

Authorization for Release of Information from the Dept. of Children and Families (DCF)

NOTE: A *separate form* must be completed by each employee or volunteer of a childcare facility, Care 4 Kids youth camp, and each member of a family child care provider's home who is 16 years of age or older.

I, **(Your legal name)** _____, do hereby authorize the Connecticut Department of Children and Families (DCF) to research their records for any and all information concerning charges, findings, dispositions, etc., relating to child abuse and/or neglect, in which I have been named, and to release this information in whole to the Office of Early Childhood (OEC) for the purpose of completing a comprehensive background check. I further authorize the OEC to release any final DCF substantiations of abuse or neglect which resulted in my placement on the central registry to the Director/Operator or other designee of a child care facility for purposes of determining my eligibility for employment, OR assessing my household environment based on an individual 16 years of age or older who resides in my household that is used as a family child care home. I release the DCF and OEC from all liability for any damages I may incur, which may result from the release or use of this information. I submit the information below to assist DCF in their research. This release is valid for a term of one year from the date of signature unless rescinded in writing.

REQUIRED: Are you currently employed in a child care facility, camp, or home in Connecticut? ___Yes or ___ No
If No, list your last date of employment in a child care facility, camp, or home in Connecticut: ___/___/___

Type of Child Care Facility and Your Role at the Facility (CHECK ONE TYPE and ONE ROLE):

- FAMILY CHILD CARE HOME: Provider Household Member age 16 or older Substitute Assistant
- LICENSED CHILD CARE CENTER: Staff Volunteer
- GROUP CHILD CARE HOME: Staff Volunteer
- YOUTH CAMP that receives Care 4 Kids Staff Volunteer
- LICENSE-EXEMPT CHILD CARE CENTER RECEIVING CARE 4 KIDS FUNDING: Staff Volunteer

Name of Family Provider, Center or Camp: Community Cooperative Nursery School

Address (No./Street/Apt. #, City/State/Zip): 4 Trolley Place, Norwalk, CT 06853

Child Care License #(s) (Enter PENDING if New application): 12291

YOUR INFORMATION: Legal Name _____ Date Of Birth ___/___/___	
<input type="checkbox"/> Male <input type="checkbox"/> Female (check one)	Telephone Number _____ SSN or ITIN _____-_____-_____
Other names you have used (maiden, married, nickname, etc.) _____ (Enter "N/A" if none)	
Email address: _____	

<u>YOUR RESIDENCES FOR AT LEAST THE LAST FIVE YEARS</u>					
	No. and Street	City	State	Zip Code	Starting month & year/ Ending month & year
1. CURRENT Address:	_____	_____	_____	_____	_____/_____/_____ through today
2. PREVIOUS Address:	_____	_____	_____	_____	_____/_____/_____ through ____/____/_____
3. PREVIOUS Address:	_____	_____	_____	_____	_____/_____/_____ through ____/____/_____
4. PREVIOUS Address:	_____	_____	_____	_____	_____/_____/_____ through ____/____/_____
5. PREVIOUS Address:	_____	_____	_____	_____	_____/_____/_____ through ____/____/_____

Attach additional page if necessary.

YOUR FULL SIGNATURE: _____ **DATE:** _____