



### Criminal History Review Request for Programs



This form is used by child care programs, general administrative offices (GAO) for one or more programs and temporary hiring agencies (THA) to request a criminal history review by Licensing Records Office (LRO), including a review for the owner or responsible entity.

Complete sections A and B with appropriate signatures and submit one request per individual to LRO using one of these methods:

- Mail: OKLAHOMA DEPARTMENT OF HUMAN SERVICES  
LICENSING RECORDS OFFICE  
PO BOX 258834  
OKLAHOMA CITY OK 73125-8834
- Fax: (405) 522-4167    • Email: [OCCSbackground@okdhs.org](mailto:OCCSbackground@okdhs.org)

#### Section A: Program, GAO, or THA Requesting Criminal History Review

Choose one:  Program  GAO  THA  New program completing application process

Program, GAO, or THA to receive results

License K8#, GAO, or THA number

Mailing: Street address or PO Box

City

State

ZIP code

Phone number including area code

Fax number including area code

County

Date Child Care Restricted Registry search conducted for this individual: \_\_\_\_\_

LRO will send complete criminal history review results to the QE's authorized recipient, per Form 07LC112E, Qualified Entity Application and Agreement. However, when the request is for the owner or responsible entity and the program, GAO, or THA is not a QE, the complete results are mailed to the individual for whom results are requested.

LRO is only responsible for conducting a search to determine whether the individual has criminal history prohibitions or restrictions. I understand the program, GAO, or THA determines what employment action the program, GAO, or THA will take based upon the criminal history review results, including whether to request a criminal history restriction waiver. Restriction waivers do not transfer between programs; therefore, prior to association with another program, a new request is required for individuals with criminal history restrictions.

Print name

- Owner     Responsible entity
- Director     Primary caregiver
- Human Resources

Signature of requesting program, GAO, or THA designee

Date

Program, GAO, or THA requesting criminal history review

License, GAO, or THA number

**Section B: Individual for Whom Criminal History Review is Requested**

Last name First name Middle name Social Security number

All previous names, including aliases and maiden, not nicknames Date of birth

Location: Street address City State ZIP code County

Mailing: Street address or PO Box City State ZIP code County

Phone number including area code

In the LAST three years, have you lived outside of the United States?  Yes  No

When YES, list other country(ies): \_\_\_\_\_

When YES, foreign country criminal history records must be submitted to LRO.

Are you required to register under the Sex Offenders Registration Act or Mary Rippy Violent Crime Offenders Registration Act?  Yes  No

Do you have pending charges, have you entered a plea of guilty or nolo contendere (no contest), or been convicted of any criminal activity involving gross irresponsibility or disregard for the safety of others; violence against an individual; sexual misconduct; child abuse or neglect; animal cruelty; or possession, sale, or distribution of illegal drugs?  Yes  No

Have you previously been fingerprinted for the purpose of child care?  Yes  No

I am completing this form currently as a(n): (Check all that apply)

- Personnel applicant (potential employee)
- Adult living in the facility
- Other \_\_\_\_\_
- Owner or responsible entity authorized to obligate the business entity

I  will have  will not have access to or review of fingerprint results for this program.

Program, GAO, or THA requesting criminal history review

License, GAO, or THA number

**Consent, understand, and certify**

I authorize the programs listed in Section A including the program's GAO to request and receive:

1. my fingerprint results from the LRO for Oklahoma child care purposes per the National Child Protection Act of 1993, as amended by the Volunteers for Children Act (NCPA/VCA); and
2. any documents previously submitted to LRO with Form 07LC111E, Criminal History Records Dispute Resolution Documents.

I understand:

1. unsupervised access to children is prohibited until my fingerprint results are received;
2. I may request a copy of my criminal history record information (CHRI), if any, from the program, GAO, or THA;
3. I have the right to dispute the completeness and accuracy of my CHRI and I will receive dispute procedures when provided the CHRI;
4. a final determination, based upon my national CHRI, is not made until I have been given a reasonable time to dispute this information or have declined to do so; however, during this time temporary actions may be taken to protect children;
5. I will be prohibited from association with child care programs when criminal history prohibitions or restrictions are found, unless a criminal history restriction waiver is requested by the program, and granted by Licensing;
6. the Oklahoma State Bureau of Investigation (OSBI) will retain my fingerprints in the Automated Fingerprint Identification System and will notify LRO of any future Oklahoma criminal arrests through the Record Of Arrest And Prosecution (RAP) Back service. LRO notifies any program, GAO, or THA where I am associated;
7. by completing this form a background investigation is conducted; and
8. my registration on the Child Care Restricted Registry may occur when a background investigation reveals a specified criminal history.

I certify the information provided on this form is true and complete. Further, I authorize the programs listed in Section A including the program's GAO to request and receive results:

\_\_\_\_\_  
Print name of individual for whom results are requested

\_\_\_\_\_  
Signature of individual for whom results are requested

\_\_\_\_\_  
Date