

**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	Foundations Early Learning + Family Center	Check All That Apply
Mailing Address	PO Box 59 Fairfield, AL 35064	<input type="checkbox"/> Child Placing Agency
		<input type="checkbox"/> Residential Child Care Facility
		<input type="checkbox"/> Child Day / Night Care Center
Telephone Number	(205) 588-5454	<input type="checkbox"/> Family Day / Night Care Home
	Email: cpsmith@foundationselfc.org	<input checked="" type="checkbox"/> Exempt Child Day Care Center
PRINT Requestor's Name	Catherine Pittman Smith	<input type="checkbox"/> Medicaid Rehab. Provider DHR Vendor
Requestor Signature	Catherine Pittman Smith	<input type="checkbox"/> Other (Please Specify)
Witness Signature	Mattie S. Conaway	

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:

classroom volunteer

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