

PROCEDURE

Series:

COA: HR 2.03

CFOP:

Procedure Name: Fingerprinting
Procedure Number: OP1107
Review Date: 02/14/12
Revision #/Date: 04/1/11, (2) 4/29/16, (3) 09/15/20
Effective Date: 8/15/08

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

PURPOSE: To outline the steps for requesting fingerprints of individuals

SUBJECT: Fingerprinting Requests and Procedures

PROCEDURE: To outline the steps for requesting fingerprints of individuals

Background:

In accordance with BFP Procedure HR2209 and Florida Statute 435.04, all BFP employees, subcontractors, providers, and others as appropriate are required to be fingerprinted as part of their mandatory background checks.

Definitions

Florida Agency for Health Care Administration (AHCA) Clearing House

Clearinghouse General Information

Changes in law passed during the 2012 legislative session significantly modifies background screening for many service providers regulated by a variety of state agencies including health care providers licensed by the Agency for Health Care Administration (Agency) under Chapter 408, Part II, Florida Statutes (F.S.).

House Bill 943 created a "Care Provider Background Screening Clearinghouse" or "Clearinghouse." The purpose of the Clearinghouse is to provide a single data source for background screening results of persons required to be screened by law for employment in positions that provide services to children, the elderly, and disabled individuals. The Clearinghouse shall allow the results of criminal history checks to be shared among specified agencies when a person has applied to volunteer, be employed, be licensed, or enter into a contract that requires a state and national fingerprint-based criminal history check. (Section 435.12, Florida Statutes).



Applicant Fingerprint Form:

The Applicant Fingerprint Form must be completed for all Livescan requests that will be submitted through the AHCA Clearinghouse.

Privacy Policy:

A copy of the Privacy Policy must be provided to every person that submits a Livescan through AHCA Clearing House

Privacy Policy Acknowledgment Form:

Every person that submits a Livescan through AHCA Clearing House must sign a Privacy Policy Acknowledgment Form

Class Participant:

A PRIDE Class attendee (Potential Foster Parent)

Planned Placement:

Potential relative or non-relative placement, family members, babysitters, and frequent visitors to the home of the dependent child placed in a relative or non-relative placement,

Foster Care:

Licensed foster care is made up of individuals or families who have requested to be able to take dependent children into their home. Foster homes are licensed and inspected regularly, and foster parents go through a rigorous interview process before being approved.

Responsibilities:

The Single Point of contact for Background Screenings is responsible for the following:

- a. Maintain and provide information and instructions for all Livescan vendors to Brevard Family Partnership and Providers as needed.
- b. Ensure Livescan results are received and disseminated accordingly.
- c. Provide assistance to designated personnel at Brevard Family Partnership and Impower regarding the status of Livescan requests.
- d. Maintain a daily log of results received and disseminated for Adoption and Planned Placement.

Case Management:

Case management is responsible for coordinating Livescan requests for planned placements, and adoptions which can include other family members, babysitters, and frequent visitors to the home of dependent child.

Licensing is Responsible for the following:

Designated Licensing personnel are responsible for coordinating Livescan requests for PRIDE Classes, Other Family Members, Babysitters, and Frequent Visitors to the Home, and other Livescans as needed to meet Licensing Requirements.

Receiving and disseminating Livescan results for Licensing

PRIDE Classes:

PRIDE Instructor

Provide each class participant with a copy of the Applicant Fingerprint Form, Privacy Policy, and Privacy Policy Acknowledgement Form, and retrieve signed copies of the Applicant Fingerprint Form and the Privacy Policy Acknowledgement Form.

Designated Licensing Supervisors

- a. Enter each participant into the AHCA portal and print the Livescan Request Form.
- b. Scan and email the form to the selected provider.

Provider

Coordinate with the Pride instructor to attend the designated PRIDE session to begin fingerprinting the class.

Other Family Members, Babysitters, and Frequent Visitors to the Home

Licensing Specialist

The Licensing Specialist will provide families with Applicant Fingerprint Form, Privacy Policy, and Privacy Policy Acknowledgement Form for each person that needs to be printed.

- a. The Licensing Specialist will submit the signed Applicant Fingerprint Form and the signed Privacy Policy Acknowledgement Form to the Licensing Supervisors to enter the information into the AHCA portal.
- b. The Licensing supervisor will scan and email the form to the selected provider.
- c. The family member, babysitter, or frequent visitors to the home will schedule an appointment online using the vendor information provided by the Licensing Specialist.
- d. The vendor will perform the Livescans.
- e. AHCA will notify Brevard Family Partnership when results are available on the AHCA portal.



Brevard Family Partnership HR Personnel is responsible for the following:

Designated HR personnel are responsible for coordinating Livescan requests for potential candidates, employees, or volunteers.

The designated HR personnel will provide potential candidates, employees or volunteers with Applicant Fingerprint Form, Privacy Policy, and Privacy Policy Acknowledgement Form for each person that needs to be printed.

- a. The designated HR personnel will email the forms to the potential candidate, employee, or volunteer. The potential candidate, employee or volunteer will schedule an appointment online using the vendor information provided by the HR personnel.
- b. The vendor will perform the Livescans.
- c. AHCA will notify Brevard Family Partnership via email when results are available on the AHCA portal.

BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:

A handwritten signature in blue ink that reads "Philip J. ScarPELLI".

PHILIP J. SCARPELLI
Chief Executive Officer
Brevard Family Partnership Family of Agencies

APPROVAL DATE: 9/17/2020