

CHILD ABUSE CENTRAL INDEX CHECK FOR COUNTY LICENSED FACILITIES

FOR COUNTY LICENSING OFFICE USE ONLY

COUNTY LICENSING OFFICE ADDRESS STAMP

Complete **ALL** items checked (✓)

Include \$15.00 for each Child Abuse Central Index Check. (There is no exemption from this fee) Make check or money order payable to the Department of Justice.

NOTE: APPLICANT/LICENSEE MUST NOT SEND THIS FORM DIRECTLY TO DEPARTMENT OF JUSTICE*(This form is to be processed through your county licensing office)*

We are required by law to check the names of all persons who apply for a license or seek employment in a child day care or residential facility caring for children against the Child Abuse Central Index. Persons required to submit fingerprints for a child care facility (day or residential) must also fill out this form. Please complete the information below. The Licensee is responsible for submitting fingerprints and this form along with the Child Abuse Central Index Check processing fee to the county licensing office.

TYPE OR PRINT INFORMATION

✓ DATE SENT _____

NAME: _____ LAST _____ FIRST _____ MIDDLE _____

✓

List all other names you have ever used such as maiden name or aliases:

NAME: _____ NAME: _____

✓

NAME: _____ NAME: _____

✓

CURRENT ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____

✓

✓

 MALE FEMALE HEIGHT ✓ WEIGHT ✓ HAIR COLOR ✓ EYE COLOR ✓ DRIVER'S LICENSE NUMBER ✓
DATE OF BIRTH ✓
MO. DAY YEAR

SOCIAL SECURITY NUMBER ✓

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✓ FACILITY NUMBER: _____

✓ FACILITY NAME: _____

 ✓ FACILITY ADDRESS: _____
 STREET _____ CITY _____ STATE _____ ZIP CODE _____
**FOR LICENSING OFFICE USE ONLY
DO NOT FILL IN BELOW**

Date Sent _____ Date Re-sent _____

 This is a recheck. See attached Criminal Record Report**FOR DEPARTMENT OF JUSTICE USE ONLY**

The result of a name search in the Child Abuse Central Index is as follows:

 The subject of the attached report **MAY** be the same as the subject of your inquiry. No record on the above listed person. Too many possible matches to identify. See attached listing.