



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