

State Requirement for a Cooperative Volunteer Status

The state of Ohio now requires anyone who is in the classroom with children be fingerprinted and background checked in order to be compliant. This is a requirement for the Cooperative Status. According to Code Rule 5101:2-12-09 you have to have both BCI/ FBI background check as well as a Medical Statement form be turned in. Please call the BMV you are going to to make an appointment, and ask the fee for FBI/BCI background check. This process can take up to 30-45 days to complete

What you need to do:

1. Get a FBI/BCI background check- attached is the form for **Milford BMV**, if you go to a different BMV or the form you're given is other then the example please make sure you choose the option for the following 2 codes we need.
 - a. You will need to give them Code: 5104.013 for BCI
 - i. *"An Employee, Owner, Licensee, Administrator or Person Residing in a Type A or Type B Home, or an In-Home Aide. "* This code is used for ODJFS regulated child care centers, type A homes, type B homes, in-home aides, registered day camps, approved day camps and ODE PFCC programs.
 - b. You will need to give them Code: CCDBGA for FBI
 - i. *"Child Care and Development Block Grant Act of 2014 employee, for ODJFS use only."* This code is used for ODJFS regulated child care centers, type A homes, type B homes, in-home aides, approved day camps, and ODE PFCC programs.
 - c. Mailing Information
 - i. Tender Years Cooperative Preschool
 - ii. PO BOX 112, Loveland Ohio, 45140
 - d. **Be sure to use the correct reason for being fingerprinted, using an incorrect code will require reprinting and an additional fee**
2. Have you physician fill out form [JFS 01296](#)
3. Go to OCCRA.ORG and create an account.
 - a. Create profile
 - b. Enter your Email address
 - i. Please us a email you have access to and know the password as you will have to verify the occrra account in your email
 - c. Enter your Personal Information to Verify yourself
 - i. Once you have verifies additional information will be needed
 - d. Continue form
 - i. Input all information
 - ii. If you are not an ohio resident for " county" select - NOT IN OHIO-
 1. If you are not an Ohio resident, someone will reach out to you to fill out an additional form for your state.
 - e. Username - is populated for you
 - f. Create a Password with:
 - i. At least 8 characters.
 - ii. Upper case
 - iii. Lower case
 - iv. Special character
 - g. Create Profile

- h. Go to the email you used and verify the email
 - i. Once you have verified sign into your account
- i. Add Employment
 - i. Select - A Child Care Provider
 - ii. ODJFS
 - iii. Enter Program Name
 - 1. Tender Years Cooperative Preschool- or 201998
 - 2. Add
 - iv. Select- Individual Service Provider not used in Ratio
 - v. Start Date- Today's date
 - vi. Do you Still work at this role at this program
 - 1. Yes
 - vii. How Many hours
 - 1. Prefer to not answer or
 - viii. How much pay
 - 1. Prefer to not answer or
 - ix. Schedule
 - 1. Prefer to not answer
 - x. Age Group
 - 1. Preschool
 - xi. No Complete Employment
 - xii. Save Employment
- j. Request Background Check
 - i. Top Right corner select name
 - ii. Start Request
 - iii. Start Request
 - iv. Fill in all personal information
 - v. Previous 5 year resident history
 - 1. Make sure the dates you choose are correct
 - a. Sample Resident 1 (8/1/2020- 08/08/2021
 - b. Sample Resident 2 (07/01/2018- 07/31/2020)
 - vi. Race/ Ethnicity
 - 1. Try and match your driver's license
 - vii. ROle
 - 1. Volunteer
 - viii. Reason
 - 1. New to CHild Care
 - ix. Employed in the last 6 mo
 - 1. No
 - x. Enter Program Name
 - 1. Tender Years Cooperative Preschool
 - 2. Check the box
 - 3. Add
 - xi. Signature
 - 1. Type your name
 - xii. Check the box on I agree
 - xiii. Submit

Example Form for **MILFORD BMV ONLY**

Closest Place for BCI/FBI Background check:

