

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

This form shall be completed and submitted to CCBackgroundCheck@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 | | | |