Print Form

# ALABAMA DEPARTMENT OF HUMAN RESOURCES
# CHILD ABUSE / NEGLECT (CA/N) CENTRAL REGISTRY CLEARANCE

**PRINT OR TYPE** in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.
**** See instructions for the address to use when submitting this form. ****

| Requesting Person or Agency/Organization<br>Office of Licensure and accrediation - Kyli Klinger | **Check All That Apply** |
|---|---|
| Mailing Address | ☐ Child Placing Agency |
| 700 Governors Dr | ☐ Residential Child Care Facility |
| Pierre, SD 57501 | ☑ Child Day / Night Care Center |
| Telephone Number ( 605 ) 773-4766 Email: DSSCRS@state.sd.us | ☐ Family Day / Night Care Home |
| **PRINT** Requestor's Name | ☐ Exempt Child Day Care Center |
| Requestor Signature Date | ☐ Medicaid Rehab. Provider<br>DHR Vendor |
| Witness Signature Date | ☐ Other (Please Specify)<br>_____ |

The person whose name and identifying information, printed or typed below, will provide **unsupervised care and supervision of children** as an ☑ employee ☐ volunteer ☐ other. This person's specific job/role is or will be:

_____

_____

Name _____ Sex ☐ Male ☐ Female Race _____ DOB ___/___/_____
Last First Middle

Current Mailing Address _____

Alias, Maiden & Prior Married Name(s) _____

Name & DOB of Spouse & Former Spouse(s) _____

Name & DOB of Children / Stepchildren _____

Alabama counties where person has lived and/or worked _____

**Attach additional pages as needed to provide all information requested above.**

**To be completed by person being cleared**

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

_____ _____ _____ _____
Signature Date Signature of Witness Date

**To be completed by DHR**

A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases only that information which is necessary to discover or prevent child abuse / neglect.

☐ Substantiated report (i.e., indicated) located. See attached information.

Type Report: ☐ Physical Abuse ☐ Neglect ☐ Sexual Abuse ☐ Mental Abuse / Neglect

☐ No report located.

☐ Request Denied _____

☐ Other _____

_____ _____
Office of Child Protective Services Date Completed