Print Form

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD ABUSE / NEGLECT (CA/N) CENTRAL REGISTRY CLEARANCE

PRINT OR TYPE in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.
** See instructions for the address to use when submitting this form. **

Requesting Person or Agency/Organization	Check All That Apply
Mailing Address: Miss Marcia's Child Care Center, Inc. 2342 Pansy Street Huntsville, AL 35801	☐ Child Placing Agency
	☐ Residential Child Care Facility
	☒ Child Day / Night Care Center
Telephone Number (256) 534-8217 Email: missjeanne.laymon@gmail.com	☐ Family Day / Night Care Home
PRINT Requestor's Name Jeanne Laymon	☐ Exempt Child Day Care Center
Requestor Signature Jeanne Laymon Date 6-19-25	☐ Medicaid Rehab. Provider DHR Vendor
Witness Signature Makayla Sayman Date 6-19-25	☐ Other (Please Specify)

The person whose name and identifying information, printed or typed below, will provide **unsupervised care and supervision of children** as an ☒ employee ☐ volunteer ☐ other. This person's specific job/role is or will be:
Supervising and assisting children with their daily needs and schedules, diaper changing, and lite cleaning in classroom.

Name Richards Sara Sheree (Last First Middle) Sex ☐ Male ☑ Female Race White DOB 8/12/1988

Current Mailing Address 192 Vann Rd. Owens Cross Roads AL. 35763

Alias, Maiden & Prior Married Name(s) Sara Siviard Sara Richards

Name & DOB of Spouse & Former Spouse(s) Ryan Richards

Name & DOB of Children / Stepchildren Kelsie Richards 8.13.2015

Alabama counties where person has lived and/or worked Madison

Attach additional pages as needed to provide all information requested above.

To be completed by person being cleared

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Sara Richards (Signature) 6.19.25 (Date) Jeanne Laymon (Signature of Witness) 6-19-25 (Date)

To be completed by DHR

A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases only that information which is necessary to discover or prevent child abuse / neglect.

☐ Substantiated report (i.e., indicated) located. See attached information.

Type Report: ☐ Physical Abuse ☐ Neglect ☐ Sexual Abuse ☐ Mental Abuse / Neglect

☐ No report located.

☐ Request Denied _____

☐ Other _____

Office of Child Protective Services _____ Date Completed _____