

Let's Follow The Steps Together



To The DCF Clearinghouse!

GO TO Website -MYFLFAMILIES.COM

The screenshot shows the homepage of the Florida Department of Children and Families website. At the top, there is a dark blue navigation bar with the text "Apply for Benefits" and a search icon. Below this is the Florida Department of Children and Families logo and a menu with links for "Services", "Resource Library", "News and Events", "About", and "Contact Us". A yellow banner below the navigation bar contains the text "Learn About Medicaid Redetermination". The main content area features a large image of a smiling family (a woman, a man, and a child) with the heading "Strengthening Florida's Families". Below the image is a sub-heading: "Working in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency." A green button labeled "I'm Looking For ..." is positioned below the text. Below this are three white boxes with links: "Hope Florida" (with sub-link "Speak with a Hope Navigator >"), "Continuing Care" (with sub-link "Youth Independent Living >"), and "Abuse Hotline: 1-800-962-2873" (with sub-link "Report Abuse Online >"). The bottom section is titled "Essential Services" and includes the text "Find benefits and services in the state of Florida for children, families, seniors and people with disabilities." Below this text are six service categories in blue boxes: "Public Benefits and Services", "Child & Family Services", "Safety and Protection", "Substance Abuse and Mental Health", "Licensing and Background Screening", and "Positive Parenting".

We highly suggest you have these slides with you the first time you go to the clearinghouse

Resilient Families Through the Framework for Freedom Budget

[Find Out More >](#)

[View More News >](#)

**16
MAR**

Broward Refugee Task Force Meeting

10:00 am – 12:00 pm

The purpose of this meeting is to increase awareness of the refugee populations, share best practices, spot trends in refugee populations, build collaborations between agencies, help create good communication among service providers, get informed about upcoming community events, and discuss refugee program service needs and possible solutions to meeting those needs.

[Learn more >](#)

[View More Events >](#)

Services

[Background Screening](#)

[Hope Florida](#)

[Child and Family Services](#)

[Licensing](#)

General Information

[Contracted Client Services](#)

[DCF Training](#)

[Office of Civil Rights](#)

[Publications & Forms](#)

About Us

[Contact Us](#)

[Request Public Records](#)

[Strong Families Tax Credit](#)

[Careers](#)

Emergency Numbers

Abuse Hotline 1-800-962-2873

Domestic Violence Hotline 1-800-500-1119

Disaster Distress Helpline 1-800-985-5990

Suicide Prevention 988

Scroll to the bottom of the page and click on 'Background Screening'

Background Screening

The Department of Children and Families is one of seven state agencies that use the statewide screening database, "The Clearinghouse." The Clearinghouse provides a single data source administered by the Agency for Health Care Administration (AHCA) for background screening results for persons screened for employment or licensure that provide services to children, the elderly and disabled individuals.

Clearinghouse

[Provider Login >](#)

Clearinghouse

[System Training Resources >](#)

Screening

[Who Should be Screened >](#)

Quick Links

- [Child Welfare and Child Care Records Requests](#)
- [Renewal of Fingerprints](#)
- [DCF Screening by Chapter](#)
- [Summer Camp Screening FAQ's](#)

Forms

- [Apply for Exemption From Disqualification](#)
- [OCA Request Form](#)
- [APD Attestation of Good Moral Character](#)
- [Child Care Attestation of Good Moral Character](#)
- [DCF Affidavit of Good Moral Character](#)



Contact Us

888-352-2849

Florida Relay 711

Agents Available Mon-Fri
8:00 a.m.- 5:00 p.m.

Please mail all Correspondence to the following address:

2415 N. Monroe Street, Suite 400
Tallahassee, FL 32303-4190

On this page, click on "Renewal of Fingerprints"



Local Navigation

- » [Licensure & Regulation](#)
- » [Central Services](#)
- » [Background Screening](#)

Clearinghouse Renewals

[Clearinghouse Renewals Information](#)

Clearinghouse

- [Clearinghouse Logon](#)
- [Clearinghouse Website Information](#)
- [Instruction Guides](#)

Screening

- [General Information](#)
- [Exemption from Disqualification](#)
- [Who is required to be screened?](#)

Live Scan

- [Livescan Service Provider Information](#)
- [Livescan Vendor Page](#)

Clearinghouse Renewals

Per Florida Statute, retained fingerprints must be renewed every **5 years** in order to maintain eligibility for employment. To maintain the retention of fingerprints within the Clearinghouse the employer must request a Clearinghouse Renewal through the Clearinghouse Results Website (CRW) prior to the retained prints expiration date. By initiating a Clearinghouse Renewal through the CRW, the current fingerprints retained on file at the Florida Department of Law Enforcement will be resent to the Federal Bureau of Investigation allowing for an updated criminal history to be processed by the Clearinghouse. If the employer does not initiate a Clearinghouse Renewal an employee's prints will no longer be retained, the employee's eligibility determination will expire, and the employee will have to be re-fingerprinted at a Livescan Service Provider at an increased cost to comply with background screening requirements.

Providers may initiate a Clearinghouse Renewal 60 days before the Retained Prints Expiration Date is reached. If the Clearinghouse Renewal is not initiated before the retained prints expiration date a new screening will need to be initiated in the Clearinghouse and the employee will have to be fingerprinted again.

Employers will receive notification of upcoming expiring retained prints for those employees listed on the Employee/Contractor Roster.

