

**Department of Children and Families (DCF)
Office of the Inspector General (OIG) Screening
Instructions**

A. General Note

The Department of Children and Families Office of the Inspector General Screening is not the same as the Office of Inspector General Screening you are completing along with the FDLE Level II Background Screening in the Clearinghouse. You still need to do that screening.

B. When is a Screening Required?

1. Pre-Employment

Only completed on applicants who have at any point previously worked at the Department of Children and Families; the Managing Entity; or, any Southeast Florida Network Provider (see accompanying list). This is only to be done on individuals being recommended for the position, not everybody you are interviewing.

2. Existing Employees (Regardless of any previous screening requirement)

Completed on any staff who changes position whether the change is for a promotion, demotion, or lateral change.

C. Form Instructions

1. Demographic

At the top, just enter the information being asked for as far as name, DOB, driver's license number, and previous addresses within the last 7 years.

2. Screening Purpose

- a. State whether an individual is being rehired, promoted, transferred, demoted, new hire, or if there is another situation causing you to screen.
- b. You will share what position they are being considered for – you only need to include the position title, no description is needed.
- c. You will share what position they previously held at DCF, the Managing Entity, or an SEFBHN Network Provider – you only need to include the position title, no description is needed.

3. Requester Info

- a. Not just anybody can run a screening through the DCF OIG. To ensure you're allowed, they want to see how you relate to DCF. On the template, I've added some helpful verbiage but ultimately you need to share the following:
 - 1. Circuit: Is this being run for Circuit 15 (Palm Beach County) or Circuit 19 (Indian River, Martin, St. Lucie, or Okeechobee Counties).
 - 2. Program Office: Substance Abuse and Mental Health, often abbreviated to SAMH
 - 3. Institution: SEFBHN (Under Master Contract IH611)
 - 4. Provider: Include your agency name and contract number.
- b. Reply to: Let them know who results need to be sent back to at your agency.

4. Submit

Email the completed form to Request.for.IG.Reference.Check@myflfamilies.com. They have two business days to respond to you. If you do not submit this in Word they will kick it back to you.

5. Results

a. Part I

They will check one of two boxes and add a date they ran results. The top box means all clear. Bottom box means something was found.

b. Part II

They will share what was found. You then need to return to them, within 30 days, whether or not you hired the individual for the position.