DCF Program Office Contacts

DCF Background Screening

Website: http://www.dcf.state.fl.us/programs/backgroundscreening

Email: hqw.bgs.helpdesk@myflfamilies.com

Phone: (888) 352-2849

DCF Office of Child Care Regulation

Licensing Office Location:

Licensing or Regulation Contact:

Website: www.myflfamilies.com/service-programs/child-care

Phone: (850) 488-4900

DCF Substance Abuse and Mental Health

Website: www.myflfamilies.com/service-programs/substance-abuse/information-for-providers



Florida Department of Children and Families

Background Screening OCA Number Request Form

A completed OCA request form must be accompanied by a government issued ID

Select IA of 1B	1C: Select one
1A: I DO NOT HAVE A DCF OCA NUMBER	Child Welfare
☐ OCA Numbers are issued by or with the permission of the licensing or regulatory authority. If no regulatory authority exists, DCF Background Screening will issue OCA Numbers for those facility types. Complete 1A. 1C. 2	Submit completed forms to DCF B Screening Foster Care Child Placing Agency
1B: I HAVE A DCF OCA NUMBER, AND	☐ Child Caring Agency ☐ G☐ G☐ Agencies contracted to provide servi
☐ I need to make a change and update the facility or provider profile with the Department Complete 1B, 2, 3	Mental Health
☐ I am making notification of facility closure Complete 1B, 1C, 4	Submit completed forms as directed Health Licensing or Regulator BOTH Substance Abuse and Menta
☐ My facility provides services for more than one provider type and I need a new OCA Complete 1B, 1C, 2	☐ Mental Health ONLY
2. Facility Contact Information	Substance Abuse
Requestor Name:	Submit completed forms as directed Abuse Licensing or Regulator
Requestor Phone:	☐ SA Program (Licensed and/or Contr
Facility Name:	provide services for Adults ONLY)
Facility Phone:	☐ SA Program (Licensed and/or Contremontal provide services for children or develop
Facility Mailing Address:	disabled
Facility Physical Address:	☐ Certified Recovery Residents
Facility City & County:	☐ Certified Recovery Residents Admir
Facility Contact:	Summer Camp
Contact Email:	Summer Camp
3. Updated Facility Contact Information	Submit completed forms to DCF E Screening
Requestor Name:	☐ Summer Camp
Requestor Phone:	DCF General/Other
Facility Name:	Submit completed forms to DCF E
Facility Phone:	Screening
Facility Mailing Address:	☐ Non-Licensed After School or Enrich
	☐ Homeless, Emergency or Day Shelt
Facility Physical Address:	
Facility Physical Address: Facility City & County:	☐ Membership Organizations
	☐ Membership Organizations
Facility City & County:	☐ Membership Organizations Child Care
Facility City & County: Facility Contact:	☐ Membership Organizations Child Care Submit completed forms to DCF O Care Regulation
Facility City & County: Facility Contact: Contact Email:	☐ Membership Organizations Child Care Submit completed forms to DCF O

1C: Select one	
Child Welfare	
Submit completed forms to DCF Background	
Screening ☐ Foster Care ☐ Child Placing Agency ☐ Child Caring Agency ☐ Group Home ☐ Agencies contracted to provide services for DCF	
Mental Health	
Submit completed forms as directed by Mental Health Licensing or Regulatory Entity BOTH Substance Abuse and Mental Health Mental Health ONLY	
Substance Abuse	
Submit completed forms as directed by Substance Abuse Licensing or Regulatory Entity ☐ SA Program (Licensed and/or Contracted to provide services for Adults ONLY) ☐ SA Program (Licensed and/or Contracted to provide services for children or developmentally disabled ☐ Certified Recovery Residents ☐ Certified Recovery Residents Administrator	
Summer Camp	
Submit completed forms to DCF Background Screening ☐ Summer Camp	
DCF General/Other	
Submit completed forms to DCF Background Screening ☐ Non-Licensed After School or Enrichment Program ☐ Homeless, Emergency or Day Shelter ☐ Membership Organizations	

ffice of Child

- ☐ Religious Exempt
- ☐ Licensed After School or Enrichment Program