NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES



Criminal Conviction Statement

INSTRUCTIONS



Maintain On-Site

This form must be completed and signed, regardless of conviction status

- This form is in addition to being fingerprinted
- Attach additional pages as necessary
- Please PRINT clearly

Director/Provider Name: Melissa Gardiner, Director			Program Name: Newmeadow, Inc				
Your Name:			Role:				
☐ I have added Certification In accordance with Sectobelief: ☐ I Have ☐ I Have No.	properties a Conviction statem previous conviction statem previous conviction downer conviction and the conviction are convicted to the conviction or felony on	ent I am signing for ction statement for cons (if any) were present since the last state of the Social Service of a crime in Newly; this does not income	child daycare. child daycare and eviously reported atement vices Law, I cer w York State or o	tify that to the be other State or Fed	st of my knowledge and eral court. In disclose crimes that the		
Record of All Convictions	<u>EXAMPLE</u>	TYPE OF CRIME	PENAL CODE SECTION	DATE OF CONVICTION	COUNTY OR COURT OF ARRAIGNMENT		
		Petit Larceny	155.25	12/07/1966	Albany		
Complete the information below and submit with record of conviction or certification of court arraignment. In addition, you may provide written justification on the back of this sheet, explaining why you should be allowed to care for children regardless of any conviction.							
Type of Crime		Penal Code Section (if known)		of Conviction m/dd/yyyy)	County or Court of Arraignment		
			/	/			
			/	/			
			/	/			
			/	/			
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 and/or to provide truthful and accurate information concerning the conviction(s) may constitute grounds for dismissal or denial of employment, or suspension, limitation or revocation of the license to provide child care at this site.							
Signature:				Date	e: (mm/dd/yyyy)		
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NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES



Criminal Conviction Statement (continued)

Director/Provider Name: Melissa Gardiner, Director		Your Name:			
Please provide your justification below, explaining why you should be allowed to care for children despite your conviction. You may attach your own sheets if you prefer not to use this page.					
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