



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

# STATE OF CONNECTICUT

## OFFICE OF EARLY CHILDHOOD



Connecticut Office of  
Early Childhood

David Wilkinson  
Commissioner

### BACKGROUND CHECK STATUS INQUIRY

Please provide complete and accurate information below if you are required to obtain a background check related to child care in Connecticut and you believe you, or the individuals listed below, have already had a completed background check conducted through the Office of Early Childhood in the past five years. We will search our database and send you a letter listing the date of the most recently completed background check for each person on the list, or additional actions required at this time to complete background checks. Please submit all inquiries in writing by e-mail, fax, or mail to the address below. Due to the volume of inquiries and the need to prioritize them, response time may vary. We will respond to your inquiry as soon as possible.

<b>Program/Facility:</b>	
<b>Address:</b>	
<b>Town:</b>	<b>ZIP:</b>
<b>Phone:</b>	<b>E-mail:</b>
<b>License #:</b>	<b>Person completing this form:</b>
<b>Please check the box that most closely describes you:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> New staff member or provider who has worked for other child care programs in the past five years</li> <li><input type="checkbox"/> New child care license applicant</li> <li><input type="checkbox"/> Licensed provider opening facility at a new location</li> <li><input type="checkbox"/> Verifying if existing staff at my program have had the required background checks</li> </ul>	

NAME (First, Middle, Last)	DATE OF BIRTH (MM/DD/YY)	OTHER INFORMATION (including aliases or other names)

**Office of Early Childhood**  
**Legal Division**  
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