
Series:	Operating Procedures	COA: HR 3.03
		CFOP: 65.13
Procedure Name:	Finger Printing	
Procedure Number:	OP1107	
Revision #/Date:	(1) 04/1/11	
Effective Date:	8/15/08	

Applicable to: All BFP Staff, All Providers and CMA Staff

PURPOSE: To outline the steps for requesting finger prints of individuals

SUBJECT: Finger Printing Requests and Procedures

PROCEDURE: To outline the steps for requesting finger prints of individuals

Background:

In accordance with BFP Procedure HR903 and Florida Statute 409, all BFP employees, subcontractors, providers, and others as appropriate are required to be fingerprinted as part of their mandatory background checks.

Definitions:


Live Scan: the equipment used to digitally scan fingerprints directly to FDLE.

Responsibilities:

1. Providers: Providers requesting finger print records/results will complete the following steps:
 - a. Complete a Customer Registration Form and forward it to the Department of Children and Families (DCF) Back Ground Screening; DCF will then send it to Florida Department of Law Enforcement (FDLE). (Sample form attached).
 - b. DCF Back Ground Screening and FDLE will establish and Originating Agency Identifier (ORI) and Originating Case Agency (OCA) Number and forward to the requesting agency.
 - c. The Requesting agency will forward their ORI and OCA number to the BFP Live Scan manager to be set-up in the system.
 - d. All results received on finger prints will be sent to the email address of the person listed on the Customer Registration Form.

- e. NOTE: if the person receiving results changes for any reason a new Customer Registration Form must be completed with the correct individual listed.
2. Case Managers: Case Managers requesting Live Scan/finger prints will complete the following steps:
- a. Complete a Fingerprint Based Criminal History Check form (Request form) on each client needing prints. (Sample form attached).
 - b. Ensure the Request form is completed entirely and accurately.
 - c. Sign, and have client sign, the request form; client must bring a driver's license or photo ID as proof of identification to the appointment.
 - d. The Case manager will schedule an appointment for the client at one of the Care Centers and forward the request form to the appropriate Care Center for finger prints.
3. Administrative Assistant for each facility/Care Center:
- a. Inventory the Live Scan Machine and ensure all equipment is running smoothly.
 - b. Will conduct live scan finger printing for their Care Center.
 - c. Prior to prints being taken, ensure all request forms are filled out completely and accurately with a copy of driver license or photo ID attached as proof of ID.
 - d. The Child Placing Agency must provide payment at the time finger prints are taken in the form of check or money order made out to Brevard Family Partnership; no cash or personal checks will be accepted
 - e. Ensure all prints in the live scan machine are coded properly before transmitting.
 - f. File the Fingerprint Based Criminal History Check form (Request form) with daily transmit log.
 - g. Update the finger print log prior to 3:00 pm every Friday. If Friday is a holiday the log will be updated by 3:00 pm of the last day of the week.
 - h. Once the log is updated, a copy is electronically forward to all providers on weekly basis.
 - i. Is responsible for setting the live scan schedule for each facility and a copy of the schedule will be forwarded to all providers and BFP Staff each week via email.
 - j. Password to the Live Scan log will be changed on a quarterly basis by the assigned Administrative Assistant.

BY DIRECTION OF THE CHIEF EXECUTIVE
OFFICER:



DR. PATRICIA NELLIUS-GUTHRIE
Chief Executive Officer
Brevard Family Partnership

APPROVAL DATE: 3/22/11



Brevard Family Partnership
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 (321) 752-4650 – Office
 (321) 752-3188 – Fax

Central Care Center (321) 634-6047
South Care Center (321) 837-7500

Fingerprint Based Criminal History Check Form

Fingerprinting CAN NOT be completed without all sections of this document being filled out by the referring worker; any section left blank will cause delay of fingerprinting or a rescheduling of the current appointment. Please contact one of the agencies listed above to schedule an appointment.

