

CF OPERATING PROCEDURE
NO. 60-19

STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, August 31, 2006

Personnel

CARETAKER SCREENING

1. Purpose. This operating procedure establishes standards and procedures for screening and re-screening of persons in positions designated by law to be screened as caretakers pursuant to Chapter 435, Florida Statutes (F.S.).
2. Scope. This operating procedure applies to state employees in positions serving children, developmentally disabled and vulnerable adults; personnel in child care, contracted children's programs, mental health programs that serve children, and substance abuse programs that serve children and the developmentally disabled; owners, directors and chief financial officers of substance abuse service providers; direct service providers of the Agency for Persons with Disabilities; and child foster care, and residential child-caring and child-placing agencies. All the above are subject to Level 2 screening pursuant to Chapter 435, F.S. This operating procedure also applies to employees in state mental health facilities licensed under Chapter 394 who are in sensitive positions, volunteers in the above programs, and summer camp employees subject to Level 1 screening pursuant to Chapter 435, F.S.
3. Authority. Chapter 39, F.S., Chapter 110, F.S., Chapter 393, F.S., Chapter 394, F.S., Chapter 397, F.S., Chapter 402, F.S., Chapter 409, F.S., and Chapter 435, F.S.
4. Definitions. See Appendix A to this operating procedure.
5. Programs Screened. Screening is statutorily required for certain individuals and programs that work with children, the developmentally disabled and vulnerable adults. The responsibility for processing these screenings varies as follows:
 - a. The department is responsible for submitting screening documents and determining eligibility based on Florida and national criminal history results for the following:
 - (1) For Chapter 39, Contracted programs for children: directors only.
 - (2) For Chapter 110:
 - (a) Department of Children and Families (DCF): employees.
 - (b) Agency for Persons with Disabilities (APD): employees.
 - (3) For Chapter 393:
 - (a) APD group/foster home: owners, employees and household members.
 - (b) Medicaid Waiver provider program: owners, directors, and independent operators.

(c) Residential Habilitation Facilities and comprehensive transitional education programs: directors.

(4) For Chapter 397: Substance abuse service provider: owners, directors and chief financial officers.

(5) For Chapter 402:

(a) Licensed Child Care Facilities: owners, directors or designated representative(s).

(b) Licensed Specialized Child Care Facilities for the Care of Mildly Ill Children: owners, directors or designated representative(s).

(c) Licensed Large Family Child Care Homes: operators, household members, employees and/or substitutes.

(d) Licensed Family Child Care Homes: operators, household members, employees and/or substitutes.

(e) Registered Family Day Care Homes: operators, household members, employees and/or substitutes.

(f) Child enrichment service providers: directors or owners per 402.3054, F.S.

(g) Religious Exempt Childcare Programs: directors or owners.

(6) For Chapter 409:

(a) Child-Caring Agency: directors per 409.175, F.S.

(b) Child-Placing Agency: directors per 409.175, F.S.

(c) Consumer directed care providers: all per 409.221, F.S.

(d) Summer camps: directors per 409.1758, F.S.

(e) Religious Exempt Group Care Facilities and Foster Homes: 409.176, F.S.

b. The provider is responsible for submitting screening documents and determining eligibility for employees of all the above programs and also for Chapter 394 mental health program employees providing services to children. This includes, but is not limited to volunteers, foster parents, and household members. Eligibility determination by the provider shall be based on all criminal history information (e.g. local, state, etc.) except sealed, expunged, and national criminal history results.

(1) The department has developed two guides to assist providers with their responsibilities in the screening process:

(a) *Criminal History Background Checks for Child Care, Substance Abuse, Mental Health and Developmental Services Programs.*

(b) *Criminal History Background Checks for Community Based Care, Adoptions, Foster Care and Related Services.*

(2) At the request of the provider, the department may provide technical assistance regarding the interpretation of the results.

c. For the employees of the programs identified in paragraph 5b, the department is responsible for determining eligibility based on sealed, expunged, and national criminal history results.

d. Each program screened may have additional requirements as identified in program specific statutes or rules (e.g., local criminal history, employment history, references, etc.).

e. For private adoptions, only a check of the abuse hotline as authorized by Chapter 63, F.S is required.

6. Procedure.

a. Submission of Information for Initial Screening.

(1) The applicant completes a notarized Affidavit of Good Moral Character attesting to their eligibility and submits it to their employer, licensing entity or regulatory authority, in accordance with program specific rules or policies.

(2) The applicant submits fingerprints, and any additional information necessary to conduct a screening to their employer, licensing entity or regulatory agency within five working days of beginning work.

(3) Within five days of receipt, the employer, licensing entity or regulatory authority forwards fingerprints or FDLE Name Search Request Form (Appendix B to this operating procedure) to the Florida Department of Law Enforcement (FDLE).

(4) The request for local criminal history is the responsibility of the licensing entity, regulatory authority, or provider.

b. Submission of Information for Re-Screening.

(1) Every five years after the completion of the initial screening, it is the responsibility of the employer, licensing entity or regulatory authority to track and submit the documents as specified in the definition of re-screening found in Appendix A to this operating procedure, which at a minimum includes the FDLE Name Search Request Form to FDLE.

