



## CRIMINAL BACKGROUND CHECK AFFIRMATION FORM

Each individual staff member must complete this form. In addition, all child development providers must also certify that they have conducted a Mandatory Criminal Background Check for all of their staff members and employees, and maintain the findings of these tests and present them upon request for inspection by OSSE. Any individual who intentionally enters information on this form that misrepresents, misinforms or misleads, is subject to administrative action and removal.

Background checks will be performed to determine if an individual has been convicted of any of the following criminal charges:

- (1) Murder, attempted murder, manslaughter, or arson;
- (2) Assault, assault with a dangerous weapon, mayhem, malicious disfigurement, or threats to do bodily harm;
- (3) Burglary;
- (4) Robbery;
- (5) Kidnapping;
- (6) Illegal use or possession of a firearm;
- (7) Sexual offenses, including indecent exposure; promoting, procuring, completing, soliciting, or engaging in prostitution; corrupting minors (sexual relations with children); molesting; voyeurism; committing sex acts in public; incest; rape; sexual assault; sexual battery or sexual abuse; but excluding sodomy between consenting adults;
- (8) Child abuse or cruelty to children; or
- (9) Unlawful distribution or possession of or possession with intent to distribute a controlled substance

**DIRECTIONS: Check one declaration to complete and affirm each statement below:**

- I have  / I have not  Been convicted of any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory.
- I have  / I have not  Pleaded *nolo contendere* to any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory.
- I have  / I have not  Been on probation before judgment or placement upon a stet docket of a case involving any of the felony offenses listed above.
- I have  / I have not  Been found not guilty by reason of insanity of any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory.

### AFFIRMATION

I hereby affirm my responsive declaration to each statement on this Affirmation Form and I authorize the Office of the State Superintendent (OSSE) to conduct a criminal background check. I understand that I have the right to obtain a copy of any report from the criminal background check and to challenge the accuracy and completeness of any such report. I also acknowledge that OSSE may decide to deny or terminate its Provider Agreement with me to provide subsidized child care services based on the results of the criminal background check and that I may appeal that decision to the DC Commission on Human Rights within 30 days of OSSE's written decision.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name