



Justice Center for the Protection of People with Special Needs

Authorized Person Designation Form Staff Exclusion List (SEL) Check for Day Care Center and School Age Child Care Programs

Email: SELcheck@justicecenter.ny.gov
Fax: 518-549-0464

Use this form to designate an **Authorized Person** for your **OCFS-licensed Day Care Center (DCC) or School Age Child Care (SACC)** program who will be permitted to request a check of the Staff Exclusion List (SEL). By signing this form, each signatory understands that all requests made by the **Authorized Person** for a check of the SEL on each prospective employee, volunteer, consultant or resident in the home will be made in conformance with the law.

INSTRUCTIONS:

1. Please complete all Parts of this form.
2. The **Authorized Person** must sign Part 1 and the **Director** must sign Part 2 this form.
3. Submit a form for each Authorized Person to the email address or fax number in the top right corner of this form.

Part 1. Authorized Person

Last Name:		First Name:	
DCC/SACC Name:		Business	
Business Email Address:		Phone #	
DCC/SACC Address:			
City:		State:	Zip:
OCFS DCC or SACC License/Facility ID #		←Required	

By submitting a request for a SEL check on behalf of the above-named **DCC/SACC** program, I understand the following:

1. I am an **Authorized Person** for the **DCC/SACC** program and am authorized to request a check of the SEL pursuant to relevant statutory authority.
2. Each request for a check of the SEL shall identify by name the applicant who will have regular and substantial physical contact with the children served by the program.
3. Each applicant will be informed that the **DCC/SACC** program is authorized to request a check of the SEL and that the results of the SEL check may result in a determination that the applicant will not be hired.
4. The results of each check of the SEL will be used by the program solely for the purposes authorized by law.
5. I agree to abide by the confidentiality requirements of Social Services Law § 496, Labor Law § 203-d and Article 6-A of the Public Officers Law.

Signature of Authorized Person :	Date: / /
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Part 2. Provider Approval (DIRECTOR OF THE PROGRAM MUST SIGN BELOW)

I hereby designate the person identified in Part 1 of this form to serve as the **Authorized Person** to request a check of the SEL for the **DCC/SACC** program named on this form.

Name:	Title:
Signature of Director :	
Date: / /	