(a) If the department is responsible for the screening, the licensing entity or regulatory authority is responsible for submission of the FDLE Name Search Request Form through the department screening unit.

(b) If the provider is responsible for directly submitting the request for screenings to FDLE, the department is responsible for evaluation and processing sealed, expunged and/or national criminal history information as outlined in paragraph 6c(3)(c) of this operating procedure.

(2) If the five year re-screening requires submission of fingerprints, the submission will be processed as an initial screening (e.g., Voluntary Pre-Kindergarten providers).

c. Evaluation of Criminal History Results and Determining Eligibility.

(1) If the department is responsible for submitting screening documents and the results indicated no criminal history, the department screening unit generates an FDLE and/or Federal Bureau of Investigation (FBI) clearance letter.

(2) If the department is responsible for submitting screening documents and a criminal history is received, the department screening unit will determine eligibility. This may include requesting additional documentation from the applicant such as police reports, petitions for injunction, final injunctions, arrest or probable cause affidavits, information filed, charging documents, final court dispositions, sworn complaints, etc. The department screening unit will determine whether the applicant is cleared or disqualified pursuant to s. 435.04, F.S., and issue the appropriate correspondence. (See Appendices D and E to this operating procedure.)

(a) If the applicant is cleared, the screening unit will notify the licensing entity or regulatory authority that the person meets the minimum standards established for consideration for employment or licensure. The clearance letter does not imply a recommendation for or against employment or licensure. Once a determination of eligibility has been made, the department will issue the appropriate notification(s) within 15 business days.

(b) If the applicant is disqualified, the screening unit will notify the licensing entity or regulatory authority and the applicant in writing immediately. The applicant's notice will include information regarding the exemption process pursuant to s. 435.07, F.S. and CFOP 60-18. (See Appendices F, G, H and I to this operating procedure.)

(c) If the applicant does not provide requested documentation within 30 calendar days of the receipt of the Request to Applicant for Additional Information (Appendix E to this operating procedure), the applicant will be disqualified. The screening coordinator may grant extensions on a case-by-case basis, depending on the difficulty of obtaining the information and documentation of the applicant's efforts to obtain it.

(3) If the provider is responsible for the screening submission:

(a) The FDLE and FBI responses are bifurcated and returned to either the provider or the department. The provider evaluates the results of local and state criminal history checks and determines eligibility, including results from live scan submissions. The department is responsible for evaluating only sealed, expunged and national criminal history information.

(b) If any criminal history is received by the provider, the provider determines eligibility pursuant to s. 435.04, F.S.

1. If any criminal history received is not disqualifying, the information is retained in the applicant's file and may be considered for licensing and employment purposes.

2. If any criminal history is disqualifying, the provider is required to immediately notify the applicant of his/her disqualification and the exemption process in writing and remove the individual from any position subject to these screening requirements. The provider is also required to notify the screening unit in writing, providing copies of all documents used to determine the applicant's disqualification and informing the department of the action taken to remove the individual from his/her role.

(c) If sealed or expunged criminal history is received, the department is required to evaluate the information. If disqualifying criminal history is received, the department will immediately notify the provider of the disqualification, and also notify the applicant of the disqualifying offense(s) and exemption rights in writing. If no disqualifying sealed or expunged information is received, no action is taken.

(d) If national criminal history is received, the department is required to evaluate the information. If disqualifying national criminal history is received the department will immediately

notify the provider and the applicant of the disqualifying offense(s) and exemption rights in writing. If no disqualify national criminal history is received, the department will send the provider a clearance letter.

(e) Once the department has made its determination of eligibility, the department will issue the appropriate notification(s) within 15 business days.

d. Special Handling/Additional Requirements.

(1) Medicaid Waiver. Upon review of FDLE criminal history results and determination of eligibility pursuant to s. 435.04, F.S., the department will send, within 15 business days, to the APD program office a Notification of FDLE Screening Completed (Appendix C to this operating procedure) with a copy of the FDLE results. National criminal history results are processed as in all other programs.

(2) Summer Camps. Directors are required to submit fingerprints for Level 2 screening to FDLE. Employees and volunteers are subject to a Level I screening performed by the provider by submitting an FDLE Name Search Request Form directly to FDLE.

(3) Forwarding of Criminal History Information. Criminal history information received by the department for the purpose of licensure, adoption, or state employment will be forwarded to the Licensing Entity/Regulatory Authority so that an informed decision can be made.

(4) Teachers and Non-Instructional Personnel (persons fingerprinted under s.1012, F.S. and employed by, contracted with or providing services on a Florida public school campus). The department may accept verification of fingerprinting conducted by a Florida public school board if there has not been a 90-day break in employment/service.

(5) Other Agency Screenings. Screenings obtained by other Florida state agencies may be accepted by the specific programs in accordance with their governing authority. The licensing entity or regulatory authority must verify that a Chapter 435, F.S. Level 2 screening was conducted and that there has not been a 90 day break in employment/service before accepting a screening (e.g., the Agency for Health Care Administration or the Department of Juvenile Justice).

7. Caretaker Screening Information System (CSIS).

a. Establishing a Facility OCA (Identification Number).

