

B. Are any criminal charges currently pending against you in this state or elsewhere?

YES _____ NO _____

If "Yes", Please Provide:

Date charged _____ Index/Docket # _____

Court & Location _____

Offense _____

Disposition and Penalty _____

3. Child Abuse and Maltreatment Background Information

A. Are you the subject of an Indicated Child Abuse or Maltreatment report in this state or elsewhere?

Yes _____ No _____

If "Yes", Please Provide:

Date of Alleged Incident _____

Description and Explanation _____

4. Other Background Information

A. Have you ever been terminated, suspended, placed on probation, reprimanded, or otherwise penalized by an employer or school* for assault against another person or for destroying property?

Yes _____ No _____

If "Yes", Please Provide:

Explanation of
Incident _____

*Employer's/School's Name and _____

5. Controlled Substances Background Information

A. Within the past year, have you used controlled substances with or without a prescription from a physician?

Yes _____ No _____

Controlled substances include, but are not limited to, heroin, phencyclidine (PCP), LSD, cocaine and drugs for which a physician's prescription is required (valium, amphetamine etc.)

If "Yes", Please describe frequency of use or treatment and physician's name

Description of use (give frequency of use and state whether it was part of a treatment program. If so, give name of program/physician and service received.

If "Yes", Please Provide:

Description of use (give frequency of use and state whether it is part of a treatment program. If so, give name of program/physician and service required).

6. CERTIFICATION AND UNDERSTANDING BY INDIVIDUAL COMPLETING THIS FORM

- A. I certify that all information herein is true and correct to the best of my knowledge.
- B. I understand that, if during my employment with day care service there is any change in the status of my responses herein, as dated and submitted, I will immediately notify the day care service of such occurrence.
- C. I understand that the information herein may be confidentially and independently investigated, That supporting documentation may be requested to support same, which I agree to furnish.
- D. I understand that my services are subject to the following conditions:
 - (i) I may be disqualified from working at the day care center if I have willfully or fraudulently made any false statement or omissions;
 - (ii) I may be disqualified from working at the day care center based on information herein

consistent with applicable laws and regulations.

Signature

Date

7. CERTIFICATION BY PUBLIC NOTARY (SEAL AND COMMISSION EXPIRATION DATE)

On this ___ day of _____, 19___, before me came _____ to me know to be the individual described herein and who executed the foregoing instrument and solemnly affirmed that the statements are true.

Name: _____ SIGNATURE _____
Print or Type Sign

Address _____
No. and Street City State ZipCode

TELEPHONE #: () _____

8. CERTIFICATION BY BOARD CHAIRPERSON

I, _____
Print Name Print Title of Position

of _____
Print Name of Day Care Service

Print Address of Day Care Service

Print Address of Day Care Service

with permit # _____ issued by New York City Department of Health,

do hereby certify as follows:

I have reviewed this screening summary and to the best of my knowledge believe that hiring the individual described herein is not in any way inconsistent with New York City Department of Health's regulations concerning Criminal Records and Child Abuse and Maltreatment reports.

Signature

Date

(THIS COMPLETED SUMMARY MUST REMAIN ON FILE AT THE DAY CARE SERVICE)