



**ABUSE BACKGROUND CHECK
SUBSIDIZED INFORMAL CHILD CARE PROVIDER**

IN THIS BOX - PLEASE PRINT INFORMATION OF PARENT/GUARDIAN

FULL NAME: _____ DATE OF BIRTH: _____ TEL # _____

I. I hereby give consent for the Department of Children & Families to conduct A check of reports of abuse, neglect, abandonment or exploitation on record concerning me and or other household members.

Day Care Provider Signature _____
Date

II. DAY CARE PROVIDER AND HOUSEHOLD MEMBERS INFORMATION

| PLEASE PRINT | LAST NAME | FIRST NAME | FULL MIDDLE NAME | MAIDEN/PRIOR LAST NAMES | SEX | DATE OF BIRTH | SOCIAL SECURITY NUMBER (FOR ALL AGES) PLEASE |
|-----------------------------|-----------|------------|------------------|-------------------------|-----|---------------|--|
| PROVIDER(S) | | | | | | | |
| SPOUSE | | | | | | | |
| ALL OTHER HOUSEHOLD MEMBERS | | | | | | | |
| | | | | | | | |
| | | | | | | | |

DO NOT WRITE IN BOX BELOW (OFFICIAL USE ONLY)

III. CHILD ABUSE/NEGLECT FOUND

- NO: NO FURTHER FOLLOW UP NECESSARY – RETURNED TO CENTRAL AGENCY
 YES: REFERRED TO REVIEWER

SIGNATURE OF EMPLOYEE COMPLETING RECORD _____
DATE

IV. REVIEWER RECOMMENDATION

- APPROVED
 NOT APPROVED

SIGNATURE OF REVIEWER _____
DATE

The Department of Children and Families is committed to working in partnership with local communities to ensure safety, well-being and self-sufficiency for the people we serve