(1) The department's screening unit obtains information and determines if the provider falls under the scope of this operating procedure and, if so, which program and statute listed in paragraph 5a governs the provider. This may include a written description from the provider and/or contacting the appropriate licensing entity or regulatory authority.

(2) If it is determined that the provider is eligible for a Facility OCA, a search of CSIS should be conducted to ensure the provider does not have an existing Facility OCA.

(3) Refer to the CSIS user guide regarding how to perform searches and specific steps regarding how to establish a Facility OCA and register the Facility OCA as an OCA with FDLE.

b. If the department is responsible for the screening submission, and hard copy fingerprint cards or FDLE Name Search Request Forms are used, demographic information related to the applicant and provider or licensing entity are entered into CSIS prior to submission to FDLE. Upon receipt of each screening result, CSIS is updated until screening is complete.

c. If the department is responsible for the screening submission and live scan is used, all information is entered into CSIS when results are received.

d. If the provider is responsible for the screening submission, the department updates CSIS upon receipt of national results and/or notice of disqualification by the provider.

8. Confidentiality and Sharing of Screening Information.

a. Confidentiality of Criminal History Information.

(1) All information obtained through the screening process is exempt from public disclosure as outlined in s. 119.07(1), F.S.

(2) The sharing of FDLE criminal history information obtained through the screening process is restricted to employment or licensure purposes.

(a) Sealed and expunged information is privileged information and can not be shared.

(b) Any national information obtained by the department's background screening units can not be shared with providers. This includes any national information obtained from FDLE.

(c) Any background screening information obtained by providers can be shared with other providers or the department only for employment or licensure purposes.

(3) The sharing of national criminal history information obtained through the screening process is restricted to employment and licensure purposes, and the information can only be shared between governmental entities.

b. Employers will furnish copies of personnel records for employees or former employees to any other employer requesting screening information as authorized in s. 435.10, F.S. If there has been a break in service of 90 days or more or if verification of the original screening cannot be obtained, the applicant must complete a new Level 2 screening.

9. Records Management.

a. Records related to exemption and subsequent appeals should be retained locally for an indefinite time.

b. Records where additional information clarifying charges/disposition has been obtained should be retained locally for an indefinite period of time.

c. Records with results indicating no criminal history or non-disqualifying arrests/events should be retained locally until the individual has been re-screened or for five years following the most recent screening, after which the record may be forwarded to closed records or destroyed.

(Signed original copy on file)

LUCY D. HADI
Secretary

Definitions of Terms

Applicant – Refers to the individual required to be screened.

Bifurcated – Refers to the separation of the FDLE criminal history results from the FBI criminal history results so that FDLE criminal history results might be sent directly to employers, local licensing agencies, or contracted providers while the FBI criminal history results are sent only to the department.

Caretaker Employee – See specific requirements defined in statutes particular to the program in question. In most cases, this would be any position in programs providing care to children, vulnerable adults or the developmentally disabled providing unsupervised direct contact and face-to-face client service in which direct responsibility for a client's health, welfare, or other benefit is involved.

A **volunteer** who assists on an intermittent basis for less than 40 hours per month is not considered a caretaker, provided the volunteer is under direct and constant supervision of/by persons who meet Level 2 screening requirements. This screening is either a FDLE Name Search or FDLE and FBI fingerprint based check, depending on the program. At no time may any child or developmentally disabled adult be left alone with a volunteer unless the volunteer has met Level 2 screening requirements.

Department Employees (DCF and APD)

All positions in programs providing care to children, developmentally disabled or vulnerable adults for 15 hours or more per week.

Agency for Persons with Disabilities

For persons working with the **Developmentally Disabled**, the term includes any person over 18 years of age who has direct contact with clients, or have access to a client's living area, a client's funds or personal property, and is not a relative. (ss. 393.0655, and 409.221, F.S.)

Child Care

For **Child Care Facilities**, this term includes all owners, operators/directors, designated representatives, employees, and volunteers (unless under direct and constant supervision), but does not include individuals who work in the facility after hours when children are not present or the parents of children in Head Start. In a **Family Child Care Home**, this term includes operators, substitutes, employees, and every household member over the age of 12 years old. (ss. 402.305(1), 402.3055, and 402.313, F.S.)

Family Safety

For residential **Child-Caring Agencies, Child-Placing Agencies** and **Foster/Shelter Homes** (licensed out-of-home care), this term includes directors and employees who have direct contact with clients and every household member age 12 years and older residing in the home. (ss. 409.175, and 409.176, F.S.)

For providers of **contracted programs for children**, this term includes all personnel. (s. 39.001, F.S.)

Mental Health

For **Mental Health programs**, mental health personnel includes all program directors, professional clinicians, staff members, and volunteers working in public or private mental health programs and facilities who have direct contact with unmarried patients under the age of 18 years. Mental health personnel working in a facility licensed under chapter 395 who have less than 15 hours per week of direct contact with patients or who are

health care professionals licensed by the Agency for Health Care Administration or a board thereunder, while they might also act in caretaker roles, are exempt from the fingerprinting and screening requirements, except for persons working in mental health facilities where the primary purpose of the facility is the treatment of minors. (s. 394.457 F.S.)

