

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)	(Position Start Date)
(Certificate Number)	(Name of the program on the License Certificate)	(Town of Program)	(Position Held)	(Position Start Date)
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Position Title Reference: Please indicate the position held above using the below list. See the licensing regulations if you need additional help determining which applies.

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Licensee/Owner • Director • Teacher • Teacher Associate • Assistant • Aide | <ul style="list-style-type: none"> • Trainee (Paid) • Trainee (Not Paid) • Substitute • Auxiliary Staff • Business Manager • Partner Staff • Non-Parent Volunteer | <ul style="list-style-type: none"> • AS Program Administrator • AS Program Staff • AS Activity Specialist (Paid) • AS Activity Specialist (Not Paid) • AS Youth Volunteer/Leader in Training • Family Child Care Provider • Household Member |
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Please print clearly and complete all fields below. Incomplete or illegible forms will be rejected.

Print: _____

(Last Name)
(Legal First Name)
(Middle Name)

Print maiden name and all other legal names used: _____

Date of Birth: _____ Age: _____ Gender: Male Female

Mailing Address: _____

(Street/Road and Apt #, or PO Box)
(City/Town)
(State)
(Zip code)

Email: _____ List all states lived in the last 5 years: _____

Social Security #: _____ Personal Contact Number: _____

Place of Birth: _____

(Town)
(State)
(Country)

I have received and read the disclaimer statement on page 2 in the event I have to submit to fingerprinting. In addition, 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: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

This form may be submitted by one of the following methods. Please keep a copy for your record.

Mail: Child Development Division
 NOB 1 North, 280 State Drive
 Waterbury, VT 05671-1040

Fax: 802-241-0848

Email: ahs.dcfcdchildcarelicensing@vermont.gov
 (Must be sent from a secure email.)



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FBI Disclaimer Statement:

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public.