

STATE OF RHODE ISLAND

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

DCYF Clearance Request/Results (Facility)

\$10.00 fee is required, (agency check, cashier check or money order payable to: "General Treasurer State of Rhode Island" – a personal check or cash is not accepted. Requests submitted without payment will not be processed.

Facility Name & Address:			☐ Please indicate if subsequent		
Facility E-mail address:			Facility Phone #:		
☐ Non-DCYF Ad supervisory authorsetting ☐ Child C	loption 🗍 Employm ority over children wi	dcare operator or empent Community Agethout the presence of Agency Volunteers we sence of others	gency Volunteers worden with the second seco	ho have r in a daycare	
information obtained understand that this r this check may be use Care facility. This au (90) days after the dat of this consent shall no	e Department of Children as a result of their check ecords check is required d by the Department or the thorization will expire up the of this authorization ap	n, Youth and Families to rel of the Department's Indica by R.I.G.L. 40-13.2-3.1 and the facility in determining n pon receipt by the facility of opearing below. Any informany way to any person or or by statute.	ited Child Abuse/Neglec I that information obtain ny suitability for employ f the Clearance Check R nation released and/or r	ned as a result of ment in a Child esults or ninety eceived as a result	
Signature of Applicant		Date of Birth	Date of Authorization		
Last Name First Name		Middle	Middle Maiden		
Address	# & Street	City/Town	State	Zip Code	
RICHIST: No	BACKGROUND C Prior Contact	HECK RESULTS (to be	completed by DCYF staff)		
Case ID or Person ID: Case		Case Name:	States: Ac	States: Active Closed	
Inve	estigation #	Level		Status	
Name		Involvement	Allegations		
MASTERFILE:(No prior Invol-					