In state mental health treatment facilities, employees who provide care to vulnerable adults and who work 15 hours or more per week, are deemed to be persons in positions of special trust or responsibility. These employees must be screened in accordance with s. 435.04 F.S. and 110.1127(3)(a), F.S. All other employees in state mental health treatment facilities must be screened under s.435.03 F.S.

Substance Abuse

For **Substance Abuse programs**, the term includes all service provider personnel delivering services to children or to adults who are developmentally disabled including all owners, directors, chief financial officers, staff, and volunteers, including foster parents, of a service provider. Members of a substance abuse program host family and persons residing with the host family who are age 18 years and older are included in this definition and are subject to full background checks.

For substance abuse programs delivering services only to non-developmentally disabled adults, the term shall only include owners, directors, and chief financial officers. (s. 397.451, F.S.)

Religious Exempt

For **Religious Exempt** child care, group care and foster homes registered or accredited by religious organizations such as the Florida Association of Christian Child Caring Agencies, screening will follow the guidelines specific to the program (ss. 402.305(1), 402.3055, and 409.176, F.S.)

Summer Camps

For **Summer Camps** (day and 24 hour), the term includes all owners, operators, employees, and volunteers. (s. 409.1758, F.S.)

CSIS – Caretaker Screening Information System is a statewide computer program utilized by department screening units to track screenings for persons required to be screened pursuant to s. 435, F.S. Only results received by the screening unit are entered into the system.

Clearance Letter – Letter issued by Background Screening Office or Local Licensing Agency which states that an individual has successfully completed FDLE and/or FBI criminal history checks without any identified disqualifying incident and/or court finding as established/presented in Chapter 435.04, Florida Statutes.

Expunged Record – Any criminal record of a minor or an adult which is ordered expunged by a court of competent jurisdiction pursuant to s. 943.0585, F.S., is physically destroyed or obliterated by any criminal justice agency having custody of such record and is not available to any person or entity except upon order of a court of competent jurisdiction.

A person who is the subject of an expunged criminal record may lawfully deny or fail to acknowledge the arrests covered by the expunged record, except in certain circumstances including seeking employment or licensing by or to contract with the DCF in a position having direct contact with children or the developmentally disabled, as in s. 943.0585(4)(a)5., F.S.

Initial Screening – the first screening completed as an act of original employment and/or hiring, and/or licensing or contracting, initiated 10 working days after starting employment or prior to licensure/contracting or following a 90-day break in employment from a position for which an individual acquired an initial screening. An approved leave of absence does not constitute a break in employment.

Level 1 – Background screening required by law for employment or background security checks as directed by Florida Statutes. Level 1 screening differs from Level 2 screening in that no national criminal history check is required for Level 1 screening and the list of disqualifying offenses is limited and, for DCF, applies only to summer camp employees, summer camp volunteers, and family members screened for the consumer directed care program.

Level 2 – Background screening required by law for employment, adoption of dependent children, licensure and registration as directed by Florida Statutes. Level 2 screening differs from Level 1 screening in that a national criminal history check is required for Level 2 screening and the list of disqualifying offenses is expanded.

Licensing Entity – the government entity responsible for issuance of a license.

Licensing Agency – the entity, government or non-government, responsible for training prospective licensees and submitting all necessary documentation to the Licensing Entity or Regulatory Authority.

Live Scan – the electronic submission of fingerprints to the FDLE for acquisition of state and national criminal history information/checks.

Local Licensing Agency – A county whose licensing standards meet or exceed state minimum standards and has been designated as a local licensing agency to license child care facilities and homes in the county.

Medicaid Waivers – Medicaid programs that provide home and community-based supports and services to eligible persons with developmental disabilities living at home or in a home-like setting. These waivers, used by APD, include: the home and community-based service waiver, the family and supported living waiver, and consumer directed care plus. These waivers are operated by APD under the authorization of the Agency for Healthcare Administrations - Division of Medicaid.

National Results – Criminal history from all states and territories retained by the Federal Bureau of Investigation (FBI) and/or other state repositories. Such records are confidential except to other governmental agencies under specific circumstance and are not to be shared outside of the department.

OCA – (Other Coded Area on a fingerprint card or Live Scan submission) is the identification number issued by the Background Screening office through the CSIS program. It is the key to identifying the provider/agency requesting the background screening or for whom the background screening is being completed. This is a unique number generated by the CSIS system or converted from a legacy system. When registered with FDLE for Live Scan submissions, the OCA is prefaced with the two-digit district number and ends with a "Z" (e.g. 03011234Z). This differs from an ORI, which is assigned to qualified governmental entities by the FBI; each OCA converts to a corresponding ORI so that the results can be properly bifurcated.

ORI – (Originating Agency Identifier) is a unique identifier assigned to qualified governmental entities by the FBI for submission and processing of fingerprint results and follows the format FL9xxxxxZ. ORI's are grouped by the last two digits:

- FL9xxxx0Z – Non-caretaker State Employees
- FL9xxxx1Z – Provider/Caretakers
- FL9xxxx3Z – Non-Licensed Relative/Non-Relative Planned Placements
- FL9xxxx4Z – Non-Licensed Relative/Non-Relative Exigent Placements
- FL9xxxx5Z – Caretaker State Employees

Regulatory Authority – the government entity responsible for oversight of a service provider.