The benefits of initiating Clearinghouse Renewals are:

- Request and pay for the renewal of a screening all in one system while also receiving cost savings.
 - The current cost for a Clearinghouse Renewal is \$43.25. That's a cost-saving of over \$30 with the average cost for a new screening being \$75.00!
- Faster processing time since the request is immediately sent to the Clearinghouse. No need to wait for the

Click on 'Clearinghouse Logon'

The screenshot shows a web browser window displaying the AHCA Portal Login page. The browser's address bar contains the URL `https://apps.ahca.myflorida.com/SingleSignOnPortal/Login.aspx?ReturnUrl=%2fSingleSignOnPortal%2f`. A red arrow points to this URL. Below the browser window, a yellow banner with red text reads "Bookmark so you can go directly to site". The page header features the AHCA logo and the text "AGENCY FOR HEALTH CARE ADMINISTRATION". A navigation menu includes links for "HOME", "ABOUT US", "MEDICAID", "LICENSURE & REGULATION", "FIND A FACILITY", and "REPORT FRAUD". The main content area is titled "AHCA Portal - Login" and contains a description of the portal's purpose. Below this is a login form with fields for "User ID:" and "Password:", a "Log In" button, and links for "Forgot Your Password?", "Reset Password Instructions", and "New User Registration". A red arrow points to the "New User Registration" link. The footer includes links for "Privacy Policy", "Doing Business with AHCA", "Refund Policy", "Disclaimer", "Contact Webmaster", "Find a Facility", and "Download Adobe Reader", along with the copyright notice "© 2020 Florida Agency for Health Care Administration" and the AHCA logo.

Click the 'New User Registration'

AutoSave Off | 7-31-19Clearinghouse Training Print Ready PP.pptx | Grybauskas, Christine M GC

Background Screening - Florida | Background Screening Clearingh... | https://apps.ahca.myflorida.com/

apps.ahca.myflorida.com/SingleSignOnPortal/User/RegistrationStart.aspx

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AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

AHCA Portal - Authorization

Welcome to the Agency for Health Care Administration's Portal. To continue with your request please read the **Authorization** statement below. Mark the check box to agree and select "Continue".

Authorization: I understand by accessing this site I am consenting and agreeing to follow the Agency for Health Care Administration's policies regarding acceptable use, protection of information resources and confidential health care information. I understand by submitting information I affirm the information is true, correct, and can be relied upon pursuant to Florida Statute.

I understand and agree with the Authorization statement.

You will need to check

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10:52 AM 3/24/2020

Click the box to check the “I understand...” statement, and then click ‘Continue’

ONLY FILL IN THE AREAS THAT HAVE AN *

The screenshot shows the AHCA Portal Account Registration page. The form is divided into several sections, each with a blue header:

- User Information:** Fields for First Name, Last Name, Position Title, Telephone Number, Email Address, Verify Email Address, and Employer's Company Name. Asterisks indicate required fields.
- Address Information:** Fields for Address Line1, Address Line2, City, State (dropdown), and Zip.
- Security Information:** Fields for User Name, Password, Enter Password Again, Security Question (dropdown), and Security Answer. A list of password requirements is provided: Minimum 9 characters in length, At least one upper case letter, At least one lower case letter, At least one digit, and At least one special character e.g., @, #.
- Verification:** A checkbox labeled "I'm not a robot" with a reCAPTCHA icon and a "Privacy - Terms" link. Below it are "Register" and "Return to Login" buttons.

Two red arrows point to the "I'm not a robot" checkbox and the "Register" button, respectively. The footer contains links for Privacy Policy, Doing Business with AHCA, Refund Policy, Disclaimer, Contact Webmaster, Find a Facility, and Download Adobe Reader. The copyright notice is © 2020 Florida Agency for Health Care Administration.

Click to check the 'I'm not a robot', and then click 'Register'

KEEP A COPY OF THIS REGISTRATION WHICH WILL HAVE YOUR USERNAME, PASSWORD AND SECURITY QUESTION.

IT IS VERY IMPORTANT THAT YOU DO NOT FORGET OR LOSE YOUR USERNAME, PASSWORD, SECURITY QUESTION, AND ANSWER

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AGENCY FOR HEALTH CARE ADMINISTRATION

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AHCA Portal - Login

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

AHCA Portal Login

User ID:

Password:

Log In

[Forgot Your Password ?](#)

[Reset Password Instructions](#)

[New User Registration](#)

12:57 PM 2/1/2016

Log back in with your User ID and Password you just created

Background Screening - Florida | Background Screening Clearingh... | https://apps.ahca.myflorida.com/ | +

apps.ahca.myflorida.com/SingleSignOnPortal/PortalLanding.aspx

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AGENCY FOR HEALTH CARE ADMINISTRATION

HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | **REPORT FRAUD**

AHCA Portal - Portal Landing User ID: CGrybauskas
Email: christine.grybauskas@flhealth.gov

Request Program Access
Choose from the list of programs below and select "Request Program Access".

-- Select Program -- Request Program Access

- AHCA Incident Reporting System
- AHCA Incident Reporting System
- Birth Center Annual Reporting
- Birth Center Annual Reporting
- Background Screening Clearinghouse
- Agency For Health Care Administration
- Vocational Rehabilitation
- Department of Elder Affairs
- Department of Juvenile Justice
- Florida Medicaid
- Department of Children and Families/Agency for Persons with Disabilities**
- Florida Hospital Uniform Reporting System
- Florida Hospital Uniform Reporting System
- Induced Termination of Pregnancy
- Induced Termination of Pregnancy
- Low Income Pool
- Low Income Pool System
- Online Licensing System
- Online Licensing System

Logout

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11:09 AM 3/24/2020

Under the 'Select Program' drop-down menu, choose 'Department of Children and Families/Agency for Persons with Disabilities'

AutoSave Off | 7-31-19Clearinghouse Training Print Read... | Picture Tools | Grybauskas, Christine M GC

Background Screening - Florida | Background Screening Clearingh... | https://apps.ahca.myflorida.com/ | +

apps.ahca.myflorida.com/SingleSignOnPortal/PortalLanding.aspx

Apps | Login | Login | New Tab | https://cares-pinell... | Home | Salesforce | https://apps.ahca.m...

