



BACKGROUND SCREENING AND PERSONNEL FILE REQUIREMENTS

Place in employee file and attach all background screening documentation.
Authority: Sections 402.301-.319, F.S., and Chapter 435, F.S.

Name of Employee: _____

Name of Facility: _____

Social Security #: _____ Date of Birth: _____ Employment Date: _____

Pursuant to Chapter 435.05, F.S., the Department's license/registration application requires personnel to give their Social Security number for the purposes of background screening. Social security numbers are used by the Department for identity verification only.

Position Classification	Position Type (check all that apply)	Age Group Assigned	Education Level (check one)
<input type="checkbox"/> Child Care Personnel <input type="checkbox"/> Intermittent Volunteer <input type="checkbox"/> Other Personnel*	<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Lead Teacher (must select age group) <input type="checkbox"/> VPK Instructor <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Other Personnel*	<input type="checkbox"/> 0 – 12 Months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 4 years VPK <input type="checkbox"/> 5+ years <input type="checkbox"/> Mixed <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No High School/GED <input type="checkbox"/> High School Student <input type="checkbox"/> High School/GED <input type="checkbox"/> National Early Childhood Credential <input type="checkbox"/> Birth Through Five Child Care Credential <input type="checkbox"/> School-Age Child Care Credential <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or Higher

*Other personnel include kitchen staff, office workers, maintenance, janitors, drivers, etc.

SCREENING DOCUMENTATION

All child care personnel are required by law to be screened pursuant to Chapter 435, F.S., as a condition of employment and continued employment. Screening must be completed prior to employment, following a 90-day break in service, and every five years.

Initial Screen: _____

FBI/ FDLE/ Florida Sex Offender/ National Sex Offender/ Out of state criminal records (if applicable)	Date Live Scanned	Date Eligible	Retention Date
Florida Child Abuse Registry Check (if screening was processed between July 1, 2016 and December 15, 2016)	Date Email Notification Received		
Provisional Hire Letter (if applicable)	Date Email Notification Received		
Attestation of Good Moral Character (due on or before employment, following a 90- day break, or when changing employers)	Date Signed		
Out of State Criminal History Check (if applicable)	Date Request Submitted	Date Results Received	
Out of State Abuse and Neglect Registry Check (if applicable)	Date Request Submitted	Date Results Received	
Out of State Sex Offender Registry Check (if applicable)	Date Request Submitted	Date Results Received	



5 Year Re-Screen

FBI/ FDLE/ Florida Sex Offender/ National Sex Offender/ Out of state criminal records (if applicable)	Date of Resubmission	Date Eligible	Retention Date

5 Year Re-Screen

FBI/ FDLE/ Florida Sex Offender/ National Sex Offender/ Out of state criminal records (if applicable)	Date of Resubmission	Date Eligible	Retention Date

Other Requirements

Date 5 Year Employment Reference Checks Completed: _____

Names of References (attach additional documentation if necessary):

Name of Previous Employer: _____	
Job Title: _____	Dates of Employment: _____
Job Performance: _____	
Person Contacted: _____	Date: _____
Dates of Unsuccessful Attempts to Verify: #1: _____ #2: _____ #3: _____	
Unable to verify employment – reason: _____	
Person Completing Checks (signature): _____	Date: _____

Name of Previous Employer: _____	
Job Title: _____	Dates of Employment: _____
Job Performance: _____	
Person Contacted: _____	Date: _____
Dates of Unsuccessful Attempts to Verify: #1: _____ #2: _____ #3: _____	
Unable to verify employment – reason: _____	
Person Completing Checks (signature): _____	Date: _____

Leave of Absence Documentation from Employer (if applicable):

**APPLICATION FOR EMPLOYMENT
IN A CHILD CARE FACILITY**

SAMPLE

Instructions: All information on this application must be truthful and correct. Falsification or misrepresentation on the application is cause for immediate dismissal.

Applicant's Name(please print) _____

Address _____

County _____

City _____

Zip _____

Phone Number: () _____ Citizenship: ____ USA _____ Other

D.O.B: _____ Social Security Number: _____

Position for which you are applying: _____

Emergency Contact Information:

Name _____

Relationship _____

Address _____

Phone Number _____

Please answer the following questions:

1. Have you ever held a child care license with the Department of Children and Families or been registered to provide child care in your home?

____ Yes

____ No

2. While employed in a child care program, have you ever been the subject of disciplinary action, or been the part responsible for a child care facility receiving an administrative fine or other disciplinary action?

____ Yes

____ No

If yes, please explain:





PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

Employee/Contractor Name (Printed)

Employee/Contractor Signature

Date

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

US Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division



FBI PRIVACY ACT STATEMENT

Authority:

The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN).

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose:

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses:

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information:

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).