



Background Clearance Notification

DATE	ATTENTION:		
AGENCY NAME		FOSTER HOME NAME (IF APPLICABLE)	
INDIVIDUAL'S NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	

Background Check Type Completed

- Group Care Interim In-State **(Conditional Approval for new staff only)**
 Group Care Interim In-State **(Conditional Approval Withdrawn)**
 Group Care National **(Final)**
New License or Renewal Volunteer CPA Agency Staff CPA Foster Home Group Care Staff

Background Check Results

- A **background check was completed** by the DCYF Background Check Unit (BGPU) for the individual named above regarding criminal convictions, pending charges and negative actions, including:
 In-State background check Date:
 National background check Date:
 A **character and suitability check has been completed** by DCYF for the individual named above including:
 DCYF's information system Date:
 Out-of-State Child Abuse Registry Information Date:

PLEASE NOTE

- The criminal history summary may be shared internally within DCYF.
- The clearance/approval to have unsupervised access to children is not transferable to another agency and cannot be used for another purpose. This determination will be made by each agency according to the agency regulations.
- The clearance is valid until the time for licensing renewal.
- **Private Agency:** Please notify your LD licensor when the family meets minimum licensing requirements and your agency has chosen to certify the home for licensure and submitted a complete certification.

- The listed individual **IS CONDITIONALLY CLEARED** by DCYF to work with children at _____ Group Care

In order for the applicant to be fully cleared:

- The applicant must complete fingerprints.
 The applicant must provide the Licensing Division (LD) a copy of his / her background information in its entirety, including the rap sheet, to the assigned Regional Licensor or the applicant will not be authorized for the purpose of the background check. The applicant was provided his / her background information by the DCYF Background Check Unit.
- The listed individual **IS CLEARED** to work or care for children by DCYF at _____ Facility or CPA or CPA Foster home
- The listed individual **IS NOT CLEARED** by DCYF for unsupervised contact with children.
- THIS INQUIRY HAS NOT BEEN COMPLETED BECAUSE:**
 To complete the clearance process, more information is needed. Please contact _____ at _____ should you want to continue the clearance process.
- There is incomplete or incorrect information on the Background Check Authorization form (DCYF 09-653). Enclosed are all original documents. Please correct the following errors:

Once you are ready to proceed with the clearance process, please send all documents, with current dates, back to our office in the enclosed postage paid envelope.

Additional Instructions or Explanation as applicable (i.e. instruction for agency, approval for category 4 crimes, withdrawal of interim clearance, etc.):

FORM COMPLETED BY

LICENSOR VERIFICATION

SUPERVISOR APPROVAL (AS APPLICABLE)