NYS Justice Center For the Protection of People with Special Needs	**Request for Staff Exclusion List Check Form** **For OCFS Family, Group Family, Small Day Care Providers, Day Care Center and School Age Child Care Programs**	**NYS Justice Center for the Protection of People with Special Needs (Justice Center)** **Criminal Background Check Unit** **Fax: 518-549-0464**

Providers must request the Justice Center to conduct a check of the SEL before determining whether to hire or otherwise allow any person to have regular and substantial contact with children in child care programs.

Instructions:

1. **Family, group family, and small day care center providers:** For all provider and staff applicants under serious consideration to be hired or otherwise permitted to have regular and substantial contact with children, including residents in the home over 18 years of age, the provider must complete this form and send it to their licensor/registrar who will submit it to the Justice Center's Criminal Background Check (CBC) unit. GFDC providers should not send this form to the Justice Center.

2. **Day care center and school age child care directors:** For all staff applicants under serious consideration to be hired or otherwise permitted to have regular and substantial contact with children in the program, the program's Authorized Person must complete this form and fax it to the Justice Center's CBC unit. A Director's SEL background check must be forwarded to the OCFS licensor for submission to the CBC.

3. The licensor/registrar or program's Authorized Person will be sent an email indicating the results of the SEL check.

4. If the Applicant is on the SEL, the licensor/registrar or program shall determine whether to hire or allow such a person to have regular and substantial contact with a child in child care programs.

Part 1. Applicant Information (Please type or print clearly)

Last Name:	First Name:	MI:
Social Security Number:	Alien Reg. Number: *If no SSN is available*	
Job title:	Date of Birth: *Only if no SSN or Alien Reg. is available*	
Program Name & Address:		
OCFS SACC or DCC number: **REQUIRED**		
Part 2. Authorized Person Information		
Name: **Work Email**		
Facility/Provider Name:		
Phone:		

Clear Form Print Form