

NEW JUVENILE HOUSEHOLD MEMBER PACKET

✓	Juvenile Household Members 12-17 years old
	Medical certification with TB Risk Assessment within preceding 6 months. (Physical with TB Risk Assessment)
	FOR JUVENILES ONLY. New process for FDLE Criminal History Check for Children 12-17 years of age must be done online through Google Chrome using the link below. See attached instructions.
	FOR JUVENILES ONLY. Release of Information Form (Juveniles only) , along with \$3.00 payable to Palm Beach Sheriff's Office (PBSO) for each form. These forms must be submitted to the Department of Health with the check attached. A separate form is required for each juvenile household member turning 12 years of age or older. <i>(One copy of the form is enclosed: Make copies as needed).</i>

Reminders:

1. Juvenile clearances take up to 3 weeks to be processed, please plan accordingly.
2. Don't forget to make copies of all documents for your records!



**Florida Department of Health – Palm Beach
Child Care Licensing Program**

Palm Beach County Rules and Regulations Governing Child Care Facilities and Palm Beach County Rules and Regulations Governing Family Child Care Homes and Large Family Child Care Homes, Adopted Pursuant to Chapter 2010-249, Laws of Florida

RELEASE OF INFORMATION

I, _____, hereby give the Palm Beach County Sheriff's Office and any other law enforcement agency permission to search their files and release any information found to the Child Care Facility listed below. I realize this search is a routine matter for all applicants, pursuant to the Palm Beach County Rules and Regulations Governing Child Care Facilities.

Full Name of Child Care Facility: _____

Facility Address: _____

Phone #: _____

Signature of Applicant

Date

TYPE OR WRITE LEGIBLY BOTTOM SECTION OF THIS FORM

Full Name _____
First Middle (Maiden Name) Last

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

Race: _____ Sex: _____ Date of Birth: _____

Current Address: _____

**Note: Palm Beach County
Sheriff's Office --**

Please return this form to:

**Florida Department of Health Palm Beach County
Environmental Public Health
Child Care Licensing
PO Box 29
800 Clematis Street, 4th Floor
West Palm Beach, FL 33402-0029**

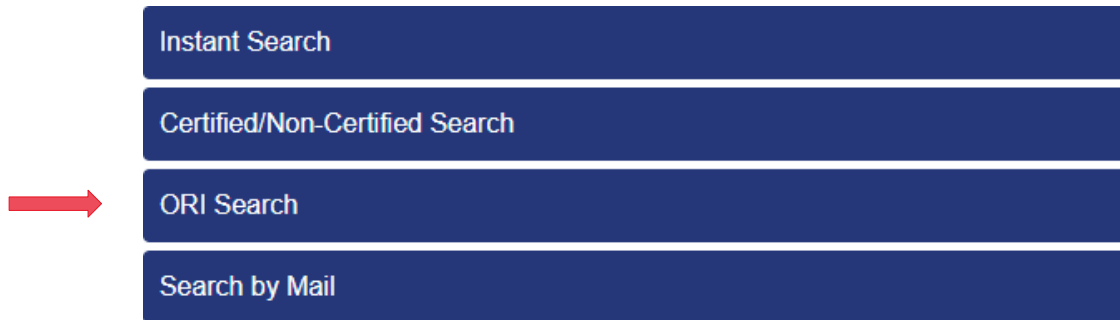
Chapter 435, F.S., requires background screening of owners, operators, directors and personnel.

FOR JUVENILES ONLY: New process for FDLE Criminal History Check for Children 12-17 years of age (Must be done through Google Chrome)

1. Go to Florida Department of Law Enforcement using the following website:

<http://www.fdle.state.fl.us/Criminal-History-Records/Florida-Checks>

2. Scroll down, click on ORI Search



3. Scroll down, click on ORI Based Florida Criminal History Search



Customers must provide a valid ORI in order conduct a search.

The cost of each search varies depending upon state statute, state agency, or authorized entity.

Results are sent directly to the recipient authorized by the ORI.

NOTE: FDLE cannot provide you the ORI number to conduct your search. If you need to conduct a criminal history record check using an established ORI number, you must contact that agency or entity to obtain a valid ORI number.

- [ORI Based Florida Criminal History Search](#)

4. Put in the ORI Number – **FL721911Z** - Click Search

SHIELD
State of Florida Criminal History Record Checks,
Reviewed and Provided by FDLE

Please enter the ORI for the agency you are performing a search for.

ORI:

For questions or technical assistance,
Please contact FDLE's Criminal History Services Section.
(850) 410-8161
Office Hours: Monday-Friday 8:00 AM-5:00 PM (excluding holidays)
SHIELDChecks@fdle.state.fl.us

5. Click on Continue

SHIELD
State of Florida Criminal History Record Checks,
Reviewed and Provided by FDLE

Please enter the ORI for the agency you are performing a search for.

ORI:

Continue search that mails results to FL721911Z - DCF - JUVENILE CHECKS? ←

For questions or technical assistance,
Please contact FDLE's Criminal History Services Section.
(850) 410-8161
Office Hours: Monday-Friday 8:00 AM-5:00 PM (excluding holidays)
SHIELDChecks@fdle.state.fl.us

6. Enter requested information - ONLY FILL IN AREAS WITH A red star*

SHIELD - Search Subject Entry

Name*: <input type="text" value="DOE, JANE"/> <small>Last, First Middle Suffix</small>	DOB*: <input type="text" value="20030306"/> <small>YYYYMMDD</small>	SSN: <input type="text"/>	Sex*: <input type="text" value="F"/>
Alias 1: <input type="text"/> <small>Last, First Middle Suffix</small>	Alias 2: <input type="text"/> <small>Last, First Middle Suffix</small>	<input type="button" value="More Aliases"/>	Race*: <input type="text" value="W (White/Caucasian)"/>
Subject's Address: <input type="text"/> <small>(Street or PO Box)</small>	<input type="text"/> <small>(Apt., Bldg., Suite, etc.)</small>	City, State: <input type="text"/>	
User Control Numbers 1/2: <input type="text"/> / <input type="text"/>	Org ORI: FL721911Z	<input type="button" value="Add"/>	<input type="button" value="Clear"/>

Enter information and click "Add" to proceed. Hover over text fields for entry rules. * indicates required field.