



\$10.00
(agency
check or

payable to: "General
of Rhode Island" – a

or cash is not accepted. Requests submitted without payment **will not** be processed.)

STATE OF RHODE ISLAND
Department of Children, Youth and Families
101 Friendship Street
Providence, RI 02903

DCYF Clearance Request/Results (Facility)

fee is required,
check, cashier
money order
Treasurer State
personal check

Facility Name: Paper Crown Preschool

☐ Please indicate if subsequent

Facility mailing address: 105 Frenchtown Rd. East Greenwich, RI 02818

Facility E-mail address: julia@papercrownpreschool.com

Facility Phone #: 401-352-6440

Please indicate: ☒ Prospective Childcare operator or employee ☐ Foster Care provider
☐ Non-DCYF Adoption ☐ Employment ☐ Community Agency Volunteers who have
supervisory authority over children without the presence of others ☐ Volunteer in a daycare
setting ☐ Child Care and Community Agency Volunteers who **do not** have supervisory
authority over children without the presence of others

INFORMATION RELEASE

I hereby authorize the Department of Children, Youth and Families to release to _____ information obtained as a
result of their check of the Department's Indicated Child Abuse/Neglect records. I understand that this records
check is required by R.I.G.L. 40-13.2-3.1 and that information obtained as a result of this check may be used by the
Department or the facility in determining my suitability for employment in a Child Care facility. This authorization
will expire upon receipt by the facility of the Clearance Check Results or thirty (90) days after the date of this
authorization appearing below. Any information released and /or received as a result of this consent shall not be
further relayed in any way to any person or organization outside of the Department without additional consent
except as provided by statute.

_____ Signature of Applicant		_____ Date of Birth	_____ Date of Authorization	
_____ Last Name First Name Middle Maiden				
Address _____ # & Street City/Town State Zip Code				

BACKGROUND CHECK RESULTS

RICHIST: ☐ No Prior Contact

Case ID or Person ID: _____ Case Name: _____ States: ☐ Active ☐ Closed

_____ Investigation #	_____ Level	_____ Status	_____
_____ Name	_____ Involvement Allegations		

MASTERFILE:(Prior to 1984)

☐ No prior Involvement

_____	_____	_____
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