Re-Screening – For continued employment, licensure, or contracted status, each individual is required to be re-screened at 5-year intervals following the completion of his or her initial screening. The re-screening shall include but not be limited to a state criminal history check through the Florida Department of Law Enforcement and any program specific requirements (i.e. local law enforcement and/or national). The results will be evaluated in accordance with Level 2 standards.

Sealed Record – Any criminal history record of a minor or an adult which is ordered sealed by a court of competent jurisdiction pursuant to s. 943.059, F.S., is confidential and exempt from provisions of s. 119.07(1), F.S. and s. 24(a), Constitution of the State of Florida, and is available only to the person who is the subject of the record, to the subject's attorney, to criminal justice agencies for criminal justice purposes, or to those entities set forth in 943.059(4)(a)5., F.S. for their perspective licensing and employment purposes.

A person who is the subject of a sealed criminal record may lawfully deny or fail to acknowledge the arrests covered by the sealed record, except in certain circumstance including seeking employment or licensing by or to contract with the Department of Children and Families in a position having direct contact with children or the developmentally disabled, as in s. 943.059(4)(a)5., F.S.

Sensitive Employee – The Secretary has designated all non-caretaker employees of the Department of Children and Families to be in positions of special trust and responsibility or special trust because of location, and are required to undergo security background investigations/checks, including fingerprinting, as a condition of employment and continued employment. (NOTE: FDLE uses the term "Sensitive Employee" to be what the department classifies as "Caretaker Employees"; be careful not to confuse the terms when using this operating procedure.)

Voluntary Pre-Kindergarten – A pre-kindergarten program established by the 2005 Legislature with special funding for providers and available to all children within the state who will attain the age of 4 or before September 1 of the school year, allowing them to attend either a private or public pre-kindergarten program. This group includes individuals already required to be screened as employees working in programs in private schools with children under the age of five, facilities exempt from licensure, and licensed childcare centers. (NOTE: Additional attention is required because of the related statute, s. 1002.61(5), F.S., requiring 5-year re-screenings include a national criminal history check, unlike all other re-screenings required under s. 435.04, F.S. screenings. The procedure for evaluation of these results remains the same as for any other program.)

REQUEST FOR FDLE CRIMINAL HISTORY INFORMATION

TO: FDLE

Applicant Section

DISTRICT _____

User Service Bureau
Post Office Box 1489
Tallahassee, FL 32302
Attn: Caretaker Program

FACILITY NUMBER/OCA: _____

DC&F

FROM: _____

(Name of Requester)

(Mailing Address)

Telephone Number: () _____

THE MORE COMPLETE THIS INFORMATION IS, THE BETTER THE SEARCH AND ASSOCIATED RESULTS WILL BE. PLEASE TYPE OR PRINT CLEARLY.

APPLICANT NAME: _____
(Last) (First) (Middle)

leave this
space blank

Other names applicant has used (include maiden names and nicknames)

RACE (circle one): Black White Asian American Indian
 Alaskan Native Unknown

SEX (circle one): Male Female **DATE OF BIRTH:** _____

SOCIAL SECURITY NUMBER: _____

DRIVER LICENSE NUMBER: _____

ADDRESS: _____

I certify that the person listed above is a volunteer or a caretaker employee requiring a five-year re-screening.
I understand that the Legislature has established a reduced payment of \$8.00 for the criminal history checks
of these persons.

(Signature of owner or on-site director) (Date)

DEPARTMENT OF CHILDREN AND FAMILIES

Sample Medwaiver Form

Notification of FDLE Screening Completed

To: Agency for Persons With Disabilities
678 Developmental Court
Anytown, FL 30000-0000

From: Laurie Law
Background Screening Coordinator
321 Screening Way
Anytown, FL 30000-0000

RE: Allison Applicant
SSN: 999-87-6543
DOB: 08/04/1965

Based on the information received from the Florida Department of Law Enforcement, the above named individual has:

No Record

OR

No Disqualifying Offenses (please see attached criminal history results)

Signature

____/____/____
Date

This form must be included with any application for Medicaid enrollment for individuals who have requested a Level 2 screening under Chapter 393, Florida Statutes. If this form is completed, the applicant will NOT be required to submit a Medicaid fingerprint card.

**Sample Request to Provider for Applicant's Mailing Address
and Supplemental Information to Complete Screening**
(use letterhead paper)

Date

Paula Provider
123 Main Street
Anytown, FL 30000-0000

Dear Ms. Provider,

We need to contact Allison Applicant so that his/her screening can be completed. If this individual is still in a caretaker position requiring screening under Chapter 435, Florida Statutes, please send me his/her mailing address. Please return the attached Applicant Status Update.

Also, please send me a copy of the results you received from the Florida Department of Law Enforcement (FDLE) on this individual, a copy of the Affidavit of Good Moral Character that they signed, and a copy of the results you received as a result of your local law enforcement check.

If you have any questions, please contact me at (850) 555-1234.