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AGENCY FOR HEALTH CARE ADMINISTRATION

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AHCA Portal - Portal Landing User ID: CGrybauskas
Email: christine.grybauskas@flhealth.gov

Request Program Access
Choose from the list of programs below and select "Request Program Access".
Department of Children and Families/Agency | Request Program Access

Manage Account
[Edit User Information](#)
[Change Password](#)
[Update Security Question and Answer](#)

Logout

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11:11 AM 3/24/2020

Once this is selected, click 'Request Program Access'

Background Screening - Florida | Background Screening Clearinghouse | https://apps.ahca.myflorida.com/

apps.ahca.myflorida.com/SingleSignOnPortal/DCF/DCFAppRequest.aspx

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HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | **REPORT FRAUD**

Background Screening Clearinghouse Program - Department of Children and Families - Request for Program Access

User ID: CGrybauskas
Email: christine.grybauskas@flhealth.gov

Select Role/Provider Information

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

Provider - I am an owner, operator, licensee, or employee of a provider authorized to conduct background screening under DCF and/or APD.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provider Type.

* Role: -- Select Role --
-- Select Role --
Provider

Add Provider | Return to Previous Page

If you have any questions or issues please [contact us](#).

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On the drop-down menu for 'Role', select 'Provider'

Background Screening - Florida | Background Screening Clearingh... | https://apps.ahca.myflorida.com/ | +

apps.ahca.myflorida.com/SingleSignOnPortal/DCF/DCFAppRequest.aspx

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HOME | ABOUT US | MEDICAID | LICENSURE & REGULATION | FIND A FACILITY | REPORT FRAUD

Background Screening Clearinghouse Program - Department of Children and Families - Request for Program Access

User ID: CGrybauskas
Email: christine.grybauskas@flhealth.gov

Select Role/Provider Information

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

Provider - I am an owner, operator, licensee, or employee of a provider authorized to conduct background screening under DCF and/or APD.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provider Type.

* Role: Provider

* Provider Type: -- Select Provider Type --

Provider Name: Afterschool and/or Enrichment Programs

APD CDC Provider

APD DDC

APD General

Child Care

Child Welfare

DCF Other

Family Child Care Home

Mental Health

Religious Exempt

Substance Abuse

Summer Camps

Add Provider | Return to Previous Page

If you have any questions or issues please [contact us](#).

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Under the 'Provider Type' choose 'Child Care' or 'Family Child Care Home'

Browser window showing the Florida Department of Children and Families (AHCA) website. The page title is "Background Screening Clearinghouse Program - Department of Children and Families - Request for Program Access". The user is logged in as PatsyB (User ID: PatsyB, Email: Patsy.Buker@flhealth.gov).

The page has a navigation menu with links: HOME, ABOUT US, MEDICAID, LICENSURE & REGULATION, FIND A FACILITY, and REPORT FRAUD.

The main content area is titled "Select Role/Provider Information". It contains the following text:

A role is necessary in order to obtain proper access. Select the role that best describes your affiliation.

Provider - I am an owner, operator, licensee, or employee of a provider authorized to conduct background screening under DCF and/or APD.

Select the most appropriate role from the drop down list below. After you have made your role selection, you will need to select a Provider Type.

* Role: Provider (dropdown menu)

* Provider Type: Family Child Care Home (dropdown menu)

Start typing the name of your Provider and select it from the list below when it appears.

Provider Name: Bol (input field)

Search results for "Bol":

- BOLICK CORRIE FDCH : TAMPA : 23290154Z
- SYMEAR BROWN-BOLDEN FDCH : TALLAHASSEE : 02370553Z
- BOLDEN FAMILY DAY CARE HOME : OPA LOCKA : 11131212Z
- MEIBOL SUAREZ FDCH : JACKSONVILLE : 04163157Z
- BRENDA TRIMBOLI FDCH : ORLANDO : 07482542Z
- BOLDS FDCH : SAINT PETERSBURG : 23524807Z
- SARAH BOLTON FDCH : JACKSONVILLE : 04162940Z

Footer links: Privacy Policy, Doing Business with AHCA, Refund Policy, Disclaimer, Contact Webmaster, Find a Facility, Download Adobe Reader.

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Taskbar shows: https://apps.ahca..., Inbox - Christine..., Presentation1 - P..., clearinghouse trai..., 1:06 PM 2/1/2016

Type some information into the 'Provider Name' box such as the first three letters of your last name.



Background Screening (BGS) Provider User Registration Agreement

Send a copy of this page via email to:

Hqw.bgs.helpdesk@myflfamilies.com

Subject line: BGS User Agreement

Monroe Street Suite 400
see, FL 32303

Scan and E-Mail To:
hqw.bgs.helpdesk@myflfamilies.com
Subject Line: BGS User Agreement

FaxTo:
(850) 487-6088

ATTACH A COPY OF A GOVERNMENT ISSUED IDENTIFICATION CARD WITH THIS FORM.

