



Your name				Telephone number ()		E-mail address	
Address			City		State	Zip code	

Please answer the following questions:

1. What is the amount of time since your conviction or negative action?

2. What were the circumstances that led to your conviction or negative action?

3. What were number and types of convictions or negative actions?

4. What was your age at time of crime or negative action?

5. Describe any past, current or pending history with the Department of Social and Health Services, Child Protective Services, Adult Protective Services or Department of Health.

6. What is your history with DEL licensing?

7. Describe the following since the conviction or negative action:
 - Classes taken:

 - Education:

 - Training:

 - Employment:

Please attach any supporting documentation that provides evidence of your suitability to have unsupervised access to children in a child care setting.

- Court-ordered programs and restitutions
- Sexual deviancy evaluations
- Substance abuse evaluations and treatment progress
- Psychiatric evaluations
- Counseling evaluation
- Police Reports
- Medical evaluations
- Professional References
- Collateral contacts
- Record of Arrest and Prosecution (RAP)
- Other

Describe your suitability to have unsupervised access to children in a child care setting.

Why should DEL qualify your background check?

Your signature:

Date: