



Master Copy

Personnel Information



Program name _____ License number K8

Personnel or Applicant

First name _____ Middle name _____ Last name _____ Social Security number _____

Date of birth _____ All previous names, including aliases and maiden _____

Street address _____ City _____ State _____ ZIP code _____

Mailing address or PO Box _____ City _____ State _____ ZIP code _____

Email _____

Phone number with area code _____ Alternate phone number with area code _____

Education

Do you have a high school diploma, General Education Development (GED) credential, or Licensing approved equivalent? Yes No

When **NO**, are you in the process of obtaining a high school diploma, GED, or Licensing approved equivalent? Yes No

What is the highest grade you have completed: _____

List child care credentials or educational certificates _____ Expiration date(s) _____

College

College/university/school _____ Location(s) _____

Degree or credential _____ Major/minor _____ Attendance (MM/YY - MM/YY) _____

First name _____

Last name _____

K8
License number _____

Graduation date _____

Number of completed semester hours if you did not graduate _____

Previous Child Care Employment

Employer name	Address (city, state, zip code)	Phone	Full or part-time	Dates of employment	
				From	To

Personal References

All applicants for all personnel positions: list at least three non-relative references, with at least two of them from your most recent employers, when applicable.

Name _____ Phone number _____ Relationship _____

Mailing address or PO Box _____ City _____ State _____ ZIP code _____

Name _____ Phone number _____ Relationship _____

Mailing address or PO Box _____ City _____ State _____ ZIP code _____

Name _____ Phone number _____ Relationship _____

Mailing address or PO Box _____ City _____ State _____ ZIP code _____

Background Investigation

First name

Last name

K8
License number

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

Signature of Personnel or Applicant

I understand by completing this form a background investigation will occur prior to hire.

Yes No

I understand my registration on the Child Care Registry (Restricted Registry) may occur when:

- a background investigation reveals a specified criminal history; or
- an action against a child in care results in a confirmed or substantiated finding of abuse or neglect.

Yes No

Yes No

I certify the information provided on this form is true and complete.

Signature of personnel or applicant

Date

Parent's signature when applicant is a minor

Date

Program Use Only

Complete during hiring process by owner, responsible entity, director, or primary caregiver:

Date Personnel Information form submitted to Licensing: _____

Form must be submitted to Licensing within 2 weeks of employment

Date **Restricted Registry** search completed: _____

Date **three** reference checks **completed**: _____

Date **preliminary** criminal history review results received, when applicable: _____

Date **complete** criminal history review results received: _____

Employment date

Position(s) assigned or title

First name

Last name

K8
License number

Signature of Owner, Responsible Entity, Director, or Primary Caregiver

I understand giving false or incomplete information may result in denial or revocation of my license.

Signature of owner, responsible entity, director, or primary caregiver

Date



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

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

Choose one: Program GAO THA New program completing application process

Peoria Child Care K830024937
 Program, GAO, or THA to receive results License K8#, GAO, or THA number

4241 S Peoria Ave Tulsa OK 74105
 Mailing: Street address or PO Box City State ZIP code

918-747-4567 918-747-4586 Tulsa
 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.

Peoria Child Care
Print name

- Owner Responsible entity
- Director Primary caregiver
- Human Resources

Patricia Foreman

Signature of requesting program, GAO, or THA designee _____ Date _____

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.

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 (NCPAVCA); 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



Criminal History Review Request for Individuals



This form is used by individuals to request a criminal history review by the Licensing Records Office (LRO). **Complete sections A and B with appropriate signatures and submit form per instructions in the criminal history review packet available from a program or LRO.**

Section A

First name _____ Middle name _____ Last name _____ Social Security # _____

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

Location: Street address _____ City _____ State _____ ZIP code _____

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

Email _____

1. _____ 2. _____
Phone number including area code Extension Phone number including area code Extension

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 Rippe 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

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

- Owner or responsible entity
- Individual with unsupervised access to children
- authorized to obligate the business entity
- Individual with access and review of fingerprint results
- Adult living in the facility
- Other _____
- Personnel applicant (potential employee)
- Substitute through a temporary hiring agency

Complete section B on next page

Section B

I authorize LRO to:

1. receive my Oklahoma State Bureau of Investigation (OSBI) and national Criminal History Record Information (CHRI) from the Federal Bureau of Investigation (FBI), if any, for Oklahoma child care purposes per the National Child Protection Act of 1993, as amended by the Volunteers for Children Act (NCPA/VCA);
2. mail my national CHRI, if any, to the mailing address provided on this form; and
3. send my fingerprint results to a licensed child care program, the program's general administrative officer (GAO) or temporary hiring agency (THA) that:
 - a. has my written consent to request and receive them; and
 - b. is a qualified entity or authorized governmental agency that agrees to meet state and federal laws and policies governing their security and confidentiality.

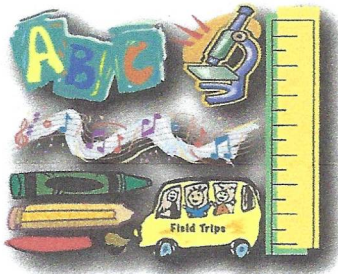
I understand:

1. access or unsupervised access to children is prohibited until my fingerprint results are received;
2. that if I have CHRI in **another** state I receive a copy from LRO **initially**;
3. that if I have CHRI in Oklahoma **or** another state I may request a copy at **anytime** from the program or GAO;
4. I have the right to dispute the completeness and accuracy of my OSBI and national CHRI and I will receive dispute procedures when provided the CHRI;
5. 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;
6. I will be prohibited from association with child care programs when criminal history prohibitions or restrictions are found, unless a criminal history restriction waiver requested by the child care program and granted by Licensing;
7. 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 will notify any program or GAO where I am associated;
8. by completing this form a background investigation is conducted; and
9. 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.

Signature of individual for whom request is made

Date



Peoria Child Care LLC

Love to Grow By

4241 S Peoria Ave.
Tulsa, OK. 74105

T 918-747-4567

F 918-747-4586

peoriachildcare@mac.com

www.peoriachildcare.net

Peoria Child Care Staff Member

It is agreed and understood that Peoria Child Care is required by law to provide a drug-free workplace in accordance with the Drug-Free Workplace Act of 1988. To ensure that we are in compliance, we need you, as a Peoria Child Care Staff Member, to give your authorization to be tested for drug use. By signing below you are giving Peoria Child Care the authorization it needs to have those drug tests administered.

Thank You

My signature below indicates that I have read and fully understand all that is set forth above.

Peoria Child Care Staff Member Signature

Date