User Information:

Name:	Chris Grybauskas	User ID:	littleangels
Employer Name:	123 1 st Avenue S		
Address:	St Petersburg, FL 33555	Phone Number:	727-555-1212
E-Mail Address:	littleangels@gmail.com		

Selected Provider:

Provider Name:	Chris Grybauskas	Fax Number:	
Address:	123 1 st Avenue S		
Phone:	St Petersburg, FL 33555		
Contact:	727-555-1212		
Provider Type:	Day Care Home		
OCA:	5551111H		

Each person with access to this web site must abide by the following:

- Do not disclose or lend your USER ID AND/OR PASSWORD to anyone. They are for your use only and will serve as your "electronic signature." This means that you may be held responsible for the consequences of unauthorized or illegal transactions.
- Do not browse or use this information for unauthorized or illegal purposes.
- Do not make any disclosure of this data that is not specifically authorized.
- Do not intentionally cause corruption or disruption of these files.

If you become aware of any violation of these security requirements or suspect that someone may have used your User ID or Password, immediately report that information to the Department of Children and Families' (DCF) Background Screening Unit at (888) 352-2842.

I understand that as a user of the Background Screening Program, I assert that I am authorized to submit electronic requests, retrieve screening results and maintain employment status on behalf of the provider listed above. By accessing this system, I am agreeing to follow the Agency for Health Care Administration's policies regarding acceptable use and protection of confidential information. By submitting electronic requests, I am affirming that the information contained in the request are true and the results received will be used only for determining employment eligibility in accordance with the applicable Florida Statutes. In accordance with section 435.11(1)(b), it is a misdemeanor of the first degree to use records information for purposes other than screening for employment or release records information to other persons for purposes other than screening for employment. By signing this document, I acknowledge reading, understanding and agreeing to its contents.

User Information:

User Name: JACQUELINE HUNTER
Signature: _____ Date: _____

Review and Approval by Provider:

Owner/Administrator/Supervisor:
Signature: _____ Date: _____

DCF USE ONLY:

Staff Signature: _____ Date: _____

Print this page and hand write your password, security question and answer on this page for future reference:

Password:

Security Question:
Answer:

Please provide your specialist a copy of all this information for your file

You MUST sign the User Agreement in BOTH places, or it will be rejected



It is very important that once you have printed the **USER REGISTRATION AGREEMENT FORM** you sign it, make a color copy of your drivers license and email to DCF. (Which is located at the top of the form)

Once DCF receives your agreement form you will receive an email acknowledging that you are now registered.

Please log into the clearinghouse every few months to ensure your account does not go inactive.





What you need before you, a household member, substitute or employee goes to get screened.

First you must initiate screening.

- Sign into the Clearinghouse
- Click on **Background Screening Clearinghouse**
- Click on it one more time
- At the top click on initiate screening
- You must fill out the information – Social Security Number and last name works best
- Then click on SEARCH – the system is checking to see if there is already a screening. If no screening is found, click on **INITIATE SCREENING**

https://apps.ahca.myflorida.com/SingleSignOnPortal/P Florida Department of Childre... apps.ahca.myflorida.com

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AGENCY FOR HEALTH CARE ADMINISTRATION

HOME ABOUT US MEDICAID LICENSURE & REGULATION FIND A FACILITY **REPORT FRAUD**

AHCA Portal - Portal Landing User ID: ladyflexx1
Email: ladyflexx43@yahoo.com

Program Access
Select the appropriate link below to be directed to the Program's access page.

Background Screening Clearinghouse - Department of Children and Families
Department of Children and Families

Request Program Access
Choose from the list of programs below and select "Request Program Access".

-- Select Program -- Request Program Access

Manage Account
[Edit User Information](#)
[Change Password](#)
[Update Security Question and Answer](#)

2:28 PM 2/1/2016

Click on 'Background Screening Clearinghouse – Department of Children and Families'

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AGENCY FOR HEALTH CARE ADMINISTRATION

HOME ABOUT US MEDICAID LICENSURE & REGULATION FIND A FACILITY REPORT FRAUD

Background Screening Clearinghouse Program - Department of Children and Families - Access Page User ID: ladyflexx1
Email: ladyflexx43@yahoo.com

Background Screening Clearinghouse Application Access

[Background Screening Clearinghouse](#)
Click the link above to access the Background Screening Clearinghouse results website.

Select Your Desired Task Below

[Add Additional Providers](#)

List of Providers

If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement.
If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will be printed.

Reprint Registration Agreement

Click on 'Background Screening Clearinghouse' (again)

https://apps.ahca.myflorida.com/bgsweb2/

Florida Department of Children and Families

CLH BGS - Home

File Edit View Favorites Tools Help

CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

Department of Children and Families

Home Search **Initiate Screening** Screenings in Process Screening Results Livescan Employee/Contractor Roster Log Out

Home

Welcome to the Care Provider Background Screening Clearinghouse (Clearinghouse) results website. This secure site allows you to search existing screenings processed through the Clearinghouse, initiate a new screening, locate a Livescan service provider, track and review screening results you have requested, and maintain employment statuses of your applicants. The links provided above will assist you in navigating the site.

For instructions on using the website please review the [Clearinghouse Instruction Guide](#)

Provider Information

Chris Grybauskas 12337 Chillicothe Rd St. Petersburg Fl 33704	OCA Number: 235467Z
---	---------------------

If your contact information for this system has changed, please return to the [AHCA Portal](#) to update your information.

2:32 PM
2/1/2016

Click on 'Initiate Screening'

https://apps.ahca.myflorida.com/bgsweb2/Screening Florida Department of Childre... CLH BGS - Initiate Screening

Initiate Screening


This site provides background screening results reviewed through the Clearinghouse on behalf of your specified agency, Department of Children and Families, and professional licensure information from the Department of Health's Medical Quality Assurance division. These results are to be used for employment eligibility determinations.

