CONVENER'S NOTES PAGE

This page is provided to make it easier to capture notes about who attended your session, what happened in the meeting, and what can be done next.

RED FLAG ISSUE: – Alerts- Background screening

APD Area	Number of Employees w/ BG Not Met	Number of Providers w/ BG Not Met	Pct w/ BG Not Met
1	5	4	11.8%
2	31	28	20.0%
3	39	34	31.2%
4	46	42	19.9%
7	68	48	30.2%
8	41	28	38.4%
9	33	20	32.8%
10	46	35	26.1%
11	94	66	25.9%
12	20	17	23.6%
13	30	29	23.4%
14	5	4	9.8%
15	49	37	32.2%
23	88	65	31.3%
State	595	457	26.3%

Times		
Noted	Reason Cited	
297	The provider did not present the required Federal Bureau of Investigation screening clearance letter.	
220	The provider did not present the required Florida Department of Law Enforcement screening clearance letter or another acceptable form of FDLE screening.	
202	The provider did not present a Local Criminal Records Check obtained within county of residence.	
179	The provider did not present an Affidavit of Good Moral Character.	
67	The provider did not provide proof of completing the required five year re-screening.	
Times Noted	Reason Cited	
23	The provider presented an Affidavit of Good Moral Character but it was not notarized.	
16	The provider was not under constant visual supervision of another fully screened employee when working, pending FBI/FDLE final clearance (no longer than 90 days).	
9	The provider presented an Affidavit of Good Moral Character, but it was not signed.	
7	Background screening results identified a disqualifying offense and the provider has not taken action to resolve or terminate the employee.	

Times	
Noted	Reason Cited
9	The provider did not present an Affidavit of Good
	Moral Character.
8	The provider did not present a Local Criminal
	Records Check obtained within county of residence.
9	The provider did not present the required Florida
	Department of Law Enforcement screening clearance
	letter or another acceptable form of FDLE screening.
5	The provider did not present the required Federal
	Bureau of Investigation screening clearance letter.
1	The provider did not provide proof of completing the
	required five year re-screening.

CONVENER(S):

(Person who is taking notes and will present back to group. Please select a person from the group for this role.)

GROUP PARTICIPANTS:

(Please pass this around the circle during your session so that everyone can sign it.)

SOME QUESTIONS to CONSIDER:

Who needs to have background screening?

Why?

When?

SUMMARY OF KEY POINTS, CONCLUSIONS

NEXT STEPS: