

## STATE OF RHODE ISLAND

Department of Children, Youth and Families 101 Friendship Street Providence, RI 02903

## **DCYF Clearance Request/Results (Facility)**

Early Childhood,4 Hartford, CT 0610	Address: CT Office of 450 Columbus Blvd, \$ 03, (860) 500-4526 dress: <i>Anne.Bonito</i> (	Ste 303	☐ Please indicat	e if subsequent	
Please indicate: Prospective Childcare operator or employee Foster Care provider Non-DCYF Adoption Employment Community Agency Volunteers who have supervisory authority over children without the presence of others Volunteer in a daycare setting Child Care and Community Agency Volunteers who <b>do not</b> have supervisory authority over children without the presence of others					
I hereby authorize the Department of Children, Youth and Families to release to Connecticut Office of Early Childhood information obtained as a result of their check of the Department's Indicated Child Abuse/Neglect records. I understand that this records check is required by R.I.G.L. 40-13.2-3.1 and that information obtained as a result of this check may be used by the Department or the facility in determining my suitability for employment in a Child Care facility. This authorization will expire upon receipt by the facility of the Clearance Check Results or ninety (90) days after the date of this authorization appearing below. Any information released and/or received as a result of this consent shall not be further relayed in any way to any person or organization outside of the Department without additional consent except as provided by statute.					
Signature of Applicant		Date of Birth	Date of Auth	Date of Authorization	
Last Name	First Name	Middle	Maiden		
Address					
	# & Street	City/Town	State	Zip Code	
BACKGROUND CHECK RESULTS (to be completed by DCYF staff)  RICHIST: No Prior Contact					
Case ID or Person	ID:	_ Case Name:	States: A	Active Closed	
Inve	estigation #	Level		Status	
Name		Involvement	Allegations		
MASTERFILE:(					