Appendix C: Background Check Verification Form

*Due within 10 days of the first day of the school year for all First Class Pre-K Classrooms. Please see timeline for submission requirements.

The safety and security of students in all First Class Pre-K funded sites is very important to the Department of Early Childhood Education. First Class Pre-K program personnel, including substitute teachers and any other person having regular contact with the classroom children, must have a satisfactory criminal background check, Child Abuse and Neglect (CAN) background check and fingerprinting on file with their employer. Volunteer parents may not be left in the classroom unsupervised by classroom personnel. If an OSR grantee personnel are arrested or convicted of criminal behavior during employment in the First Class Pre-K classroom, the program must promptly inform OSR.

Classroom Name: ____________________________________________________________

Program Name: ____________________________________________________________________

DECE requires that no unchecked adults can be left alone with students (unless it’s their own child) until a recently passed background check can be completed and verified to DECE.

I, ________________________________________________________________ (Program director’s name), verify all employees or volunteers who have contact with Alabama First Class Pre-K Program students have recently and satisfactorily passed a background check. Please send a completed notarized Appendix C form with the program director’s signature and the date the form was completed to:

Alabama Department of Early Childhood Education
Office of School Readiness
Attention: Official Background Check
P.O. Box 302755
Montgomery, AL 36130-2755

______________________________________________________________  __________________________
Program Director’s Signature Date

State of Alabama County of _________________________________________________

The foregoing instrument was acknowledged before me this _____ day of _____________, 20____.

______________________________________________________________  __________________________
Notary’s Official Signature (Seal) Commission Expiration Date