If we become aware of a change in an individual's eligibility status, an email notification will be sent to the most recent employer of record in the Clearinghouse or the last provider to submit a screening request through the Clearinghouse. It is recommended employers check the screening results of staff regularly as an individual's status may change based on information received.


Step #1: Search for Existing Profile

Search Criteria

Enter the information below. It is the responsibility of the provider to ensure results are for the correct individual. These results are to be used for employment eligibility determinations. In accordance with section 435.11(1)(b), it is a misdemeanor of the first degree to use records information for purposes other than screening for employment or release records information to other persons for purposes other than screening for employment.

SSN: 

AND enter at least one of the following:

Last Name: 

Or:

Date of Birth:

Search

CLH BGS - Initiate... Presentation1 - P... clearinghouse trai... 2:32 PM 2/1/2016

#18

Enter the Social Security Number in the 'SSN' box, and enter the last name
OR Date of Birth below

FILL IN THE INFORMATION with * THEN CLICK NEXT

Initiate Screening

Enter Profile

To initiate a screening please enter the information below. Fields with an (*) are required.

* First Name: <input type="text"/>	* Address Line 1: <input type="text"/>	* Sex: <input type="text"/>
Middle Name: <input type="text"/>	Address Line 2: <input type="text"/>	* Race: <input type="text"/>
* Last Name: Ellis	* City: <input type="text"/>	* Hair Color: <input type="text"/>
Aliases: <input type="text"/>	* State: <input type="text"/>	* Eye Color: <input type="text"/>
* SSN: 155-48-5406	* ZIP: <input type="text"/>	* Height: <input type="text"/>
* Date of Birth: <input type="text"/> mm/dd/yyyy	County: <input type="text"/>	* Weight: <input type="text"/> lbs.
* Place of Birth: <input type="text"/>	Prior States: <input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

**Required*

Cancel Next

EllisL

10:10 AM 2/1/2016

Prior States List

GRYBAUSKAS, CHRISTINE M

Select all prior states in which the applicant has resided in the last 5 years. If none apply, select the 'None Apply' box to continue. At least one state, or the 'None Apply' box must be selected. States selected in previous screening submissions are already captured in the Clearinghouse and cannot be selected again. **Florida is searched by default.**

None Apply

- | | | | | | |
|---|------------------------------------|---|---|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Georgia | <input type="checkbox"/> Maine | <input type="checkbox"/> Nevada | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Guam | <input type="checkbox"/> Maryland | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> Washington |
| <input type="checkbox"/> American Samoa | <input type="checkbox"/> Hawaii | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Idaho | <input type="checkbox"/> Michigan | <input type="checkbox"/> New Mexico | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Illinois | <input type="checkbox"/> Minnesota | <input type="checkbox"/> New York | <input type="checkbox"/> South Dakota | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> California | <input type="checkbox"/> Indiana | <input type="checkbox"/> Mississippi | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Tennessee | |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Iowa | <input type="checkbox"/> Missouri | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Texas | |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Kansas | <input type="checkbox"/> Montana | <input type="checkbox"/> Ohio | <input type="checkbox"/> Utah | |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Kentucky | <input type="checkbox"/> N. Mariana Islands | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Vermont | |
| <input type="checkbox"/> District Of Columbia | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Oregon | <input type="checkbox"/> Virgin Islands | |

Continue

If you, or the person getting screened, has lived in Florida the past 5 years, click **“NONE APPLY”**

If you need to chose a state for your background in the last 5 years, click the appropriate box and then ‘Continue’.

Initiate Screening

GRYBAUSKAS, CHRISTINE M

Select Position

Screening Information

* Position:

* The applicant/employee has received and signed the [Privacy Policy](#).

Cancel

Back

Next



You must click the 'Privacy Policy' box each time, then 'Next'

Initiate Screening

GRYBAUSKAS, CHRISTINE M

In accordance with section 408.809 (3), Florida Statutes, all Level 2 screenings must be submitted electronically. You may search for and select a Clearinghouse approved photo enabled Livescan service provider below. The information listed is updated continuously as it is reported to the Clearinghouse by the Livescan vendor. If you have access to Livescan services other than a private vendor you may skip this section by selecting 'Submit'.

Select Livescan Service Provider

Search Criteria

Enter at least one of the following criteria to search for a specific Livescan service provider or locate a service provider in your area.

Livescan Service Provider: City: County: State:

Do not click on search; this can be done after you print the form

Click on Submit



AOliver

Click on Print Livescan Request Form

https://apps.ahca.myflorida.com/bgsweb2/SubmitScrei

Account Info AOL Mail (22) AOL Mail (22) Sign in to your Micr... Encrypted Message Initiate Screening

File Edit View Favorites Tools Help

Department of Children and Families

Home Search Initiate Screening Screenings in Process Screening Results Livescan Employee/Contractor Roster Log Out

Initiate Screening

ELLIS, BENJAMIN

Screening Request Submitted

Your screening request has been submitted. A notification regarding updates for this request will be sent to the email address of record for this account.

[Print Livescan Request Form](#)

If you wish to initiate a screening for another individual, select the "Initiate New Screening" button below.

[Home](#) [Initiate New Screening](#)

Initiate Screening ... View Downloads ... Inbox - Christine... Copy of New Ho... DocumentL - Word 10:17 AM 2/1/2016

Print this form to take with you to the fingerprinting



Livescan Request Form

Department of Children and Families

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. Your fingerprints must be collected by a fingerprint vendor (Livescan Service Provider) authorized to conduct fingerprinting in Florida. As a result of the background check, your screening results will be listed on the Clearinghouse secure background screening result site. Authorized health care and/or service providers may access this secure site and print out screening results for individuals seeking employment in health care.

