

INSTRUCTIONS for DHS 948

PURPOSE

This form is to be used whenever a Criminal History and/or a Child Abuse/Neglect (CA/N) history background check 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 CLEARANCE

1. Use one form per individual who is required to undergo a Criminal and/or CA/N history background check.
2. Required to print and complete the two-sided form, pages 1 and 2 on 8 ½ X 14" paper.
3. On **Page 1**, print full name on the first line. Read the consent to release disclosure items and initial next to each item that requires initials. Sign and date the consent form.
4. On **Page 2**, complete Part II and Part III only. In Part II, for the "Child Care Provider/Phone No.", enter the name of the child care provider (if you are an adult house member who resides with a child care provider) or the name of the facility (if you are a staff member of a facility). **Do not complete Parts I and IV.**
5. Failure or refusal to sign this consent form to submitting to background clearances 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 STAFF

1. On **Page 1**, complete the boxed area labeled "To Be Completed by DHS" when each clearance item is completed.
2. On **Page 2**, complete Parts I & IV only.

For Part I: 1) **Mark** in the box to indicate if the clearance is for licensing or payments; 2) **Mark** in the box to indicate whether the clearance is an initial or annual clearance (for clearances that do not require fingerprinting, check the "Annual" line); 3) **Office Stamp** (or print in) the DHS office name and address where this clearance form needs to be returned to for assessment; 4) **Enter** the name of the child care payment client if the clearance is for payment purposes; 5) **Mark** in the box to indicate whether the individual is: a) the child care provider, b) the adult household member residing with the child care provider (and enter the name of the child care provider), or c) the staff member of a child care facility (and enter the name of the child care provider/facility).

For Part IV: **Enter** findings information, if applicable. **Sign** and **Date** the form.

INSTRUCTIONS FOR CONTRACT STAFF

1. On **Page 2**, complete Part I only. Follow instructions as described in "INSTRUCTIONS FOR DHS STAFF" for Part I.

INSTRUCTIONS FOR HCJDC (if not competed by DHS staff)

1. On Page 2, complete Part IV.

DISTRIBUTION FOR DHS STAFF

1. If requested by the child care provider/ facility and upon completion of all clearances, copy Page 1 and release to provider/ facility only upon validation of identity of the requesting provider/ facility.
2. File pages 1 and 2 in the individual's record.

It is not necessary to make a duplicate of the DHS 948 page 1 for the individual or their child care provider/ facility, unless requested.