Sincerely,

Laurie Law
Background Screening Coordinator

Enclosure:
Applicant Status Update

Applicant Status Update

Please complete the information requested below and return to:

Laurie Law
Background Screening Coordinator
321 Screening Way
Anytown, FL 30000-0000

Name

Address

City, State Zip Code

The above individual continues to be in a position of special trust.

OR

The above individual is no longer in a position of special trust. She/he terminated from the position

on ____/____/_____
Date

Also, if this person is still employed in a position of special trust, please remember to send me a copy of the results you received from the Florida Department of Law Enforcement (FDLE), a copy of the Affidavit of Good Moral Character, and a copy of the results you received as a result of your local law enforcement check.

Signature Date

Telephone Number: _____

**Sample Request to Applicant for
Additional Information to Complete Screening**
(use letterhead paper)

Date

CERTIFIED MAIL #9000-1234-1234-1234
RETURN RECEIPT REQUESTED

Allison Applicant
654 SW 1st Street
Anytown, FL 30000-0000

Dear Ms. Applicant,

As part of required screening for Happy Child Day Care, your fingerprints have been submitted to the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI), and a check of local law enforcement records was conducted. Our office is now in receipt of a criminal report which indicates that you had the following arrest but we do not have disposition information. This is a potentially disqualifying offense under Chapter 435, Florida Statutes.

<u>OFFENSE</u>	<u>ARRESTING AUTHORITY</u>	<u>DATE</u>
Lewd and Lascivious Behavior	Podunk PD, Podunk, GA	08/23/2000

According to Chapter 435, Florida Statutes: ***The person whose background is being checked must supply any missing information within 30 days after being requested. Failure to supply missing information within 30 days or to show reasonable efforts to obtain such information shall result in automatic disqualification.***

I am requesting that you supply the final court disposition information and the police arrest report on the above arrest within 30 days of receipt of this letter. Information should include a **CERTIFIED** copy of the final court order issued in the case or documentation that the case was dismissed. Please use the enclosed envelope to send the missing information to this office. If the information you provide results in disqualification, you will be instructed on the procedure for requesting an exemption from disqualification as outlined in Chapter 435, Florida Statutes. The department can not grant an exemption if your disqualification is based on a felony offense less than 3 years old. If you have questions concerning this, **or if you require additional time to provide this material, please contact me at (850) 555-1234.**

Sincerely,

Laurie Law
Background Screening Coordinator

Sample Disqualification Letter to Applicant

(use letterhead paper)

Date

CERTIFIED MAIL #9000-1234-1234-1235
RETURN RECEIPT REQUESTED

Allison Applicant
654 SW 1st Street
Anytown, FL 30000-0000

Dear Ms. Applicant,

The Department of Children and Families has determined that, pursuant to the standards established in Chapter 435, Florida Statutes (F.S.), you are ineligible for continued employment in a position of special trust working with children, vulnerable adults, or the developmentally disabled as outlined in at least one of the following statutes: Chapters 39, F.S., 110, F.S., 393, F.S., 394, F.S., 397, F.S., 402, F.S., and/or 409, F.S.

As a result, your employer or licensing authority is being notified of this disqualification by a separate letter.

This ineligibility is based on:

TYPE OFFENSE	ARREST DATE	DISPOSITION	CNTY/STATE	STATUTE/OFFENSE
Misdemeanor	08/23/2000	09/15/2000	Podunk, GA	s. 798.02, F.S./Lewd and Lascivious Behavior

The following avenues of appeal from disqualification are available to you under Chapter 435, F.S.:

Exemptions from disqualification may be granted pursuant to s. 435.07(1), F.S. for, misdemeanors prohibited in Chapter 435, F.S., commissions of domestic violence, and felonies committed more than three years prior to screening. Additionally, persons employed by treatment providers who treat adolescents 13 years of age and older who are disqualified from employment solely because of crimes under s. 817.563, s. 893.13, or s. 893.147 may be exempted from disqualification from employment pursuant to s. 435.07 (2), F.S. without the 3-year waiting period.

Exemptions will be granted only when the department has been provided clear and convincing evidence to support a reasonable belief that a person is of good moral character and that the individual does not present a danger to the safety or well being of children or the developmentally disabled.

To request an exemption, you must submit the attached Request for Exemption, Employment History Record, and the Exemption Review Request Checklist **within 30 days** of receipt of this notification of ineligibility. These must be submitted to this office along with all the information listed on the Exemption Review Request Checklist. Your exemption review meeting will be scheduled after you have submitted all necessary documentation, or documentation of your attempts to provide the information requested.

The department retains the right to consider any and all information available that speaks to good moral character. If you decide to request an exemption, return the requested information to:

Laurie Law
Background Screening Coordinator
321 Screening Way
Anytown, FL 30000-0000

Even if you challenge this disqualification by requesting an exemption, during the appeal period you shall not have direct contact with children or the developmentally disabled in positions covered by the screening statutes. You continue to be disqualified from holding a caretaker position anywhere in the State of Florida unless you are granted an exemption.

If you are dissatisfied with the department's decision on your request for exemption, you will have the right to request an Administrative Hearing under Chapter 120, F.S. If your request for exemption is denied, a copy of procedural information relative to an Administrative Hearing, may be obtained from the Department of Children and Families District Administrator's office.

