



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

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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: _____

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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):