

Child Care Program Record Check Authorization Form - Multi-site Child Care Programs

Print the name of the Child Care program exactly as it appears on the License Certificate:

| | | | | |
|----------------------|--|-------------------|-----------------|-------------------------|
| _____ | _____ | _____ | _____ | ____/____/____ |
| (Certificate Number) | (Name of the program on the License Certificate) | (Town of Program) | (Position Held) | (Employment Start Date) |
| _____ | _____ | _____ | _____ | ____/____/____ |
| (Certificate Number) | (Name of the program on the License Certificate) | (Town of Program) | (Position Held) | (Employment Start Date) |
| _____ | _____ | _____ | _____ | ____/____/____ |
| (Certificate Number) | (Name of the program on the License Certificate) | (Town of Program) | (Position Held) | (Employment Start Date) |
| _____ | _____ | _____ | _____ | ____/____/____ |
| (Certificate Number) | (Name of the program on the License Certificate) | (Town of Program) | (Position Held) | (Employment Start Date) |

Circle position held: *(see licensing regulations if you need additional help to determine which position applies)*

- | | | | | |
|----------------|-------------------|--------------------------|------------------------|---------------------------------------|
| Director | Teacher Associate | Substitute | AS Program Staff | Auxiliary Staff |
| Licensee/Owner | Assistant | Business Manager | AS Activity Specialist | Partner Staff |
| Teacher | Trainee | AS Program Administrator | Non-Parent Volunteer | AS Youth Volunteer/Leader in Training |

Print: _____
(Last Name)
(First Name)
(Middle Name)

Print maiden name and all other names used: _____

Personal Contact Number: _____ All States lived in the last 5 years: _____

Mailing Address: _____
(Street, Road, or PO Box)
(City/Town)
(State)
(Zip code)

Email: _____

Social Security #: _____ Date of Birth: ____/____/____ Age: _____

Place of Birth: _____ Male Female
(Town)
(State)

Have you been employed in child care in the state of Vermont within the past 180 days? Yes No

If yes, where? _____ Date left: ____/____/____

Have you ever been convicted or found by a court to have committed a felony, a fraud, a crime of violence or unlawful sexual activity and/or had abuse or neglect substantiated against you? Yes No

If YES, give conviction description: (attach additional sheets as needed): _____

I authorize the Department for Children and Families to perform an investigation, and examine records including, but not limited to, the abuse and neglect records maintained by the Department for Children and Families and the Adult Abuse Registry, and criminal records and registries maintained by or accessible to the Vermont Crime Information Center. I understand that my Social Security number is required to conduct background checks. Furthermore, I understand my information will be added to VCIC subscription service. I understand that I have the right to appeal the accuracy of any information obtained from the Vermont Crime Information Center by writing to: Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300

Signature: _____ Date: _____

Keep a copy for your record.

FORMS THAT ARE INCOMPLETE OR CANNOT BE READ EASILY WILL BE REJECTED

Mail to: Child Development Division
 NOB 1 North - 280 State Drive
 Waterbury, Vermont 05671-1040
 Or fax to: 802-241-0848

