



STAFF LIST & BACKGROUND CHECK VERIFICATION FORM

I _____ (Owner, director, provider/authorized party) understand that Child Care Aware® of America will collect documentation verifying the background checks listed below have been completed for myself, all Staff Members, volunteers and adult family members (18+) employed by the Child Care Center or residing in the Family Child Care Home.

- FBI Federal Fingerprint Background Check
• Child Abuse and Neglect Registry check

I understand that if I AND all staff members, volunteers and/or household members do not consent to the above named background checks, my facility may not be permitted to participate in the Child Care Fee Assistance Program. Please note that a staff list compiled by the Child Care Center or Family Child Care Home will be accepted in-lieu of this form. Please submit your staff list directly to Child Care Aware® of America.

Owner, Director, Provider or Authorized Party Name (please print): _____ Title: _____

Provider ID: _____

Provider Signature: _____ Date: _____

Table with 4 columns: Full Legal Name, Date of Birth, Position, Date of Hire. It contains three empty rows for staff entry.



1515 N. Courthouse Rd, 11th flr
Arlington, VA 22201
Phone: 1-800-424-2246 x373
Fax: 571-255-4911
BGC@usa.childcareaware.org



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