

CHILD PROTECTION PROCESSING GUIDELINES

Office of Human Resources

Policy:

The State University of New York has issued the Child Protection Policy. The State University of New York is committed to protecting the safety and well-being of children, age 17 and younger, who participate in University-related programs and activities, whether on or off campus, or utilize campus facilities for activities including, but not limited to, sports camps, academic and personal enrichment programs and research studies. Effective June 17, 2014, the Child Protection Policy requires a check of the New York State Sex Offender Registry and the National Sex Offender Public website for any person (employee, volunteer, other) who is responsible for the custody, control or supervision of children participating in a program or activity sponsored or approved by the University or a University-affiliated organization, or an activity conducted by a vendor, licensee or permittee for which a license or permit for use of University facilities has been approved, occurring on or off campus, for the duration of which the responsibility for custody, control and supervision of children is vested in the University, University-affiliated organization or the vendor, licensee or permittee so approved.

The HR Master of the appropriate department will need to complete the Volunteer Information Collection Form and/or Child Protection Notification within 3-90 days prior to the event. The result of the Sex Offender Verification Request will be emailed to the HR Master. Please note that a search is conducted for a Covered Person for each Covered Activity, and may result in multiple searches for an individual in any given year.

Process:

- Complete the Volunteer Information Collection Form and/or Child Protection Notification Form and have the Covered Person sign and date the policy acknowledgement. **The original is sent to Human Resources (AD 242), attention Corinna Kruman and a copy given to the Covered Person.**
 - The following information is required to run the appropriate background checks:
 - First Name and Last Name
 - AND ONE FROM THE LIST BELOW**
 - Social Security Number
 - OR**
 - Date of Birth
 - OR**
 - Home/Local Address

- The department HR Master submits the HR Volunteer/Child Protection Form no more than 90 days prior to the event and we recommend the form be submitted at least 45 days in advance, if feasible.
 - Access the HR Forms by going to hrforms.binghamton.edu
 - Choose Volunteer (VOLUN) as your Role, then pick the Sub-Role as appropriate:
 - Child Protection: Employee
 - Child Protection: Non-Employee
 - Child Protection: RF-Employee
 - You will need the following information to complete the HR Forms:
 - First Name and Last Name
 - Birth date
 - Effective date of volunteer status
 - Tentative end date
 - Local address
 - Permanent home address (if not the same as the local address)
 - Location of volunteer service (department, building, and room)
 - Supervisor
 - Brief list of duties
 - Emergency contact information
 - Responsible University Official
 - Under Duties, list the Responsible University Official for the event
 - Submit the form
 - We will acknowledge receipt to the person that submitted the Volunteer Information Collection/ Child Protection Form and confirm successful completion of all checks.

→Please note that Level 1 checks are done manually and subject to processing by New York State. A delay in processing will result in the Covered Person NOT being able to volunteer/work at the Covered Activity.

→Please contact Corinna Kruman at 777-5959 or ckruman@binghamton.edu for any questions or concerns.

HR Form Transaction Data

Binghamton University - HR Forms - Google Chrome

https://hrforms.binghamton.edu/index.html?sid=6AF198AA6A3BBC35610B079A4E76B704

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Basic Data

HR Form Transaction Data

Person Lookup (choose one)

B-Number: B00075440

Last Name: Enter Last Name Date of Birth: mm/dd/yyyy

Search Clear

Sel	NYS ID	B-Number	Name	Birth Date	Role	Payroll	Department	Title	Eff. Date	End Date
<input type="radio"/>			New Employee							
<input checked="" type="radio"/>	N01708196	B00075440	Corinna Ao Kruman	12/04/1970	New Role					
<input type="radio"/>	N01708196	B00075440	Corinna Ao Kruman	12/04/1970	STEMP/C/A	28020	3 316 Human Resources	Senr Staff Assnt	12/18/2014	07/15/2015

Payroll & Date

Select Payroll: Volunteer Effective Date: mm/dd/yyyy

Quit Next

Name: Email: Depart

Pick Volunteer as your Role

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Basic Data Person **Employment** Comments

Form ID: 23928 SUNY ID:
 Form Type: Volunteer/Appoint B-Number:
 Payroll: Volunteer Name: Mrs Corinna Kruman
 Effective Date: 04/01/2015

Volunteer

Sub-Role: Child Protection: Employee
 Start Date: 04/01/2015
 End Date: 04/05/2015
 Hours/Week: 20
 Service Type: General
 Department:
 Supervisor:
 Duties:

Pick appropriate Sub-Role:

- Child Protection: Employee
- Child Protection: Non-Employee
- Child Protection: RF-Employee

Provide name of Responsible University Official

Quit Next