

FAIRFAX COUNTY, VIRGINIA
DEPARTMENT OF FAMILY SERVICES
OFFICE FOR CHILDREN
Division of Community Education & Provider Services
12011 Government Center Parkway, Fairfax 22035-1102

CRIMINAL HISTORY COMPLIANCE STATEMENT

Please complete this form by answering "Yes" or "No" to the statement below and instruct each adult living in your home child-care facility to do the same.

Have you been convicted of murder, abduction, sexual assault, failing to secure medical attention for an injured child, pandering, crimes against nature involving children, taking indecent liberties with children, neglect of children, obscenity involving children or any offense listed in Section 30-3-1(f) of the Fairfax County Code, or any felony for the illegal sale, distribution or possession of a controlled substance, as defined by Virginia law, by similar federal law or by a similar law of another state?

Yes No Print Name: _____
Signature: _____
If "Yes" explain: _____ Date _____

Yes No Print Name: _____
Signature: _____
If "Yes" explain: _____ Date _____

Yes No Print Name: _____
Signature: _____
If "Yes" explain: _____ Date _____

Yes No Print Name: _____
Signature: _____
If "Yes" explain: _____ Date _____

Yes No Print Name: _____
Signature: _____
If "Yes" explain: _____ Date _____