



# 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<br>(check all that apply)   | Age Group Assigned  | Education Level (check one)   |
|---|---|---|---|
| <input type="checkbox"/> Child Care Personnel<br><input type="checkbox"/> Intermittent Volunteer<br><input type="checkbox"/> Other Personnel* | <input type="checkbox"/> Owner<br><input type="checkbox"/> Director<br><input type="checkbox"/> Lead Teacher<br><small>(must select age group)</small><br><input type="checkbox"/> VPK Instructor<br><input type="checkbox"/> Assistant Teacher<br><input type="checkbox"/> Substitute<br><input type="checkbox"/> Other Personnel* | <input type="checkbox"/> 0 – 12 Months<br><input type="checkbox"/> 1 year<br><input type="checkbox"/> 2 years<br><input type="checkbox"/> 3 years<br><input type="checkbox"/> 4 years<br><input type="checkbox"/> 4 years VPK<br><input type="checkbox"/> 5+ years<br><input type="checkbox"/> Mixed<br><input type="checkbox"/> Not Applicable | <input type="checkbox"/> No High School/GED<br><input type="checkbox"/> High School Student<br><input type="checkbox"/> High School/GED<br><input type="checkbox"/> National Early Childhood Credential<br><input type="checkbox"/> Birth Through Five Child Care Credential<br><input type="checkbox"/> School-Age Child Care Credential<br><input type="checkbox"/> Associates Degree<br><input type="checkbox"/> Bachelor's Degree<br><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/<br>National Sex Offender/ Out of state<br>criminal records (if applicable) | Date of Resubmission | Date Eligible | Retention Date |
|---|----------------------|---------------|----------------|
|   |                      |               |                |

**5 Year Re-Screen**

| FBI/ FDLE/ Florida Sex Offender/<br>National Sex Offender/ Out of state<br>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):