



BACKGROUND AND REGISTRY CHECKS FOR CHILD CARE FACILITIES

DIRECTIONS: • Complete both sides of this form • Clearly PRINT or TYPE all information • If a person does not have a Maiden or Other name, write N/A
• For additional affiliates, make copies of the back page and attach all copies to this page • **INCOMPLETE FORMS WILL BE RETURNED**

Program Type: _____ Licensed Day Care Home _____ Group Day Care Home _____ Child Care Center _____ Preschool
_____ Head Start Center _____ School Age Program _____ Drop-In Program _____ Child Care Resource & Referral Agency

Facility Name exactly AS STATED ON THE LICENSE	License #	License Expiration Date (MM/DD/YYYY)	Today's Date (MM/DD/YYYY)
Facility Street Address	City	Zip Code	
Facility Contact Person (First and Last Name)	Facility Phone Number	Facility Email Address	

The information provided on this form is to include: yourself; all individual(s) who are working or volunteering in the facility and all other individual(s) whose activities involve either supervised or unsupervised access to children; and all individual(s) at least **10 years of age and older** who are residing in the facility. DO NOT include children or youth for whom you provide services.

This request for background and registry checks is being submitted for: (CHECK ONLY ONE OPTION BELOW)

<input type="checkbox"/> INITIAL FACILITY APPLICATION <ul style="list-style-type: none"> For a new facility, change of address, change of program type or change of ownership. List ALL individuals at least 10 years of age and older who are living, working or volunteering in the facility. 	<input type="checkbox"/> ADDING, UPDATING ROLE OR REMOVING PERSON(S) <ul style="list-style-type: none"> For use outside of renewal time. Adding new individual(s) living, working or volunteering; Update a role change for an individual(s); Remove an individual(s) that are no longer living, working or volunteering in the facility. 	<input type="checkbox"/> RENEWAL FACILITY APPLICATION <ul style="list-style-type: none"> Submit as part of the renewal application for the facility license. List ALL individuals at least 10 years of age and older who are living, working or volunteering in the facility. Use form CCL 002a to update the role for EACH individual.
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Please review the questions below for each individual listed on this form. **If yes to any question below**, please complete the information for the individual.

	Name of Person	Date	Court of Action, County and State
Has been convicted of a person misdemeanor, a person felony, a sexual offense, or a crime affecting family relationships and children?			
Had a felony conviction under the uniform controlled substances act?			
Has been convicted of arson?			
Been adjudicated (found or determined in a court of law to be) a juvenile offender, delinquent, or miscreant?			
Has been convicted of or adjudicated of a crime that requires registration as sex offender?			
Committed physical, mental or emotional abuse or neglect or sexual abuse as validated by DCF?			
Had a child declared in a court order to be deprived or in need of care based on allegation of physical, mental or emotional abuse or neglect or sexual abuse?			
Had parental rights terminated?			
Signed a diversion agreement involving child abuse or a sexual offense?			
Been found to be a disabled person in need of a guardian or conservator or both?			

Facility Name exactly AS STATED ON THE LICENSE	License #	Date (MM/DD/YYYY)
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-- ALL REQUIRED FIELDS ARE IDENTIFIED WITH AN ASTERISK (*) --

-- PLEASE PRINT CLEARLY--

-- INCOMPLETE FORMS WILL BE RETURNED --

ADD <input type="checkbox"/>	* Role * (Use only the roles listed on form CCL 002a - Affiliate Roles)		* Last Name *		* First Name *		Middle Name	Suffix (Sr., Jr., II)	
	UPDATE <input type="checkbox"/>	Maiden/Other Name(s)		Social Security Number		* Date of Birth * (MM/DD/YYYY)		* Gender * (Circle One)	* Hispanic/Latino? * (Circle One)
								Female or Male	Yes or No
	REMOVE <input type="checkbox"/>	* Race* (Circle Only One Below)				* Other states lived in within the last 5 years *		* Current Address, City, State, Zip Code * (No PO Box – only physical address accepted)	
Asian/Pacific Island White/Mexican/Puerto Rican/Other Caucasian Indian (AM/CAN/AK/ALUET/ESK)		Hawaiian/Part Hawaiian Black Chinese		Filipino Japanese Other Non-White					
RENEWAL <input type="checkbox"/>	Phone Number		Email						

ADD <input type="checkbox"/>	* Role * (Use only the roles listed on form CCL 002a - Affiliate Roles)		* Last Name *		* First Name *		Middle Name	Suffix (Sr., Jr., II)	
	UPDATE <input type="checkbox"/>	Maiden/Other Name(s)		Social Security Number		* Date of Birth * (MM/DD/YYYY)		* Gender * (Circle One)	* Hispanic/Latino? * (Circle One)
								Female or Male	Yes or No
	REMOVE <input type="checkbox"/>	* Race* (Circle Only One Below)				* Other states lived in within the last 5 years *		* Current Address, City, State, Zip Code * (No PO Box – only physical address accepted)	
Asian/Pacific Island White/Mexican/Puerto Rican/Other Caucasian Indian (AM/CAN/AK/ALUET/ESK)		Hawaiian/Part Hawaiian Black Chinese		Filipino Japanese Other Non-White					
RENEWAL <input type="checkbox"/>	Phone Number		Email						

ADD <input type="checkbox"/>	* Role * (Use only the roles listed on form CCL 002a - Affiliate Roles)		* Last Name *		* First Name *		Middle Name	Suffix (Sr., Jr., II)	
	UPDATE <input type="checkbox"/>	Maiden/Other Name(s)		Social Security Number		* Date of Birth * (MM/DD/YYYY)		* Gender * (Circle One)	* Hispanic/Latino? * (Circle One)
								Female or Male	Yes or No
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Asian/Pacific Island White/Mexican/Puerto Rican/Other Caucasian Indian (AM/CAN/AK/ALUET/ESK)		Hawaiian/Part Hawaiian Black Chinese		Filipino Japanese Other Non-White					
RENEWAL <input type="checkbox"/>	Phone Number		Email						