Should you have any questions or require additional information/clarification, please contact me at (850) 555-1234.

Sincerely,

Laurie Law
Background Screening Coordinator

Enclosures:
Request for Exemption
Employment History Record
Exemption Review Request Checklist

Request for Exemption, page 2

Request for Exemption Review: I am formally requesting that the Department of Children and Families, in accordance with the provisions of Chapter 435, Florida Statutes, provide me with an Exemption Review. I understand that I must provide clear and convincing evidence to support a reasonable belief that I am of good moral character and that I pose no danger to the health or safety of children, persons with developmental disabilities, or vulnerable adults.

I understand that the decision of the Department of Children and Families or the Agency for Persons with Disabilities regarding this Exemption may be contested through a hearing under the provisions of Chapter 120, F.S.

Signature

_____/_____/_____
Date



EMPLOYMENT HISTORY RECORD

Please provide your employment history for the last three years:

Most recent employer: _____
Facility Name

_____ Facility Address _____ City _____ State

(____) _____ – _____ Supervisor: _____
Area Code Telephone Number

Dates Employed: From _____ To _____

Your Title or Occupation: _____

Responsibilities: _____

Next Employer: _____
Facility Name

_____ Facility Address _____ City _____ State

(____) _____ – _____ Supervisor: _____
Area Code Telephone Number

Dates Employed: From _____ To _____

Your Title or Occupation: _____

Responsibilities: _____

Next Employer: _____
Facility Name

_____ Facility Address _____ City _____ State

(____) _____ – _____ Supervisor: _____
Area Code Telephone Number

Dates Employed: From _____ To _____

Your Title or Occupation: _____

Responsibilities: _____

Please attach additional pages as necessary.

Exemption Review Request Checklist

IT IS IMPORTANT THAT YOU PROVIDE ALL OF THE INFORMATION BELOW AND CHECK OFF EACH ITEM AS YOU OBTAIN IT. **THIS FORM MUST BE RETURNED WITH YOUR PACKET.**

The attached packet is being sent to you in response to your request for an exemption review. Please print legibly and complete all information. Your packet should include the following items:

- A certified copy of the court's State Attorney's Petition (filing of information), and Final Disposition for each **disqualifying** criminal offense is required. Certified Court documents may be obtained from the Clerk of the Court in the county in which the offense occurred. The disposition is the court document used in sentencing, or documentation of your attempts to obtain the information.

- A copy of the arrest report for each **disqualifying** criminal offense is required. You may obtain a copy of this report from the arresting agency or the Court. The arrest report is the report the arresting officer wrote which states what events resulted in your arrest. If the report is not available, a statement from the court or Law Enforcement Agency that the record does not exist or has been destroyed is acceptable.

- A copy of arrest reports and dispositions for the following offenses is also required: _____

- If you were given probation or parole, you will need a letter or documentation from the probation department or Court documenting your release.

- Provide two or more original, signed letters of recommendation or letters of reference that will attest to your good moral character. These may be from anyone that is familiar with your past and present character. Individuals providing a letter of recommendation should include their name, address, and telephone number for verification or possible interview. Use of official letterhead is recommended, as applicable. Individuals may also appear in person to present testimony.

- Provide us with proof of your rehabilitation. Proof of rehabilitation may take the form of letters from employers, or community members, records of successful participation in a rehabilitation program, further education or training certifications, special awards of recognition, or information, which indicates that you are not a danger to the safety or well being of others. If you did not receive court ordered rehabilitation or did not seek any voluntarily, please indicate so.

- Please complete the employment history record. Identify the name and address of employer, supervisor's name and telephone number, and your job responsibilities for at least the last 3 years. Include letters of reference from those employers indicating dates of employment, or IRS W-2 forms, and/or first and last pay stubs. Attach additional sheets if necessary.

- Explanation about your personal history, e.g., explain what happen with each arrest, tell us your current home life, level of education/training, family members, personal goals, and community involvement.

FAILURE TO PROVIDE ALL RELEVANT DOCUMENTATION COULD RESULT IN THE DELAY OF THE REVIEW OF THE EXEMPTION REQUEST AND CONTINUED DISQUALIFICATION FROM CARETAKER EMPLOYMENT.

Sample Disqualification Letter to Facility
(use letterhead paper)

Date

CERTIFIED MAIL #9000-1234-1234-1235
RETURN RECEIPT REQUESTED

Paula Provider
123 Main Street
Anytown, FL 30000-0000

RE: Allison Applicant
DOB: 08/04/1965

Dear Ms. Provider,

This letter is to inform you that pursuant to the screening requirements of Florida Statutes, Chapter 435, the Department of Children and Families has received information that disqualifies the above referenced individual from working with or residing in a home that provides care for children, vulnerable adults, or the developmentally disabled.

The individual has been advised by certified mail of the specific reason for this disqualification and options for appeal. In order to obtain any further information regarding this disqualification, you are encouraged to speak with the individual referenced above. Should the individual appeal, you will be advised in writing if a different determination has been made.

