

**CHILD CARE DECLARATION OF PRIOR CRIMINAL CONVICTION AND MILITARY HISTORY**

As required by SDCL 26-6-14.5 for employment, residence or presence in a child welfare agency, this declaration must be completed and retained in the employee/provider/volunteer file. For family child care, child care centers, and before & after school programs registered/licensed DSS, a copy of this form should be submitted with the DCI and FBI fingerprint cards to the Division of Child Care Services, 910 E Sioux; Pierre, SD 57501.

**Reason for Criminal Record Check**

\_\_\_\_ Applicant or \_\_\_\_ Adult Household Member or \_\_\_\_ Helper for Family Day Care  
Or \_\_\_\_ Owner/Director/Staff/Volunteer in Licensed Child Care Center or Before & After School Program

**The following comprises a complete history of prior criminal convictions and military history for:**

Name \_\_\_\_\_.

Soc Sec #: \_\_\_\_\_; Birthdate: \_\_\_\_\_.

Crime Convicted Of	Date of Conviction	Sentence or Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Branch of Service	Dates of Service	Type of Discharge
_____	_____	_____
_____	_____	_____

I hereby declare and affirm under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief. I understand my fingerprints are being submitted for criminal record checks for the purpose of working or volunteering in a family day or a licensed center. I understand if I am dissatisfied with my criminal record results that I may challenge the finding.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Agency Return Address**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Agency & Contact Person Name)

\_\_\_\_\_  
Street Address and/or PO Box Number

\_\_\_\_\_  
Street Address and/or PO Box Number

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

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

\_\_\_\_\_  
License or Registration Certificate Number