Applicant Information

Applicant's Name:	Julie Oliver	SSN:	XXX-XX 1234
Mailing Address:	250 22ND AVE SE	Sex:	FEMALE
	ST. PETERSBURG, Florida 33705	Height:	5' 05"
Date of Birth:	7/20/1984	Hair Color:	Black
Place of Birth:	Maryland	Eye Color:	Brown
(State or Country if not U.S.):			

Livescan Service Provider Information

You must present this form and a current valid government-issued photo identification to be fingerprinted (i.e. driver's license, State ID or military identification card.)

You may choose any Livescan Service Providers in your area to process your fingerprints. We suggest you contact the service provider for hours of operation and scheduling appointments.

Requesting Health Care and/or Service Provider

Julie Oliver

OCA Number: 23524836Z

Phone Number:

SAINT PETERSBURG, FL

Please return this form to the requesting health care and/or service provider once your prints are taken.

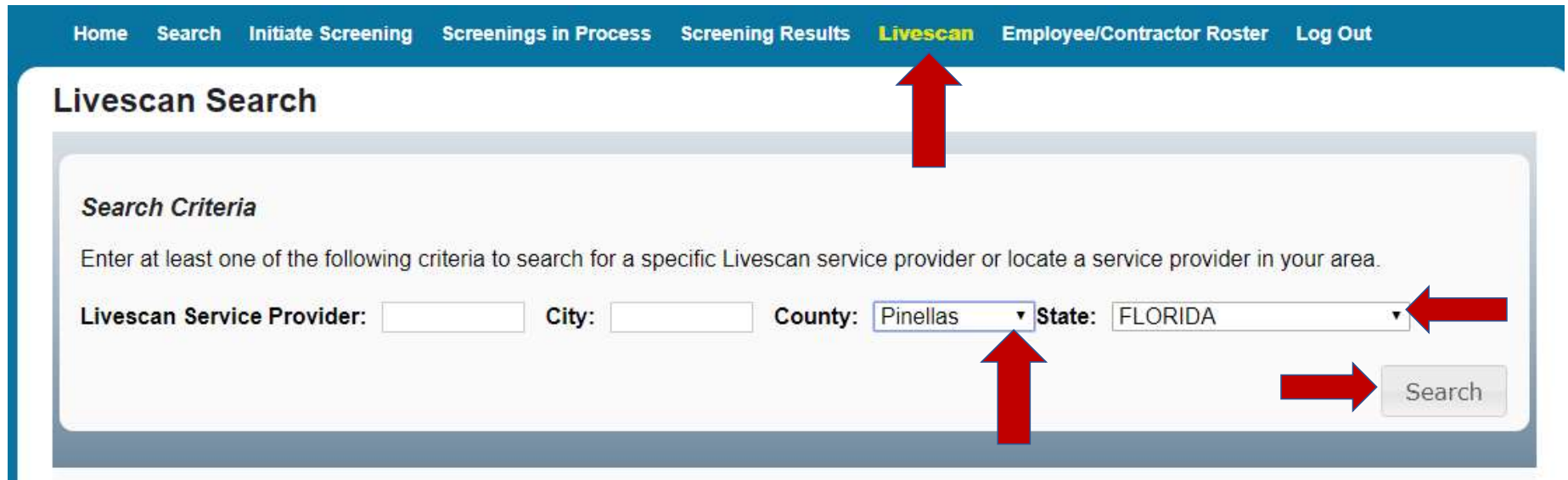
Home Search Initiate Screening Screenings in Process Screening Results **Livescan** Employee/Contractor Roster Log Out

Livescan Search

Search Criteria

Enter at least one of the following criteria to search for a specific Livescan service provider or locate a service provider in your area.

Livescan Service Provider: City: County: Pinellas State: FLORIDA




- Click on 'Livescan' on the blue bar
- Click the drop-down on 'County' and chose Pinellas
- Click the drop-down on 'State' and chose Florida
- Click the 'Search' button

A list of vendors you may use will come up

							Sunday 12:00	
# <u>FINGERPRINT LINK LLC.</u>	# FINGERPRINT LINK LLC. 117 NE 1ST AVE	MIAMI	Other States	FL	305-505-8811	MOBILE/WALK-INS WELCOMED APPOINTMENTS PREFERRED	\$85 to \$115	M-F 9AM-5PM SAT-SUN BY APPOINTMENT
#0001 <u>Livescan Studio, Inc.</u>	#0001 Livescan Studio, Inc. 1930 Wilshire Blvd #204	Los Angeles	Other States	CA	(855) 722-6695 ext 1	AHCA \$193.05 DCF/DJJ \$194.10	AHCA \$193.05 DCF/DJJ \$194.10	Must book at hellofingers.com
#001 <u>FINGERPRINTS JACKSONVILLE</u>	#001 FINGERPRINTS JACKSONVILLE 7643 GATE PARKWAY SUITE 104	JACKSONVILLE	Duval	FL	904-998-9600	WALK-INS WELCOME APPOINTMENTS PREFERRED	\$75 to \$94	M-F 8AM-6PM SAT-SUN BY APPOINTMENT
00001 <u>Advanced Mobile Fingerprinting and Notary</u>	00001 Advanced Mobile Fingerprinting and Notary 321 Northlake Blvd Suite 214A	North Palm Beach	Palm Beach	FL	561-612-7037	Phone, Walk-in		9:00 - 17:00
007 Mobile	007 Mobile 700 N Thompson Rd	Apopka	Orange	FL	(407)-234-9800	Mobile, By Apt. Only		Mobile Call For Apt.
01001010 <u>Biometrics Inc.</u>	01001010 Biometrics Inc. 2210 Front St, Ste 308	Melbourne	Brevard	FL	855-722-6695	CARD SCAN ONLY NO APPOINTMENTS OR WALK-INS	Card Scan Only	M-F 12AM-2AM
01001010 <u>Biometrics Inc.</u>	Gabriel Health Institute 6851 W Colonial Dr	Orlando	Orange	FL	855-722-6695	AHCA/DCF, Mobile Service Available	\$95 Clearinghouse, Non-Clearinghouse: \$95, M-F 10am-3:30pm appointments available at Scanmy5.com	M-Th 9:30 AM-4:00PM Fri
1 <u>Sure Scan</u>	1516 E Colonial Dr #201	Orlando	Orange	FL	407-982-2077	By appointment only	We accept all major credit cards, checks, and cash.	Mon - Fri 8:30AM - 3 PM
1 <u>Sure Scan</u>	1516 E Colonial Dr #201	Orlando	Orange	FL	407-982-2077	By appointment only	We accept all major credit cards, checks, and cash.	Mon - Fri 8:30AM - 3 PM

