

**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*

Koalaty Time  
2500 128th St  
Urbandale, IA 50323-1800

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 McBee</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