

## Child Care Program Record Check Authorization Form

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)	_____ (Program Telephone #)	_____ (Employment Start Date)

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

Director	Trainee	AS Program	Auxiliary Staff	Household Member/
Licensee/Owner	Aide	Administrator	Partner Staff	Care Provider
Teacher	Substitute	AS Program Staff	Family Child Care	AS Youth Volunteer/
Teacher Associate	Business Manager	AS Activity Specialist	Provider	Leader in Training
Assistant		Non-Parent Volunteer	Household Member	

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.

**Mail to:**

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

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

