



Assistant Criminal History Review

INSTRUCTIONS



Submit

- All assistants must complete and sign this form;
- All assistants must submit completed fingerprinting cards, regardless of conviction record;
- A crime is a misdemeanor or felony only. This does not include violations such as traffic infractions and trespassing;
- If any of the pre-filled information is incorrect, please cross out, and enter the correct information;
- Please print clearly.

Provider Name:

Group Family Day Care Program Name:

Assistant Name:

Fingerprinting Information

- Providers and all members of the day care household 18 years of age and older, all volunteers, assistants, substitutes and alternate providers must be fingerprinted;
- Contact 1-800-732-5207 for information on how all of these fingerprints can be taken free of charge;
- Your application will not be complete until all fingerprints have been submitted for processing.

Conviction Statement

In accordance with Sections 390-a(2)(a) and 390-b(1)(b) of the Social Services Law, I certify that to the best of my knowledge and belief, I Have I Have Not been convicted of a crime in New York State or any other jurisdiction. If I have been convicted of a crime, I will provide true and accurate information concerning the crime for which I was convicted, the date of conviction and any other relevant information in the space provided below. In addition, I will provide written justification on the back of this sheet, explaining why I should be allowed to care for children regardless of my conviction. **I am aware that this will be my only opportunity for this explanation to be considered in the decision to approve or deny my ability to have involvement with children.**

Record of all Convictions	TYPE OF CRIME	PENAL CODE SECTION	DATE OF CONVICTION MM/DD/YYYY	COUNTY OR COURT OF ARRAIGNMENT
EXAMPLES	Disorderly Conduct	240.20	03/17/1976	Albany

Complete the information below and submit with record of conviction or certification of court arraignment.

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To the best of my knowledge the information provided above is true and accurate. I understand that my failure to truthfully and accurately state whether I have been convicted of a crime and/or to provide truthful and accurate information concerning the conviction(s) may constitute grounds for dismissal or denial of employment, or suspension, limitation or revocation of the license to provide child care at this home.

ASSISTANT SIGNATURE: X	DATE: / /
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Renewal
NYS GFDC Facility