

Ohio Department of Job and Family Services
REQUEST FOR A BACKGROUND CHECK FOR CHILD CARE

This form shall be completed and submitted to CCBbackgroundCheck@jfs.ohio.gov to grant the Ohio Department of Job and Family Services (ODJFS) consent to review information from the Ohio Bureau of Investigation (BCI), the Federal Bureau of Investigation (FBI) criminal records, the Federal and State Sex Offender registries, and the Statewide Automated Child Welfare Information System (SACWIS) child abuse/neglect records for the below individual. Based on information reviewed, ODJFS will determine if the individual meets all the qualifications for their role at the licensed child care program, certified in-home aide, Ohio Department of Education (ODE) publicly funded child care program, or approved day camp.

Fill out all applicable information

SECTION I - PERSONAL INFORMATION											
First Name			Middle Name			Last Name					
Suffix (<i>i.e. III, Jr.</i>)			Social Security Number				Date of Birth				
OPIN			Phone			Email					
Maiden Name/Aliases Used			Maiden Name/Aliases Used			Maiden Name/Aliases Used					
Street Address			City		State	Zip Code	County	Address Since			
Previous Street Address (<i>5 year history</i>)			City		State	Zip Code	County	Dates of Residence to			
Previous Street Address (<i>5 year history</i>)			City		State	Zip Code	County	Dates of Residence to			
Race		Ethnicity		Gender		Height		Weight		Hair Color	Eye Color
Give location and description of any scars, marks, piercings or tattoos											
Start Date of Employment						Employed in Child Care in Last 6 Months <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>By providing my signature below, I am granting consent for ODJFS to access and review my criminal history, records contained in national and state sex offender registries, and SACWIS. I authorize representatives from states listed above to provide full disclosure to ODJFS of my records while I was a resident of those states including: criminal history, records contained in state sex offender registries, and child abuse and neglect registries. I also grant consent for ODJFS to provide a determination of the results to the program(s) listed in the following section.</i>											
Individual's Signature									Date		

SECTION II - PROGRAM INFORMATION (Please attach extra copies of this page if needed)

Program Name Attn: Amber Hernandez, Kansas Department of Health & Environment		Program Number N/A - Out-of-State Check
Program Email KDHE.BGCheck@ks.gov		County of Program Out-of-State; Kansas
Program Type N/A - Out-of-State Registry Check		
ODJFS Program <input type="checkbox"/> Center <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> In-Home Aide <input type="checkbox"/> Approved Day Camp ODE Program <input type="checkbox"/> Preschool <input type="checkbox"/> School Child		

Program Name		Program Number
Program Email		County of Program
Program Type		
ODJFS Program <input type="checkbox"/> Center <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> In-Home Aide <input type="checkbox"/> Approved Day Camp ODE Program <input type="checkbox"/> Preschool <input type="checkbox"/> School Child		

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Note: The individual may not begin employment until they have submitted this form to ODJFS and their fingerprints via a WebCheck agency. The individual may not have sole responsibility for children until the JFS 01176 "Program Notification of Background Check Review for Child Care" is on file at the program.

Please mail or email results to:

Mail: Amber Hernandez
 Kansas Dept. of Health & Environment
 1000 SW Jackson, Ste. 200
 Topeka, Kansas 66612

Email: KDHE.BGCheck@ks.gov