https://apps.ahca.myflorida.com/bgsweb2/ Florida Department of Childre... CLH BGS - Home

File Edit View Favorites Tools Help



Department of Children and Families

Home Search Initiate Screening Screenings in Process Screening Results Livescan Employee/Contractor Roster Log Out

Home

Welcome to the Care Provider Background Screening Clearinghouse (Clearinghouse) results website. This secure site allows you to search existing screenings processed through the Clearinghouse, initiate a new screening, locate a Livescan service provider, track and review screening results you have requested, and maintain employment statuses of your applicants. The links provided above will assist you in navigating the site.

For instructions on using the website please review the [Clearinghouse Instruction Guide](#)

Provider Information

Chris Grybauskas 12337 Chillicothe Rd St. Petersburg FL 33704	OCA Number: 235467Z
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If your contact information for this system has changed, please return to the [AHCA Portal](#) to update your information.

CLH BGS - Home ... Presentation1 - P... clearinghouse trai... 2:32 PM 2/1/2016

To check on the status of your screenings, and print results, go back on the home screen and click on 'Initiate Screening'

Final step - click on your name and print your screening. **Make sure you send a copy to licensing specialist.**

Home Search Initiate Screening Screenings in Process Screening Results Livescan Employee/Contractor Roster Log Out

Person Profile

* First Name: Sadie	* Address Line 1: 222 Labrador Ln.	* Sex: FEMALE	
Middle Name:	Address Line 2:	* Race: UNKNOWN	
* Last Name: Grybauskas	* City: St. Petersburg	* Hair Color: Black	
Suffix:	* State: Florida	* Eye Color: Brown	
Aliases:	* ZIP: 33702	* Height: 4.0	
* SSN: XXX-XX 1234	County:	* Weight: 85lbs.	
* Date of Birth: 9-23-2014	Phone Number:		
* Place of Birth: Florida	Email Address:		

[Edit](#)

▼ Screenings in Process

Screening #	Provider	Submitted Date	Status	Status Date	Action
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[Initiate New Screening](#) [Initiate Agency Review](#) [Initiate Resubmission](#)

Retained Prints Expiration Date: 2/27/2024
Clearinghouse Screening Available?: Yes



Please send PCLB a copy of your roster when it is complete

Department of Children and Families Eligibility ?

The Department has reviewed child welfare records for the State of Florida.
This search was conducted in Florida's Automated Child Welfare Information System (SACWIS).

- ✓ There is no record of the applicant being listed as the caregiver responsible for a verified finding of abuse, abandonment or neglect of a child.
- The individual may request additional information pursuant to s.39.202, Florida Statutes.

Item	Status	Eligibility Determination Date
DCF General	Eligible	3/13/2019
DCF Child Care	Eligible	3/13/2019
DCF Substance Abuse - Adult Only	Eligible	3/13/2019
DCF Summer Camps	Agency Review Required	
DCF Mental Health	Agency Review Required	
APD General	Agency Review Required	
APD Developmental Disability Centers	Agency Review Required	
APD CDC	Agency Review Required	



Employment/Contract History (As reported to Florida's Background Screening Clearinghouse by provider employers.)

Position	Provisional Hire/Contract Date	Permanent Hire/Contract Date	End Date	Action
Employee or Staff Person		04/08/2019		
Employee or Staff Person		10/16/2015		



Add Employment/Contract Record

WHEN THE PERSON COMES BACK ELIGIBLE YOU MUST ADD THEM TO YOUR ROSTER. YOU WILL NEED TO ADD THEIR START DATE.



Department of Children and Families

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Home

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Employees With Expiring Retained Prints

Provider:

Selection	Last Name	First Name	RetainedPrints Expiration Date
No employees with expiring fingerprints were found			

Page 0 of 0

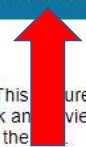
[← Previous](#) [Next →](#)

Bulletins

Website Survey

The Clearinghouse Results Website is in the beginning stages of modernization to improve website functionality and reliability, as well as streamline initiation and maintenance of screenings. Your feedback is important in order to help shape how the new website looks and operates. Please complete [this brief survey](#) to provide your comments and suggestions, to be taken into consideration for the future of the Clearinghouse Results Website.