TCN # (Office Use Only) 70C46000000 _____ Billing Code _____ MO# _____
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Please Check Type of Agency:

Adoption BFP C.A.R.E.S. CMA CPA CPI

Please check the appropriate box (Gray areas are N/A)

AGENCY	NO PAYMENT REQUIRED						PAYMENT REQUIRED	
	ADOPTION	HR	LICENSING	PP	UPP	AARP	HR	LICENSING
BFP								
CBY25								
CHS								
DCF								
DEV								
ISI								
BREVARD BEHAVIORAL								
MENTOR								
YELLOW UMBRELLA								

Unplanned Placement (Emergency) – Fingerprints conducted within 10 days of placement – (UPP); **Planned Placement** (Non-Emergency) - Fingerprints prior to placement – (PP); **Adoption-** Fingerprints conducted during the home study process.

Florida Administrative Code 65C-13 requires that a background screening be conducted on all adults residing in a foster home or a perspective foster home. Screening is also required of adults providing babysitting for children in substitute care. A background check includes but is not limited to criminal history by submission of fingerprints to the Federal Bureau of Investigation (FBI), Florida Department of Law Enforcement (FDLE), and inquiries with local law enforcement, Court, Department of Motor Vehicle and Florida’s Central Abuse Registry; employment history checks and reference checks.

PERSONAL INFORMATION (for multiple aliases please list on back of paper)

Last name: _____ First name: _____ Middle name: _____

Maiden name: _____ Nickname: _____ Alias: _____

Social Security Number: _____ Date of Birth: _____

Place of Birth (State): _____ U.S Citizenship YES / NO (Circle One)

Current Address: _____

City: _____ State: _____ Zip code: _____

Employer Name/ Address: _____

PHYSICAL DESCRIPTION

Gender: Male Female Height: _____ Weight: _____

Race: Black White American Indian or Alaskan Indian Asian or Pacific Islander Unknown

Color of Eyes: Blue Brown Gray Green Hazel Maroon Multicolor Pink Unknown

Color of Hair: Bald (Bald is to be used when subject has lost most of the hair on top of head) Black Brown Sandy White Blond or strawberry Gray or part gray Red or auburn

Care Center (Circle one): CCC SCC

Referring Worker & Unit #: _____ Phone #: _____
 (Print Name) (Signature Required)

Signature of person being fingerprinted: _____ Date _____

By signing this form you understand that all information provided by you on this form will be used to conduct a background screening and you are also certifying that the information provided above is correct.

A copy of your driver’s license must accompany this form



CIVIL WORKFLOW CONTROL SYSTEM

- Automated Processing Of Criminal History Requests
- Using Fingerprint Based Livescan Technology
- Average Response Time - 48 Hours

CUSTOMER REGISTRATION FORM

1) AGENCY AND/OR ENTITY NAME:

2) ASSIGNED ORI NUMBER:

ASSIGNED OCA NUMBER

(ONLY FOR DCF PROVIDERS OR VECHS CUSTOMERS USING ORI FL9...):

<input type="text"/>	<input type="text"/>
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3) NAME OF CONTACT PERSON:

NAME OF ALTERNATE CONTACT PERSON:

<input type="text"/>	<input type="text"/>
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4) CONTACT PHONE NUMBER (EXTENSION):

ALTERNATE CONTACT PHONE NUMBER (EXTENSION):

<input type="text"/>	<input type="text"/>
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5) STREET ADDRESS:

6) CITY:

STATE:

ZIP CODE:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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7) EMAIL ADDRESS FOR AUTOMATED RESULT NOTIFICATIONS AND/OR CRIMINAL HISTORY RELATED MESSAGES:

8) EMAIL ADDRESS FOR ADMINISTRATIVE AND/OR GENERAL CORRESPONDENCE:

9) REGULATORY AGENCY'S AUTHORIZED EMAIL ADDRESS FOR AUTOMATED RESULT NOTIFICATIONS AND/OR CRIMINAL HISTORY RELATED MESSAGES (IF APPLICABLE):

FDLE USE ONLY (PLEASE DO NOT WRITE BELOW):

Date / Time Received: _____

Verified By - FDLE Member: _____

TCN Number Sequence: _____

Date / Time Entered Into CWCS: _____

Assigned Purpose Code: _____ Fees: _____

Entered By - FDLE Member: _____