: _____ Date: _____
(mm / dd / yyyy)

Tear Here