



State of Rhode Island

Rhode Island Department of Children, Youth and Families and Rhode Island Department of Human Services

**Fingerprint Affidavit for Individuals Required to be
Licensed by the Department of Children, Youth and Families and/or the Department of Human Services**

Individual obtaining fingerprints from a Law Enforcement Agency	
Foster Care or Adoption	<input type="checkbox"/> Foster parent, resource parent, pre-adoptive parent, kinship parent, adoptive parent, household member of any of the above
Congregate Care or Residential Facilities for Youth	<input type="checkbox"/> Owners, operators, administrator, house manager, clinician, staff, program coordinator, volunteers, members of the board, custodians, clerical, chef, maintenance crew, etc.
Child Placing Agency	<input type="checkbox"/> Owners, operators, directors, clinicians, case managers, child caring staff members <i>(must have access to children without the supervision of others who have completed/cleared background checks.)</i>
Child Care Centers	<input type="checkbox"/> Child Caring Employee, Owner, Operator, Administrator, Education Coordinator, Site Coordinator, Parent Coop Employee, Substitutes, etc. <i>(this includes any staff that are on site during the hours of operation, even if not responsible for the care of children)</i>
Family Child Care Homes	<input type="checkbox"/> Provider, Assistant, adult household member
Applicant Information	
Name	
Date of Birth	
Email Address	
Street Address	
City/Town, State, Zip Code	
List all states the applicant has lived in (besides Rhode Island) the last 5 years	
Provider Type	Where Results Should be Sent
Foster Care or Adoption	DCYF.Licensing@dcyf.ri.gov
Please send results of comprehensive background checks for Congregate Care or Residential Facilities for Youth, Child Placing Agencies to the Applicant's Organization below. For all Child Care Applicants (including both Child Care Center and Family Child Care Homes) send results to the Applicant and the Applicant's Organization below. <i>*For tracking purposes, a copy of all child care requests should also be sent to DHS.ChildCareLicensing@dhs.ri.gov</i>	
Name/Facility/Agency/Organization	
Attention	
Street Address	
City/Town, State, Zip Code	

I hereby certify under the penalty of perjury that the above information is complete, true and correct:

Applicant Signature

Date

Employer Signature

Date

Agency Completing Check:

- ☐ Attorney General's Office
☐ Local Police Department (please specify):
☐ State Police Department (please specify):

☐ DCYF

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