Please complete the attached form and return to me immediately. Any information that you wish to be considered regarding this person is certainly welcome.

Should you have any questions or require additional information/clarification, please contact me at (850) 555-1234.

Sincerely,

Laurie Law
Background Screening Coordinator

Enclosure:
Notice of Removal from Contact

Notice of Removal from Contact

To: Laurie Law
Background Screening Coordinator
321 Screening Way
Anytown, FL 30000-0000

From: Paula Provider
123 Main Street
Anytown, FL 30000-0000

RE: Allison Applicant

The above named person (*check ONE*):

Has terminated employment prior to receipt of notice of disqualification.

Termination Date: ____/____/____

Never became employed at this agency/facility.

Was removed from client contact by leave of absence or transfer to a different position due to disqualification.

Transfer/Removal Date: ____/____/____

Was terminated due to disqualification.

Termination Date: ____/____/____

Signature Date: ____/____/____

Title

Sample Disqualification Letter to Applicant
Offense Less than Three Years
(use letterhead paper)

Date

CERTIFIED MAIL #9000-1234-1234-1235
RETURN RECEIPT REQUESTED

Allison Applicant
654 SW 1st Street
Anytown, FL 30000-0000

Dear Ms. Applicant,

The Department of Children and Families has established that, pursuant to the standards established in Chapter 435, Florida Statutes (F.S.), you are ineligible for continued employment in a position of special trust working with children or the developmentally disabled as outlined in at least one of the following statutes: Chapters 39, F.S., 110, F.S., 393, F.S., 394, F.S., 397, F.S., 402, F.S., and/or 409, F.S.

As a result, your employer or licensing authority is being notified of this disqualification by a separate letter.

This ineligibility is based on:

TYPE OFFENSE	ARREST DATE	DISPOSITION	CNTY/STATE	STATUTE/OFFENSE
Felony	05/23/2006	06/15/2006	Podunk, GA	s. 893.135, F.S./Trafficking in Cannabis

Pursuant to s. 435.07, F.S., the department is not authorized to grant an exemption if the felony occurred less than three years ago. If you wish to request an exemption, it is your responsibility to submit a request, in writing, three years after the date of the offense (May 23, 2009).

Should you have any questions or require additional information/clarification, please contact me at (850) 555-1234.

Sincerely,

Laurie Law
Background Screening Coordinator

Sample Disqualification Letter to Facility
Offense Less than Three Years
(use letterhead paper)

Date

CERTIFIED MAIL #9000-1234-1234-1235
RETURN RECEIPT REQUESTED

Paula Provider
123 Main Street
Anytown, FL 30000-0000

RE: Allison Applicant
DOB: 08/04/1965

Dear Ms. Provider,

This letter is to inform you that pursuant to the screening requirements of Florida Statutes, Chapter 435, the Department of Children and Families has received information that disqualifies the above referenced individual from working with or residing in a home that provides care for children, vulnerable adults or the developmentally disabled.

The individual has been advised by certified mail of the specific reason for this disqualification. Please complete the attached form and return to me immediately. Any information that you wish to provide regarding this person is certainly welcome.

Should you have any questions or require additional information/clarification, please contact me at (850) 555-1234.

Sincerely,

Laurie Law
Background Screening Coordinator

Enclosure:
Notice of Removal from Contact

Notice of Removal from Contact

To: Laurie Law
Background Screening Coordinator
321 Screening Way
Anytown, FL 30000-0000

From: Paula Provider
123 Main Street
Anytown, FL 30000-0000

RE: Allison Applicant

The above named person (*check ONE*):

Has terminated employment prior to receipt of notice of disqualification.

Termination Date: ____/____/____

Never became employed at this agency/facility.

Was removed from client contact by leave of absence or transfer to a different position due to disqualification.

Transfer/Removal Date: ____/____/____

Was terminated due to disqualification.

Termination Date: ____/____/____

Signature Date: ____/____/____

Title

**Sample Disqualification Letter to Applicant for
Failing to Provide Disposition and/or Other Requested Information**
(use letterhead paper)

NOTICE OF INELIGIBILITY FOR A POSITION OF SPECIAL TRUST

Date

CERTIFIED MAIL #9000-1234-1234-1235
RETURN RECEIPT REQUESTED

Allison Applicant
654 SW 1st Street
Anytown, FL 30000-0000

Dear Ms. Applicant,

This is to advise you that the Department of Children and Families has established that you are ineligible for a position of special trust, working with children, vulnerable adults, or the developmentally disabled, as defined by Florida Statute.

The ineligibility status is based on a fingerprint check through _____

Offense: Failure to provide missing disposition information

If you do not provide this disposition information, you will continue to be disqualified for any position covered by the screening statutes. You may be removed from **this** disqualification by providing disposition to the offense as outlined in my previous correspondence (copy attached). As a disqualified person, you must immediately be removed from direct contact with children or the developmentally disabled in programs covered by the screening requirements. **If the disposition information you provide results in continued disqualification, you will be instructed on the procedure for requesting an exemption from disqualification as outlined in Florida Statute 435.07.** If you have questions about this matter, please contact me at (850) 555-1234.

Sincerely,

Laurie Law
Background Screening Coordinator