

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REQUEST FOR STAFF EXCLUSION LIST CHECK
Child Day Care Programs

Program Name:

Facility ID Number:

The New York State Justice Center for the Protection of People with Special Needs (Justice Center) maintains a Vulnerable Persons' Central Register. That register includes a Staff Exclusion List (SEL) containing the names of individuals who have committed serious acts of abuse or neglect.

This form is used to check the Justice Center's SEL for those who are applying for a position or license/registration after 6/30/13. If the individual appears on the SEL, a determination will need to be made whether to hire or allow such a person to have regular and substantial contact with a child in child care programs.

- The licensor/registrar is responsible for making this determination for:
 - all roles at family day care and group family day care programs requiring this check.
 - for applicants and directors at school age child care programs and day care centers.
- The director at a day care center or school age child care program is responsible for making this determination for:
 - all roles in the day care center or school age program requiring this check except for the role of director.

Instructions:

- To determine where to submit this form, find the type of program and the individual's role in the list below.

Type of Program / Role in the Program	Where to submit
Family Day Care, Group Family Day Care and Small Day Care Center (Applicants, Caregivers, Household Members 18 and Older) *	The licensor/registrar of the program.
Day Care Center and School Age Child Care (Directors)	The licensor/registrar of the program.
Day Care Center and School Age Child Care (all roles requiring this check except for the role of director) **	The director of the program.

* Volunteers in FDC and GFDC are excluded from the requirement for an SEL check and may not be left unsupervised with children or count in ratio.

** Volunteers who are parents of an enrolled child are exempt from the requirement for an SEL check and may not be left unsupervised with children or count in ratio

Fill out all information below. **PRINT clearly** to avoid delays in processing.

First Name:

Last Name:

Middle Initial:

Social Security Number: - -

Alien Registration Number *Only If no Social Security Number is available:*

Date of Birth *Only if no Social Security Number or Alien Registration Number is available:* / /

Position applied for: