

**STATE OF IOWA
DHS CRIMINAL HISTORY RECORD CHECK
FORM B**

MAIL FORMS TO: MARSHA MCBEE
CHILD CARE LICENSING
IOWA DEPT. OF HUMAN SERVICES
POLK COUNTY – RIVER PLACE OFFICE
2309 EUCLID AVENUE • DES MOINES, IOWA 50310
PH: 515-725-2698 FAX: 515-725-2897

PURPOSE: Child Day Care 237A.5, 237A.20 Adoption 600.8(1)(2) Child Abuse 232.71
 Foster Care/Group Foster Care 237.8 Institutions/Facility 218.13 Juvenile Homes 232.142

REQUEST

I am requesting an Iowa Criminal History (CCH) check on the following:

EMPLOYEE **VOLUNTEER**
 2-Year Recheck

Center Name and Mailing Address

DMACC Child Development Center
Attn: Sherri Sciarrotta, Director
2006 S. Ankeny Blvd., Building 9
Ankeny, Iowa 50023

Last Name	First Name	Middle Name
Maiden/Former Name, any Alias (<i>List All</i>)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number
Date of Birth	Signature of Requester (<i>DHS Employee</i>) <i>Marsha Mc Bee</i>	

DO NOT WRITE IN THIS AREA – FOR DCI USE ONLY

RESULTS

As of _____ (date) a name and date of birth check revealed:

_____ CCH record attached _____ No CCH record found

DCI Initials _____

WAIVER
(see reverse side)

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

Signature	Date
Address	City, State, ZIP