RECORDS CHECK FORM
INITIAL LICENSURE

Please print all information legibly or this form may be returned.

Town in which the proposed program will be located: _____

Probable Name of Program: _____
_____ Check if unknown: ☐

Telephone # (8:00 a.m. – 4:30 p.m.): _____

Print: _____ _____ _____
Last name First name Middle name

Print – Maiden and all other last names used: _____

Social Security #: _____ Six digit Date of Birth: _____
(00/00/00)

Place of Birth: _____
(Town and State)

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

I understand that the Department of Social and Rehabilitation Services (SRS) may make necessary and reasonable investigations into my personal references, including, but not limited to, criminal records maintained by the Vermont Criminal Information Center (State Police) and the child abuse and neglect records maintained by the Vermont Department of Social and Rehabilitation Services.

Furthermore, I understand that I have the right to appeal the accuracy of any information obtained from the Vermont Criminal Information Center by writing to: Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671-2101.

Signature: _____ **Date:** _____

Please return to:

Child Care Services Division
Child Care Licensing
103 South Main Street
Waterbury, VT 05671-2901

Retain copy for your files

RECORDS CHECK AUTHORIZATION
FOR LICENSED CHILD CARE PROGRAMS

Print all information

Print the name of the Child Care program exactly as it appears next to "Doing Business As" on the License Certificate –**include the Certificate number:** _____
(Name)

_____ _____
(Cert. Number)

Town in which the Child Care program is located: _____

_____ _____
Telephone number at the Child Care program **Home telephone number of employee**

Circle position held: Director Head Teacher Teacher Assistant Aide Substitute
Owner Cook Janitor Transportation Other

Print:_____ _____ _____
Last Name **First name** **Middle name**

Print maiden name and all other last names used:_____

Social security #:_____ Six Digit Date of Birth: _____
(00/00/00)

Place of Birth:_____ Dates of employment: _____ _____
(Town and State) From To

Have you ever been convicted or found by a court to have committed a felony, fraud, crime of violence or unlawful sexual activity, and/or had abuse or neglect substantiated against you? _____YES _____NO If YES, please explain:

_____
_____
_____

I understand that the Department for Children and Families (DCF) may make necessary and reasonable investigations into my personal references, including, but not limited to, criminal records maintained by the Vermont Criminal Information Center (State Police) and the child abuse and neglect records maintained by the Vermont Department for Children and Families.

Furthermore, I understand that I have the right to appeal the accuracy of any information obtained form the Vermont Criminal information Center by writing to: Vermont Criminal Information Center, Department of Public Safety, 103 South main Street, Waterbury, VT 05671-2101.

Signature:_____ Date:_____

Please Return to: Child Development Division
103 S Main Street 2 North
Waterbury, VT 05671-2901

2pt 08/04

BACKGROUND CHECKS CENSUS

LICENSED FACILITY_____

TOWN_____ Date Completed ____/____/____

Directions: Please list all persons over 16 years of age who may be present at the above named licensed facility during the hours children are in care. Do not list parents unless they assist in the provision of child care.

For Office Use Only C	A	Last Name	First Name	Paid Staff	Volunteer	Other

To the best of my knowledge, the above listing of names represent those persons who may be present during the hours children are in care at the facility listed above.

Signature of person completing form: _____