

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CRIMINAL CONVICTION STATEMENT**  
**CHILD DAY CARE PROGRAMS**

**INSTRUCTIONS:**

- **ALL** applicants for a licensure or registration, staff, volunteers, and household members 18 years of age or older must complete and sign this Criminal Conviction Statement.
- Please **PRINT** clearly

PROGRAM NAME:
PERSON'S NAME:

FACILITY ID NUMBER:
DATE OF BIRTH (mm/dd/yyyy):

**CERTIFICATION**

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 jurisdiction.**

*(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.)*

To the best of my knowledge the information provided above is true and accurate. I understand that my failure to truthfully and accurately state whether I have been convicted of a crime may constitute grounds for dismissal or denial of employment, or suspension, limitation or revocation of the license or registration to provide child care at this site.

SIGNATURE: \_\_\_\_\_ DATE: (mm/dd/yyyy):    /    /