

CHILD ABUSE RECORD INFORMATION CONSENT FORM  
DEPARTMENT OF CHILDREN AND FAMILIES  
OFFICE OF LICENSING

NEW CHILD CARE CENTER FEE: \$10.00

Name of center: _____		
Site address of center: _____		
City: _____	State: _____	Zip: _____
County: _____	Telephone: _____	
Name of director: _____		
<b>FOR OFFICE OF LICENSING USE ONLY:</b>		
Statement of approval issue date: _____	ID #: _____	

PLEASE PRINT CLEARLY IN INK. PLEASE GIVE YOUR FULL NAME; DO NOT USE INITIALS. COMPLETE THIS FORM ON BOTH PAGES AND RETURN IT TO THE CHILD CARE CENTER. ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED.

Print your full name (first, middle, last): \_\_\_\_\_

Previous name, maiden name or nicknames: \_\_\_\_\_

Date of name change or date of marriage: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Sex: \_\_\_\_\_

NOTE: Pursuant to the Federal Privacy Act of 1974 (P.L. 93-579), the disclosure of your Social Security number is voluntary. Your Social Security number, race, date of birth, and sex will only be used for the purpose of conducting a Child Abuse Record Information background check as authorized by the State Child Care Center Licensing Law (N.J.S.A. 30:5B-1 to 15).

Full names of your children, if any, whether living with you or not:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your previous addresses since 1990 and the dates you lived at each address:

1) \_\_\_\_\_

Resided from: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

2) \_\_\_\_\_

Resided from: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

3) \_\_\_\_\_

Resided from: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

4) \_\_\_\_\_

Resided from: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

Please check whether you: \_\_\_\_\_ Are a current staff member at the center

\_\_\_\_\_ Are a new staff member. Please indicate the date you were hired: \_\_\_\_\_

\_\_\_\_\_ Are the center sponsor/owner or person acting on behalf of the corporate sponsor/owner

\_\_\_\_\_ Completed a CARI check at another child care center where you previously worked.  
Please indicate the name and address of the previous center.

All persons completing this form must read the following and sign below:

I consent to have the Department of Children and Families conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I certify that I am not currently being investigated for any allegation of child abuse or neglect. I understand that if a record of substantiated child abuse or neglect is found, or if I refuse to sign this consent form, I will not be permitted to sponsor or work at this or any other licensed child care center in New Jersey. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE OF LICENSING USE ONLY

OOL staff initials \_\_\_\_\_