License Bureau/ BMV (must make an appt0

1007 Lila Ave. Milford, OH 45150 513-248-0500

Hours of operation: M-W 8-5 pm, Th: 8-6pm, F- 8-5pm, S 8-12:30

FORM FROM MILFORD BMV - 113 OF 8-14-21
REQUEST FOR A BACKGROUND CHECK VIA ELECTRONIC FINGERPRINTING (WEBCHK)

CIRCLE ONLY ONE: BCI FBI **BCI & FBI**

I HAVE LIVED IN THE STATE OF OHIO FOR THE LAST FIVE CONSECUTIVE YEARS. (CIRCLE ONLY ONE): **YES** NO

PERSONAL INFORMATION (PLEASE PRINT)

LEGAL NAME Jerry Yellow

ALIAS _____

DOB 1-1-11 SSN 123-45-6789

ADDRESS 123 Green Rd

CITY/STATE/ZIP Loveland, OH 45140

PHONE 513-123-4567

***FOR BCI SELECT 2 DIGIT REASON CODE FROM BACK

38

If selecting #00 "OTHER", list the specific reason

***FOR FBI SELECT 2 DIGIT REASON CODE FROM BACK

92

**ENTER MAILING NAME&ADDRESS FOR YOUR RESULTS

PO Box 112
Loveland, OH 45140

**SEND DIRECT ELECTRONIC COPY OF RESULTS
(CIRCLE ONLY ONE)

- NONE OF THESE
- DEALER LICENSING for BMV
- STATE VISION PROFESSIONALS BOARD
- CHILD CAR CTR/TYPE A - ODJFS**
- OHIO CONSTRUCTION BOARD
- LOTTERY COMMISSION
- OPOTA (OHIO PEACE OFFICE TRAINING ACADEMY)
- OCCUPATION OR PHYSICAL THERAPY, ATHLETIC TRAINING
- OHIO BOARD OF NURSING
- OHIO BOARD OF PHARMACY
- OHIO DEPARTMENT AGRICULTURE - HEMP PROGRAM
- OHIO DEPARTMENT OF EDUCATION
- OHIO DEPARTMENT OF LIQUOR CONTROL
- OHIO DEPARTMENT OF PUBIC SAFETY/PISG
- OHIO DEPARTMENT OF INSURANCE
- OHIO DIV. OF REAL ESTATE & PROFESSIONAL LICENSING
- OHIO MEDICAL BOARD
- OHIO STATE RACING COMMISSION
- OHIO VETERINARY MEDICAL LICESING BOARD
- SOCIAL WORK BOARD
- STATE SPEECH AND HEARING PROFESSIONALS BOARD
- BMV DEPUTY REGISTRAR

IMPORTANT NOTICE BY SIGNING THIS FORM, THE APPLICANT ACKNOWLEDGES THAT ALL INFORMATION ON THIS FORM IS ACCURATE. ANY MISTAKES OR ERRORS ON THIS FORM ARE THE RESPONSIBILITY OF THE APPLICANT. IF A BACKGROUND CHECK MUST BE RESUBMITTED DUE TO THE REASON CODE OR ADDRESS BEING INCORRECT, YOU ARE ACCEPTING THE FACT THAT AN ADDITIONAL FEE WILL BE CHARGED. PLEASE MAKE SURE THE INFORMATION IS CORRECT AS WE DO NOT WANT THIS TO HAPPEN TO YOU.

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this Webcheck agency (CWZ634) and the Ohio Bureau of Criminal Identification and Investigation to submit and conduct a criminal record check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction, and juvenile delinquency adjudication records to the Webcheck provider or agency I have designated to receive this information. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees and Action Affiliates Inc. dba Milford License Bureau and their employees for all claims and liability related to this authorized criminal record review and dissemination. This authorization and waiver is valid for one year from the date this background check was conducted.

APPLICANT SIGNATURE _____

DATE _____

WITNESS SIGNATURE _____

DATE _____

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