



Criminal History Review Request

Complete sections A, B, C, and D. See page 3 for complete instructions.

Section A: Requesting facility

Does this facility currently have an Oklahoma child care permit or license? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Facility name			License number K8		County
Mailing: street address or P.O. Box			City		State Zip
Location: street address			City		State Zip
Area code	Phone		Area code	Fax	How do you want results returned to you?
E-mail (print clearly)				Mail <input type="checkbox"/>	Fax <input type="checkbox"/>
				E-mail <input type="checkbox"/>	

Section B: Signature of requesting facility

Print name of requesting facility designee	Owner <input type="checkbox"/>	Primary caregiver <input type="checkbox"/>
	Director <input type="checkbox"/>	Human resources <input type="checkbox"/>

The attached documents are exact copies of the originals and have not been altered. I understand employment decisions remain the discretion of the child care facility. The licensing records office only:

- conducts an Oklahoma State Courts Network (OSCN) records search; and
- reviews all attached and OSCN records to determine if the individual has any prohibited/restricted offenses.

Signature of requesting facility designee	Date

Complete section C and D on next page.

Facility name	License number K8
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Section C: Individual needing criminal history review

Resubmit <input type="checkbox"/>	New hire <input type="checkbox"/>	Rehire <input type="checkbox"/>	New household member <input type="checkbox"/>
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First name	Middle name	Last name		
Previous names, including aliases and maiden (not nickname)			Area code	Daytime phone
Street address	City	State	Zip	County
Mailing address	City	State	Zip	County

Date of birth	Social Security number
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In the **LAST** three years, has this individual lived in other states or countries, outside Oklahoma and the USA?

Yes list other states and countries: _____

No

Section D: Signature of individual needing criminal history review

By completing this form, a background investigation will be conducted which may result in your registration on the Child Care Restricted Registry.

Print name of individual needing criminal history review

Signature of individual needing criminal history review	Date

**Criminal History Review Request
INSTRUCTIONS**

Incomplete requests will NOT be considered and will be returned to the facility. Submit one COMPLETED request per individual by doing the following:

1. **COMPLETE** sections A, B, C, and D of this form.
2. **ATTACH** the following documents to this form.
 - a. **Form 07LC101E, Restricted Registry Verification(s)**
 - Conduct a search for all Social Security numbers and previous names, including aliases and maiden.
 - Attach a separate verification form for each search conducted.
 - Must be conducted within the last 30 days.
 - Registrants are restricted from licensure, employment and/or residence in an Oklahoma child care facility.
 - b. **OSBI report**
 - Must be conducted within the last 12 months.
 - Include all previous and alias names.
 - Include criminal history and sex offender stamps.
 - Include **all** pages of the report.
 - c. **Out-of-state criminal history investigation report(s)**
 - Must be conducted within the last 12 months.
 - Include all previous and alias names.
 - Required if individual has lived in Oklahoma for less than the **LAST** three years.
 - Go to www.okdhs.org/childcare. Select "Provider Information." Select "Out of State Criminal Reports." Select desired state to obtain out-of-state criminal history investigation reports.
 - If the previous state(s) of residence restricts the release of the report, the individual must contact the local law enforcement agency for the previous residence to obtain, at minimum, a local criminal history investigation.
 - d. **Dispositions on all charges**
3. **SUBMIT** all of the above to the licensing records office using one of these methods:
 - Mail to: OKDHS Attn: OCCS Licensing Records Office
P.O. Box 25352
OKC, OK 73125
 - Fax to: 405-522-4167
 - E-mail to: OCCSbackground@okdhs.org (include supporting documents)

If the initial request was returned to you as incomplete, follow:

1. **the instructions on this page; AND**
2. **correct any items marked on the results form, which the licensing records office returned to you.**