Child Abuse History Record Request for Child Care Personnel Employment

NOTE: This form MUST be submitted by the agency identified at the bottom of this page

The **APPLICANT MAY NOT SUBMIT THIS FORM DIRECTLY** to the Department of Children & Families

Only one applicant per release

TO BE COMPLETED BY THE APPLICANT

Was the applicant a resident of the State of Florida within the past 5 years? ☐ YES ☐ NO

Name: _____

(Please Print Clearly) Last _____ First _____ Middle _____

Full SSN: _____ DOB: _____ Race: _____ Sex: _____ Prior Name(s), including Maiden: _____

Current ***Non-Florida*** Address: _____

Previous Florida Address: _____ *(Include city, state, and Zip Code)*

_____ FL _____ Dates: _____

Previous Florida Address: _____

_____ FL _____ Dates: _____

By signing this form, I, as an applicant for employment in child care, authorize a search for reports of abuse, neglect, or abandonment investigated in which my name appears and there were "verified findings" of maltreatment of a child(ren) and I am listed as the "Caregiver Responsible". I understand I will be given the opportunity to discuss the findings of the report(s). This consent is valid solely for the requesting employer/agency/facility listed below on this form. (Chapter 39, F.S., Child Care and Development Block Grant Reauthorization, P.L. 113-186.)

_____ _____

Signature of Applicant Date

TO BE COMPLETED BY THE REQUESTING AGENCY

Employment Type:

☐ Group Home/Residential Care ☐ After School/Enrichment ☐ Day Care ☐ In-Home Day Care

☐ Pre-Kindergarten/Headstart ☐ Religious Exempt ☒ Other Children's Advocacy Center

Expected Postition/Role of Applicant _____

Facility/Agency Name: NDDHHS, Criminal Background Check Unit

Address: 600 E Blvd Ave, Dept 325   Bismarck   ND   58505-0250
Mailing Address   City   State   Zip Code

Representative/Contact Name: _____

Phone: 701-328-7575   Fax: 701-328-0358   Email: dhscfscbc@nd.gov

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to others. The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

_____ _____

Printed Name and Signature of Requesting Facility/Agency Representative Date

---

Please return to DCF via email:
Attention: Child Welfare Record Request for Employment
Email: hqw.cwr.employment.requests@myflfamilies.com