

CRIMINAL BACKGROUND CLEARANCE TRANSFER REQUEST

Active criminal record clearances may be transferred from one state licensed facility/organization/home to another by a license applicant or licensee. **The transfer request must be submitted to the Department before the individual who is the subject of the transfer has initial presence in the facility/organization, or the facility/organization will be in violation of the law and may be subject to a \$100 civil penalty.**

The licensee must verify the identity of the applicant who is seeking the clearance transfer, if applicable. A Child Abuse Central Index (CACI) clearance must be on file if the transfer is to a facility serving children. If the individual does not have a CACI clearance on file, or the date of the previous CACI inquiry was made prior to January 1, 1999, the individual will need to submit new fingerprint images via LiveScan under the appropriate applicant type.

Note: This transfer request form is for clearances only. Contact your licensing office for information about exemption transfers.

This form may only be used to request a clearance transfer between state licensed facilities/organizations/homes. To request a transfer between county and state licensed facilities/organizations, the requesting Licensing Agency must contact their county liaison.

<u>PLEASE TYPE OR PRINT LEGIBLY</u>	Date:
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PLEASE TRANSFER THE CRIMINAL RECORD CLEARANCE FOR THE FOLLOWING INDIVIDUAL:

Last Name	First Name	Middle Initial
CA Driver's License or ID #/Permanent Resident ID (I-551):		DOB:
Licensing Information System ID #:		SSN: (Optional) - See privacy notice on page 3

FROM THE FOLLOWING FACILITY/ORGANIZATION/HOME

Name of Facility/Organization/Home:	Facility Organization/RF Number:	
Street Address:		
City:	State:	Zip Code:

TO THE FOLLOWING FACILITY/ORGANIZATION:

Name of Facility/Organization:			<u>Transferee Association Type</u> ☐ Facility Administrator ☐ Corporation Board Member ☐ Employee ☐ FFA Certified Home ☐ Licensee/Applicant ☐ Non-client Adult Resident ☐ Partnership/LLC Member ☐ Spouse of Licensee ☐ Affiliated Home Care Aide
Facility/Organization Number:	Date of Employment:		
Street Address:			
City	State	Zip Code	

PLEASE COMPLETE AND SIGN PAGE 2 OF THIS FORM PRIOR TO SUBMITTING

The following Out-of-State Disclosure section is required for all Children's Residential Facilities, not including Foster Family Agency staff, Youth Homelessness Prevention Centers, Private Alternative Boarding Schools, Private Alternative Outdoor Program, or Crisis Nurseries:

OUT-OF-STATE DISCLOSURE

Have you lived in a state other than California within the last five years? ☐ YES ☐ NO

If yes, complete section below:

OUT OF STATE ADDRESSES IN THE PAST 5 YEARS

DATE FROM	DATE TO	STREET	CITY	STATE

The Care Provider Management Branch is required to conduct an Out-of-State Child Abuse Check if you have lived in another state at any time within the last five (5) years.

I certify I have verified the above individual's identity.

Signature

Print Name

Title (*licensee, administrator, director*)

Date

FOR REGIONAL OFFICE USE ONLY

Date of exemption transfer entry:

Initials of person entering transfer:

FILE IN NEWLY ASSOCIATED FACILITY/ORGANIZATION FILE

PRIVACY NOTICE

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) and the Care Provider Management Branch (CPMB) in the California Department of Social Services (CDSS) collect the information requested on this form as authorized by Penal Code sections 11100-11112; Health and Safety Code sections 1522, 1522.1, 1569.10-1569.24, 1596.80-1596.879; Family Code sections 8700-8720; Welfare and Institutions Code sections 16500-16523.1; and other state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request. Notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to be licensed, work at, or be present at, a licensed facility/organization, or be placed on a registry administered by the Department the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including personal information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.).

Under the California Public Records Act (Government Code section 6250 et seq.), the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

IMPORTANT INFORMATION

Under the California Public Records Act (Government Code section 7920.000 et seq.), the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters (news media).

In addition, the Department is required to tell people who ask, including the news media, if someone in a licensed facility/ organization has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility/organization that has a licensee, employee, resident, or other and person with a criminal record exemption. This does not apply to Resource Family Homes, Small Family Child Care Homes, or the Home Care Aide Registry.

The information you provide may also be disclosed in the following circumstances:

- To other persons or agencies where disclosure is necessary for them to perform their legal duties, their use of your information is compatible and complies with the law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

QUESTIONS ABOUT NOTICE AND RECORD INFORMATION

For questions about this notice, CDSS programs, and the authorized use of your criminal history information, please contact your local licensing regional office. Regional offices can be found by visiting the Community Care Licensing Division (<https://cdss.ca.gov/inforesources/community-care-licensing>) and choosing the appropriate option under *Quick Links - Regional Contacts*.

For further questions about this notice or your criminal records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis Keeper of Records
P.O. Box 903417 Sacramento, CA 94203-4170

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

FEDERAL PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Noncriminal Justice Applicant's Privacy Rights: As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) You can find additional information on the FBI website at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

1. Written notification includes electronic notification but excludes oral notification.

2. <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

3. See 28 CFR 50.12(b)

4. See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)