When an Employee or household member leaves, you will need to remove them from your roster





Department of Children and Families

Home Search Initiate Screening Screenings in Process Screening Results Livescan **Employee/Contractor Roster** Log Out

Employees/Contractors

Search Options

Last Name:

Position:

Hire/Contract Date: to:

Retained Prints Expiration Date: to:

Status:

**To remove from roster,
highlight the name and
fill in the end date.**

Apply

Employee/Contractor Roster

Last Name	First Name	Position	Provisional Hire/ Contract Date	Permanent Hire/ Contract Date	Retained Prints Expiration Date	End Date	Action
No employees found.							
Grybauskas	Chris	Employee	12-2-2018		11-3-23		

Displaying items 0 - 0 of 0

View All

Print All

Export To Excel

8:48 AM
3/25/2020

Background Screening - Florida | Background Screening Clearingh... | CLH BGS - Home

apps.ahca.myflorida.com/bgsweb2/

Home Search Initiate Screening Screenings in Process Screening Results Livescan Employee/Contractor Roster Log Out

Home

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For instructions on using the website please review the [Clearinghouse Instruction Guide](#)

Employees With Expiring Retained Prints

Provider:

Selection	Last Name	First Name	RetainedPrints Expiration Date
RENEW	FLECK	DEBORAH	Jul 16 2020
RENEW	FLECK	RANDY	Jul 16 2020
RENEW	FLECK	DEBORAH	Jul 16 2020
RENEW	FLECK	RANDY	Jul 16 2020

Page 1 of 1

← Previous 1 Next →

Bulletins

**Pay attention to the “Retained Prints Expiration Date”,
Your prints are good for 5 years in the clearinghouse from the day you had your
prints scanned.**

Background Screening - Florida | Background Screening Clearingh... | CLH BGS - Person Profile

apps.ahca.myflorida.com/bgsweb2/Profile/Index/460201

Place of Birth: North Carolina Email Address: Edit

Screenings in Process

Screening #	Provider	Submitted Date	Status	Status Date	Action
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Initiate New Screening **Initiate Renewal**

Retained Prints Expiration Date: 7/17/2020
Clearinghouse Screening Available?: Yes

Department of Children and Families Eligibility

The Department has reviewed child welfare records for the State of Florida.
This search was conducted in Florida's Automated Child Welfare Information System (SACWIS).

There is no record of the applicant being listed as the caregiver responsible for a verified finding of abuse, abandonment or neglect of a child.
 The individual may request additional information pursuant to s.39.202, Florida Statutes.

Item	Status	Eligibility Determination Date
DCF General	Eligible	12/23/2016
DCF Child Care	Eligible	12/23/2016
DCF Substance Abuse - Adult Only	Eligible	12/23/2016

3:55 PM 5/26/2020

When it is time to get rescreened, you will click on the “Initial Renewal” button in your clearinghouse

Background Screening - Florida x Background Screening Clearing x Background Screening - Florida x Background Screening Clearing x Background Screening - Florida x +

myflfamilies.com/service-programs/background-screening/

Apps Login Login New Tab https://cares-pinell... Home | Salesforce https://apps.ahca.m...

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Background Screening

Google Custom Search

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Online Services

- Background Screening Clearinghouse
- Apply for an Exemption from Disqualification
- Child Welfare Records Requests
- Child Care Records Requests

Contact Us

888-352-2849

Florida Relay 711

Agents Available Mon-Fri
8:00 a.m. - 5:00 p.m.

Forms

- APD Attestation of Good Moral Character
- Child Care Attestation of Good Moral Character
- DCF Affidavit of Good Moral Character

Inbox - Christine.Gr... Background Screen... 8:36 AM 3/25/2020

If an out of state check is needed, click on 'Child Care Records Request' to request an of state criminal history, sex offender and abuse registry.

STATES THAT ARE PARTICIPANTS OF THE CLEARINGHOUSE

Colorado
Connecticut
Florida
Georgia
Hawaii
Idaho
Iowa
Kansas
Maryland
Michigan
Minnesota
Missouri
Montana
North Carolina
New Jersey
New York
Ohio
Oklahoma
Oregon
Tennessee
Utah
Vermont
West Virginia
Wyoming

STATES THAT DO NOT PARTICIPATE IN THE CLEARINGHOUSE

Alabama
Alaska
Arizona
Arkansas
California
Delaware
District of Columbia
Illinois
Indiana
Kentucky
Louisiana
Maine
Massachusetts
Mississippi
Nebraska
Nevada
New Hampshire
New Mexico
North Dakota
Pennsylvania
Rhode Island
South Carolina
South Dakota
Texas
Virginia
Washington
Wisconsin
Guam
Puerto Rico
U.S. Virgin Islands
American Samoa
Northern Mariana Islands

Who is responsible for obtaining and retaining records?

Type of Screening	Who is Responsible for Obtaining & Retaining	
<u>Criminal History</u>	<u>DCF</u>	<u>Provider</u>
Florida & FBI	✓	Maintain copy of "Eligible" results generated from the Clearinghouse
Any other state of residency in previous 5 years	✓	
<u>Abuse History</u>	<u>DCF</u>	<u>Provider</u>
Florida Central Abuse History Registry	✓	
Any other state of residency in previous 5 years		✓
<u>Sexual Offender & Predator Search</u>	<u>DCF</u>	<u>Provider</u>
Florida	✓	
Any other state of residency in previous 5 years		✓
<u>Background Screening and Personnel File Requirements</u>	<u>DCF</u>	<u>Provider</u>
CF-FSP Form 5131		✓
All employment references for 5 years		✓
CF 1649A Attestation of Good Moral Character		✓