

Criminal Conviction Statement

INSTRUCTIONS





Submit Maint

- DUPLICATE BOTH SIDES of this form for each person with a role indicated below. It is also recommended that you retain an extra blank copy of this form
- This form must be completed and signed, regardless of conviction status
- This form is in addition to being fingerprinted
- Attach additional pages as necessary

U	• P	RINT clearly						
Applicant Name: Chi		Facility ID Number: 849051						
Person's Name:			Date	of Birth:				
Type of Program:	Family Day Care, Gr Small Day Care Cen	oup Family Day Care a	nd	Day Care Center and School-Age Child Care	All Programs			
Role:	Provider	Substitute		Director	□ Volunteer			
	☐ Assistant			☐ Group Teacher	☐ Employee			
	☐ Household Men	nber (GFDC/FDC) (ove	er 18)	Assistant Teacher				
Conviction	Statement							
Have you previously completed a Conviction Statement?								
☐ NO , this is the first conviction statement I am signing for child day care.								
☐ YE	☐ YES, I have signed a previous conviction statement for child day care and							
☐ All of the following convictions (if any) were previously reported								
	OR ☐ I have added new convictions since the last statement.							
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Certification In accordance with Section 390-b(1) of the Social Services Law, I certify that to the best of my knowledge and belief: □ I Have □ I Have Not been convicted of a crime in New York State or other State or Federal court.								
(A crime is a misdemeanor or felony only; this does not include violations. You do not need to disclose crimes that the court designated with a "Youthful Offender" status.)								
	• • •	Town and Outron	DI O	Detect				
Record of A			Penal Co Section	n Conviction	County or Court of Arraignment			
Conviction	s	Petit Larceny	155.25	12/07/1966	Albany			
Complete the information below and submit with record of conviction or certification of court arraignment. In addition, you may provide written justification on the back of this sheet, explaining why you should be allowed to care for children regardless of any conviction.								
		Daniel Oade	04!	Date of	0			
Type of Crime		Penal Code : (if know		Conviction (mm / dd / yyyy)	County or Court of Arraignment			
				/ /				
								
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Criminal Conviction Statement (continued)

	Applicant Name: Christina Shaffer		Your Name:				
	Please provide your justification below, explaining why you should be allowed to care for children despite your conviction. You may attach your own sheets if you prefer not to use this page.						
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