



LICENSED CHILD CARE
CRIMINAL HISTORY RECORD AND CHILD ABUSE AND NEGLECT
BACKGROUND CHECK REQUEST FORM

Please **PRINT** all the required information, sign, and date. Submit the completed form to the Criminal History Unit via email: **DSCYF_CHU@delaware.gov** or fax: **(302) 633-5191**. You will be given your **IdentoGO Service Code** and **No Charge Authorization Code (NCAC)** upon receipt of this form.

Name: _____ Date of Birth: _____ Gender: M F
Last First Middle m m d d y y y y

Ethnicity: _____ Race: _____ Alias/Other Name(s): _____

Driver's License # or ID # _____ State: _____

Address: _____
(Street) (P.O./Apt. # if applicable) (City) (State) (Zip)

Personal E-Mail Address: _____ Telephone Number: (____) _____ - _____

Have you ever been substantiated for a case of child abuse or neglect? [] Yes [] No **If yes, explain** _____

Have you ever been convicted or adjudicated delinquent of a crime? [] Yes [] No **If yes, explain** _____

List all non-Delaware addresses you have resided at within the past five years.
Attach additional sheet, if necessary, and indicate "See attached sheet."

| Street Address | City | County | State & Zip | Dates of Residency |
|----------------|------|--------|-------------|--------------------|
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BACKGROUND CHECK REQUEST REQUIRED FOR: (Check only one in each column)

- Applicant for Licensure
- Employee
- Volunteer
- Substitute
- Household Member
- Family Child Care Home
- Large Family Child Care Home
- Child Care Center
- License Youth Camp

Name of Center, Camp, or Family/Large Family Child Care Provider: HIGHER LEARNING ACADEMY

OCCL License Number: 1507396

Address: 2002 RODMAN RD, WILMINGTON, DE 19805-4135

CHU Contact Person: _____ Telephone Number: (302) 3846140

I hereby consent to the release of any criminal record concerning me by the FBI, Delaware SBI, Police and Public Safety Officials to the State of Delaware Department of Services for Children, Youth and Their Families (DSCYF). I also consent to the release of any child abuse and neglect information concerning me from state and local government records to DSCYF and the above named facility/provider. I understand that my failure to disclose any information involving criminal convictions/adjudications or any substantiated cases of child abuse or neglect against me may be grounds for an Office of Child Care Licensing enforcement action or termination from employment. I also understand that information acquired through this process and including any subsequent criminal charges or child abuse or neglect incidents will be used to evaluate my eligibility to provide licensed child care or have direct access to children receiving care at a child-serving entity. I further release the Delaware DSCYF and all its officers and employees from any and all claims arising out of or in any way connected to the release and/or dissemination of any information concerning me.

Signature: _____ **Date:** _____

This background check is authorized under 31 Delaware Code, Section 309 and the Federal Child Care Development Block Grant Act of 2014. Fingerprints obtained through this process will be used to search the criminal history records at the Delaware SBI and the FBI. This background check also includes searches of state criminal and child abuse and neglect records, the National Sex Offender Registry and state sex offender registries. **FBI fingerprint record** – The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in 28 CFR 16.34. Go to www.fbi.gov for further information.

DO NOT WRITE BELOW THIS LINE – FOR DSCYF USE ONLY

DE CPR: Yes No Date ___/___/___ **OOS CAN:** State: ___ Yes No Date ___/___/___ State: ___ Yes No Date ___/___/___

DE SOR: Yes No Date ___/___/___ **OOS SOR:** State: ___ Yes No Date ___/___/___ State: ___ Yes No Date ___/___/___

NSOR: Yes No Date ___/___/___ **OOS CH:** State: ___ Yes No Date ___/___/___ State: ___ Yes No Date ___/___/___

ELIGIBLE INELIGIBLE PROHIBITED Date: ___/___/___ **INITIAL:** _____