

CASH DISBURSEMENTS VOUCHER FORM

ABBOTT

REQUESTED DATE: 10/11/19 REQUESTED BY: H. Wilson PERIOD COVER: _____

PAYABLE TO: CARI AMOUNT: 10.00 COMMENTS: _____

GL CODES:

- 7260 PAYROLL SERVICE FEES
- 7520 ACCOUNTING FEES
- 7540 INSTRUCTORS/CONSULTANTS/SUBS
- 8110 SUPPLIES
- 8130 TELEPHONE & COMMUNICATIONS
- 8160 COMPUTER SOFTWARE & HARDWARE
- 8170 PRINTING & COPYING
- 8180 BOOKS, SUBSCRIPTIONS, REFERENCE
- 8205 RENT, PARKING & OTHER OCCUPANCY
- 8210 UTILITIES
- 8220 EQUIPMENT RENTAL, REPAIR & MAINT
- 8230 BUILDING REPAIR & MAINTENANCE
- 8240 MAINTENANCE SUPPLIES
- 8299 SECURITY
- 8310 TRANSPORTATION & PARKING

GL CODES:

- 8320 MEALS (for meetings)
- 8350 CONFERENCE, CONVENTIONS, MEETINGS
- 8360 FIELD TRIPS
- 8405 CLASSROOM MATERIALS & SUPPLIES
- 8410 CLASSROOM TECHNOLOGY
- 8420 TUTORING
- 8425 EXPUNGEMENT SERVICES
- 8430 JOB TRAINING
- 8440 MENTORING
- 8445 FOOD & RELATED SUPPLIES
- 8520 INSURANCE - NON EMPLOYMENT RELATED
- 8530 MEMBERSHIP DUES - ORGANIZATIONS
- 8540 STAFF DEVELOPMENT/TRAINING
- 8560 PROCESSING FEES
- 8570 ADVERTISING/MARKETING EXP

PROGRAM DIRECTOR'S APPROVAL

Heather Wifg

DATE: 10/11/19

FINANCE APPROVAL PROCESS:

SUPPORTING DOCS ATTACHED: YES NO

VERIFIABLE INITIAL: MP

DATE: 10/11/19

FISCAL OFFICE APPROVAL

R. Greg Ward

DATE _____

PRESIDENT/CEO'S APPROVAL

DATE _____



10/11/19
[Signature]

STATE OF NEW JERSEY - CARI

Date	Type	Reference	Original Amount	Balance Due	Payment
10/11/2019	Bill	10.11.19CARI	10.00	10.00	10.00
			Check Amount		10.00

1012 Cash:Checking 111 - CARI Forms Felicia Yolanda Mitchell

10.00

**CHILD ABUSE RECORD INFORMATION (CARI) CONSENT FORM
STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF LICENSING**

CHILD CARE CENTER

Indicate Reason for CARI by Checking Appropriate Box:

- New Center
- Renewing Center
- New Staff Member Hired at a Licensed Center (Not Renewing)

Date of Hire _____

Please Check Only If You Are:

- Sponsor (Owner) or Sponsor Representative



DO NOT SUBMIT PHOTOCOPY OR FAX A COMPLETED FORM.

Center Name:	Urban League of Essex County Child Development Center		
Site Address:	494-504 CENTRAL AVE NEWARK NJ 07107 County: Essex Fee: \$10.00		
Mailing Address:	508 CENTRAL AVE Newark NJ 07107-1430		
Phone:	9737329751	Director:	Heather Dance-Wilson
Renewal Date:	4/12/2019	ID #:	07URB0001

DO NOT WRITE IN OR USE WHITE-OUT OR CROSS-OUTS IN THIS BOX. DOING SO WILL MAKE THE FORM INVALID.

PLEASE PRINT CLEARLY IN INK; DO NOT USE PENCIL. PLEASE GIVE YOUR FULL NAME; DO NOT USE INITIALS. COMPLETE THIS FORM ON BOTH PAGES. SIGN, DATE, AND RETURN IT TO THE CHILD CARE CENTER. ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED.

Print your full name (first, middle, last): Felicia Tolanda Mitchell

Previous name, maiden name or nicknames: _____

Date of name change or date of marriage: _____

Home address: 262 N. Walnut St.

City: East Orange State: NJ Zip: 07017

Date of birth: 11-03-1975 Race: BL

Social Security number: 156-66-5176 Sex: F

NOTE: Pursuant to the Federal Privacy Act of 1974 (P.L. 93-579), the disclosure of your Social Security number is voluntary. Your Social Security number, race, date of birth, and sex will only be used for the purpose of conducting a Child Abuse Record Information background check as authorized by the State Child Care Center Licensing Law (N.J.S.A. 30:5B-1 to 15).

Name: Felicia Mitchell
 (Please clearly print applicant's name.)

Full names and birth dates of your children, if any, whether living with you or not: NOTE: If none, check this box

Child's First Name	Middle Name	Last Name	Date of Birth
Jabrei	Abdul	Salacim	1-15-99
Shantica	Aja	Stakley	3-20-94
Tahmid	Hassan	Salacim	12-31-06

Your previous addresses since 1990 and the dates you lived at each address: NOTE: If none, check this box

1) <u>498 Lincoln Pl Orange NJ 07050</u>	Resided from: <u>4 2014</u>	To: <u>6 2019</u>
	(month)	(year)
2) <u>1092 Sanford St. Trumbull NJ 07111</u>	Resided from: <u>3 2009</u>	To: <u>4 2014</u>
	(month)	(year)
3) <u>92 Headley Terr. Trumbull NJ 07111</u>	Resided from: <u>2 2008</u>	To: <u>2 2009</u>
	(month)	(year)
4) <u>841 3 12th Street Newark NJ 07116</u>	Resided from: <u>11 2006</u>	To: <u>2 2008</u>
	(month)	(year)

All persons completing this form must read the following and sign below:

I consent to have the Department of Children and Families conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I certify that I am not currently being investigated for any allegation of child abuse or neglect. I understand that if a record of substantiated child abuse or neglect is found, or if I refuse to sign this consent form, I will not be permitted to sponsor or work at this or any other licensed child care center in New Jersey. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: Felicia Mitchell Date: 9-3-2019

FOR OFFICE OF LICENSING USE ONLY

OOL staff initials _____