

INSTRUCTIONS for DHS 948

PURPOSE

This form is to be used whenever a background check, including criminal history, sex offender registry, adult and/or child abuse/neglect history, is to be conducted on an individual who is a child care provider or who is an adult household member residing with a child care provider. This includes providers who are licensed by DHS (including their adult household members), employed in a facility licensed by DHS, or are identified as providing care to children who are receiving a child care subsidy from DHS (that includes their household members or in the case of facilities, their staff members).

INSTRUCTIONS FOR INDIVIDUALS WHO REQUIRE BACKGROUND CHECKS

1. Use one form per individual who is required to undergo a background check.
2. Required to print 2-sided or a total of 3 page form using 8½ X 11" paper and complete Pages 1 and 2.
3. On **Page 1, Part I.B. and Part I.C.**, legibly print all information requested, including, when applicable, the individual's family relationship to the child(ren) receiving child care subsidies.
4. On **Page 1, Part I.A. and page 2, Part I.D.**, read the consent to release disclosure items and initial next to each item that requires initials. Print name, sign, and date the consent form.
5. ***Do not complete parts II, III, and IV.***
6. Failure or refusal to sign this consent form to submit to background checks shall adversely affect the license of the child care provider/ facility, or shall result in the ineligibility of the provider/ facility caring for a child who receives child care subsidies.

INSTRUCTIONS FOR DHS/CONTRACT STAFF

1. On **Page 2, Part II.**, enter the DHS BESSD Clearance Worker (CW) name, enter the date completed, and check only one result: "Cleared" or "Poses a Risk"
2. On **Page 3, Part III.**: A) indicate requesting Staff Name and use the **Office Stamp** (or print in) the DHS BESSD/Contractor office name and address; B) Write in the individual's name needing the background clearance; C) Write in the application date received (either licensing or subsidy application) or referring date; D) **Mark** in the box to indicate if the clearance is for child care licensing or child care subsidy and, if applicable, indicate the subsidy Client's name and phone number and the individual's relationship to the child(ren) for whom care is being provided; E) **Mark** the applicable boxes to indicate the specific clearances required; F) **Mark** in the box to indicate whether the individual is: a) a child care provider, b) an adult household member residing with the child care provider (and enter the name of the FCC, Group Child Care Home, or license-exempt/relative provider), or c) a staff member at a child care facility (and enter the name of the child care center).
3. On Page 3, Part IV.: DHS BESSD staff (or external fingerprinting agency, e.g. local police department) shall indicate individual's ID information, agency/office info, and print name, sign and date.

DISTRIBUTION FOR DHS STAFF

1. If requested by the individual or child care provider/ facility and upon completion of all clearances, copy Page 2 only and release to provider/ facility only upon validation of identity of the requesting provider/ facility. It is not necessary to make a copy of the DHS 948 Page 2 for the individual or their child care provider/ facility, unless requested.
2. Scan (encapture) pages 1, 2 and 3 to the individual caregiver's electronic case folder (ECF) and follow ECF retention procedures.