

**AUTHORIZATION FOR RELEASE OF INFORMATION FROM DCF**

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

I, **(Your 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 This release is valid for a term of **five** years from the date of signature unless rescinded in writing.

**REQUIRED:** I attest that I have been employed in a child care facility or home in Connecticut without a separation from child care employment of more than 180 days in the past five years. \_\_\_ True or \_\_\_ False

**Type of Child Care Facility and Your Role at the Facility (CHECK 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  
 LICENSE-EXEMPT CHILD CARE CENTER RECEIVING CARE 4 KIDS FUNDING:  Staff  Volunteer

Name of Family Provider or Facility: \_\_\_\_\_

Address (No./Street/Apt. #, City/State/Zip): \_\_\_\_\_

Child Care License #(s) (Enter "PENDING" if New application): \_\_\_\_\_

<b>YOUR INFORMATION:</b> 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, etc.) _____ (Enter "N/A" if none) Email address: _____
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<b>YOUR RESIDENCES FOR AT LEAST THE LAST FIVE YEARS</b>					
	No. and Street	City	State	Zip Code	Starting month & year/ Ending month & year
1. CURRENT Address:	_____	_____	_____	_____	____/____ through ____/____
2. PREVIOUS Address:	_____	_____	_____	_____	____/____ through ____/____
3. PREVIOUS Address:	_____	_____	_____	_____	____/____ through ____/____
Attach additional page if necessary.					

*ALL Providers must complete the information below*

<b>CHILDREN WHO HAVE LIVED WITH YOU List all the children who have ever lived with you, even if they are now adults.</b>					
First Name	Last Name	Date of Birth	Sex (Check One)	Lives OR Lived with you (Check One)	
_____	_____	(____/____/____)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Now <input type="checkbox"/> Previously	
_____	_____	(____/____/____)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Now <input type="checkbox"/> Previously	
_____	_____	(____/____/____)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Now <input type="checkbox"/> Previously	
_____	_____	(____/____/____)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Now <input type="checkbox"/> Previously	
Attach additional page if necessary.					

**YOUR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_