

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
RECORDS CHECK APPLICATION FOR LICENSED FACILITIES

TO BE COMPLETED BY APPLICANT: COGENT Registration ID: _____

(Please read instructions on back before completing this application.)

1. **APPLICANT/EMPLOYEE TYPE:** Owner (present in facility) 2. **PROGRAM TYPE:** Family Day Care Home
 Director Group Day Care Home
 Employee /Resident Child Care Learning Center
 Temporary/Substitute Caregiver Licensed Head Start Program
 Independent Contractor
 Volunteer
 Student-In-Training

3. **PRINT FULL NAME:** _____
LAST FIRST MIDDLE MAIDEN DATE OF BIRTH

GENDER RACE SOCIAL SECURITY NUMBER PLACE OF BIRTH

HEIGHT WEIGHT EYE COLOR HAIR COLOR (_____) HOME TELEPHONE NUMBER

(_____) CELL PHONE NUMBER PERSONAL E-MAIL ADDRESS

HOME ADDRESS: STREET CITY STATE ZIP

MAILING ADDRESS: STREET/P.O. BOX CITY STATE ZIP

4. **IDENTIFICATION #:** _____ ; *OR* _____ **AND** _____ **AND** _____
PRIMARY SECONDARY SUPPORTING #1 SUPPORTING #2

5. I hereby authorize Bright from the Start: Georgia Department of Early Care and Learning ("Department") to receive any criminal history record information pertaining to me which may on file with any criminal justice agency in the United States and its territories. I further authorize the Department to release a fitness determination to the child care provider named below. I understand that this authorization is valid for up to and including 180 days from the date of signature and that Georgia law authorizes the Department to require additional fingerprint records checks when the department has reason to believe that I have a criminal record that renders me ineligible to have contact with children in the center or during the course of a child abuse investigation.

NOTARY SIGNATURE*

APPLICANT'S SIGNATURE

6. **TO BE COMPLETED BY FAMILY DAY CARE HOME PROVIDER, FACILITY DIRECTOR OR HEAD START PROGRAM ADMINISTRATOR:**

NAME OF PROVIDER, FACILITY OR PROGRAM ADMINISTRATOR

LICENSE, REGISTRATION OR APPLICATION NUMBER

FACILITY STREET ADDRESS

CITY, STATE, ZIP

MAILING ADDRESS

CITY, STATE, ZIP

7. My signature indicates that I am the Director, Provider or Program Administrator and that I have verified the above information on the applicant.

SIGNATURE* DATE

TELEPHONE NUMBER

*The person that signs as the Director, Provider or Program Administrator cannot also notarize this document. See O.C.G.A. §45-17-8(c).

MAIL TO:
BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
Atlanta, Georgia 30334
(404) 656-5957

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
RECORDS CHECK APPLICATION FOR LICENSED FACILITIES
(SEE INSTRUCTIONS ON BACK OF FORM)

INSTRUCTIONS FOR COMPLETING RECORDS CHECK APPLICATION
(Be sure to complete the fingerprinting process before sending in this application.)

Please use a blue or black ball point pen, press firmly, and PRINT legibly.

APPLICANT WILL COMPLETE THE FOLLOWING:

First, write your COGENT ID number at the top of the form in the space provided.

1. Check the correct box that identifies the criminal records check applicant.
2. Check the box for the type of child care facility.
3. Print your full name, including your MAIDEN name. DO NOT use initials if you have a given name.
Print your date of birth.
Print your gender.
Print your race.
Print your Social Security Number.
Print your place of birth: City or County, State and Country if not USA.
Print your height.
Print your weight.
Print the color of your eyes: DO NOT abbreviate: Brown, Black, Grey, Blue, Green, Hazel, or Other.
Print the color of your hair: DO NOT abbreviate: Brown, Black, Grey, Red, Blonde, Bald, or Other.
Print your home and cell telephone numbers with area code.
Print your complete home address.
Print your complete mailing address if different than your home address. If your mailing address is the same as your home address, print "SAME AS ABOVE" on that line. *Note that record check results will be mailed both to the center and to the mailing address entered here.*
4. DECAL requires valid and unexpired photograph identification documents to process this application. See the following page for acceptable forms of ID. Attach a photocopy of the picture identification document(s) that you provided to the LIVE SCAN fingerprinting facility to this application. In the space provided, please indicate the number of the ID document you submit according to the list on the following page.
5. ALL APPLICATIONS MUST BE NOTARIZED.
Read the consent statement.
In front of a Notary Public, sign your name as you would on a bank check or business letter.
Obtain Notary's signature, county and commission expiration date.

DIRECTOR WILL COMPLETE THE FOLLOWING:

6. Print clearly and give complete mailing address.
Print the name of your center as it appears on your license application.
Print the license, registration or application number of your facility.
Print the county.
Print the mailing address of your center.
Print the city/state/zip.
Note that record check results will be mailed to the address that is entered here.
7. Director, Provider or Program Administrator must sign his/her name as it would appear on a bank check or business letter.
Print the name of the Director, Provider or Program Administrator name below the signature.
Print date signed.
Print facility telephone number.
8. Submit the completed, notarized* and signed form to:

*The person that signs as the Director, Provider or Program Administrator cannot also notarize the document. See O.C.G.A. §45-17-8(c).

BRIGHT FROM THE START:
GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
Records Unit
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
Atlanta, Georgia 30334

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
RECORDS CHECK APPLICATION FOR LICENSED FACILITIES

APPROVED IDENTITY VERIFICATION DOCUMENTS

DECAL requires valid and unexpired picture identification documents.
As a primary form of picture identification one of the following will be accepted with your application:

Primary Document (provide one of the following:)

1. State Issued Driver's License with Photograph
 2. State Issued Identification Card with Photograph
 3. US Passport with Photograph
 4. US Active Duty/Retiree/Reservist Military ID Card (000 10-2) with Photograph
 5. Government Issued Employee Identification Card with Photograph (Federal, State, County or City)
 6. Tribal Identification Card with Photograph
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OR

In the absence of one of the above Primary identifications, applicants may provide **one** or more of the following Secondary Documents, **along with two** of the supporting documents listed below:

Secondary Documents:

One form of ID from this list:

7. State Government Issued Certificate of Birth
8. Social Security Card
9. Certificate of Citizenship (N560)
10. Certificate of Naturalization (N550)
11. INS I-551 Resident Alien Card Issued since 1997
12. NS 1-688 Temporary Resident Identification Card
13. INS I-688B, I-766 Employment Authorization Card

AND

Two forms of ID from this list:

14. Utility Bill (with current address)
15. Voter Registration Card
16. Vehicle Registration Card/Title
17. Paycheck Stub with Name/Address
18. Cancelled Check or Bank Statement