



Human Services Department  
**Community Partnerships Division**  
**Childcare Licensing and Enforcement Section**  
 115 South Andrews Avenue, Room 119 • Fort Lauderdale, Florida 33301 • 954-357-4800 • FAX 954-357-5935

**LOCAL CRIMINAL RECORDS CHECK**

**Fax this form to the Background Screening Unit at 954-357-5935. Please have the Applicant sign form indicating consent for a local criminal records check.**

In accordance with the Broward County Child Care Ordinance, Broward County Family Child Care Home Ordinance and Chapter 435, Florida Statutes, County’s Child Care Licensing and Enforcement Section is requesting a local criminal records check on the following Applicant:

Applicant Signature: \_\_\_\_\_

**Applicant Information**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Last First Middle

Other Last Names (legally changed names): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

**Please select Child Care role.**

<input type="checkbox"/> Child Care Owner	<input type="checkbox"/> Child Care Director	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Child Care Employee	<input type="checkbox"/> Family Child Care Home Provider	<input type="checkbox"/> Other
<input type="checkbox"/> Substitute	<input type="checkbox"/> Family Child Care Home Resident	

**Employer Information**

Name of Child Care Facility/Family Child Care Home: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ License # \_\_\_\_\_

**CCLE Staff Use Only**

**Child Care Licensing and Enforcement Local Criminal Records Check Results**

<b>ELIGIBLE:</b> <input type="checkbox"/>	Date Checked: _____	<b>Reason for Check:</b>	
<b>INELIGIBLE:</b> <input type="checkbox"/>	Checked by: _____	LEVEL II SCREENING	<input type="checkbox"/> _____
		DCF	<input type="checkbox"/> _____
		TRANSFER	<input type="checkbox"/> _____
		SCHOOL BOARD	<input type="checkbox"/> _____
		LEVEL I SCREENING (FDLE)	<input type="checkbox"/> _____