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.e. III, Jr.)*	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 *(5 year history)*	City	State	Zip Code	County	Dates of Residence to
Previous Street Address *(5 year history)*	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 ☐ Yes ☐ No

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.

Individual's Signature	Date

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

Program Name	Program Number
NDDHS, CHILDREN & FAMILY SERVICES (CBCU) (State Government Agency)	

Program Email	County of Program
dhscfscbc@nd.gov	

Program Type

ODJFS Program ☐ Center ☐ Type A ☐ Type B ☐ In-Home Aide ☐ Approved Day Camp

ODE Program ☐ Preschool ☐ School Child

Program Name	Program Number

Program Email	County of Program

Program Type

ODJFS Program ☐ Center ☐ Type A ☐ Type B ☐ In-Home Aide ☐ Approved Day Camp

ODE Program ☐ Preschool ☐ School Child

Program Name	Program Number

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ODE Program ☐ Preschool ☐ School Child

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.