

LIVESCAN FINGERPRINTING PROCEDURE

For Childcare Directors, Employees, Volunteers

LiveScan fingerprinting is an electronic Georgia Applicant Processing Service (GAPS) managed by Cogent Systems, Inc.

Your fingerprints will be scanned with a computer.
You DO NOT need inked fingerprint cards.

REGISTER with Cogent Systems, Inc. before you visit a fingerprinting location

- STEP 1 Visit the Cogent Systems website at www.ga.cogentid.com
- STEP 2 Select the **APPLICANT REGISTRATION** tab at the left bottom of screen
- STEP 3 Choose the **Department of Early Care and Learning (DECAL)** tab to register
- STEP 4 Choose **REGISTER TO BE FINGERPRINTED**
- STEP 5 Non-Criminal Justice Applicant's Privacy Rights – if you read and accept the terms, check the box at the bottom of the page and press continue

Notes: All fields highlighted in yellow are required

The Reviewing Agency ID number is pre-populated. Do not change this number.
Do not add anything in the Requesting Agency Section.

- STEP 6 **REASON:** In the drop down menu for Reason, select **"DECAL – Daycare Director/Employee**
- STEP 7 **PAYMENT*:** In the drop down menu for Payment, select one of the following choices:
- **Credit Card** Note: No unemployment cards, child support cards or gift cards accepted;
 - **Money Order** Note: Money Orders can be used for Single Applicant Registration only, and the applicant must provide the money order payable to **3M Cogent – GAPS** at the GAPS Print Location before being fingerprinted;
 - **Agency Note:** This option can only be selected if the employer has established a Billing Account with 3M Cogent and provided you with the appropriate billing codes and password.

* Notes about Payments:

- Payment by cash or personal check **WILL NOT BE ACCEPTED.**
- **The processing fee on or after April 1, 2015 is \$51.00.**

STEP 8 If you selected Agency as the method of payment, fill in the Billing Code and Billing Password. If you are paying by credit card or money order, leave these fields blank.

STEP 9 Fill in required **PERSONAL AND ADDRESS INFORMATION** and click **CONTINUE**.

Note: If you did not enter your Social Security Number, you must take your registration receipt with you to the fingerprint site and use the Registration ID to be fingerprinted.

STEP 10 **VERIFY** your registration information and click the **SUBMIT** button to advance to the next page.

STEP 11 **RECORD** your Registration ID number on your Records Check Application to be mailed to Bright from the Start

STEP 12 **PRINT OR EMAIL** your Registration Receipt. Bring a copy of your receipt to the fingerprinting site and keep a copy for your records.

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Revised 4/15/15

SELECT A FINGERPRINTING LOCATION:

STEP 13 Select the **FINGERPRINT LOCATIONS** link at the bottom of the COGENT web page.

STEP 14 Click a GAPS region to identify the GAPS Service Site nearest you.

ELECTRONIC FINGERPRINTING:

STEP 15 **Gather the following documents:**

- Registration Receipt listing your registration confirmation number
- Two copies of your valid and unexpired picture identification document (See next page for valid ID options). One copy is for STEP 16; the other copy is for STEP 22.
- Payment if you chose the Money Order option in STEP 7

STEP 16 **VISIT** the Print Site Location you chose and electronically **SCAN** your fingerprints.
(Your results will be transferred electronically to Bright from the Start for review)

RECORDS CHECK APPLICATION:

STEP 17 Complete the Records Check Application form. **BE SURE TO INCLUDE** your Cogent registration ID number.

STEP 18 Sign the completed Records Check Application form in front of a notary public and have the notary public also sign and stamp or seal.

STEP 19 Mail the completed, signed and notarized Records Check Application form along with a photocopy of your valid and unexpired picture identification document from STEP 15 to:

Bright from the Start: Georgia Department of Early Care and Learning
Criminal Records Unit
2 Martin Luther King Jr. Drive, SE
Suite 754, East Tower
Atlanta, GA 30334

(Do not send any payment with this application)

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Revised 4/15/15

COGENT SYSTEMS APPROVED IDENTITY VERIFICATION DOCUMENTS

Cogent Systems requires current, valid and unexpired picture identification documents. As a primary form of picture identification one of the following will be accepted at the GAPS Print Locations:

Primary Documents:

- State Issued Driver's License with Photograph
- State Issued Identification Card with Photograph
- US Passport with Photograph
- US Active Duty/Retiree/Reservist Military ID Card (000 10-2) with Photograph
- Government Issued Employee Identification Card with Photograph (includes Federal, State, County, City, etc.)
- Tribal Identification Card with Photograph

However, in the absence of one of the above Primary identifications, applicants may provide one or more of the following Secondary Documents, along with two of the supporting documents listed below:

Secondary Documents:

- State Government Issued Certificate of Birth
- Social Security Card
- Certificate of Citizenship (N560)
- Certificate of Naturalization (N550)
- INS I-551 Resident Alien Card Issued since 1997
- INS I-688 Temporary Resident Identification Card
- INS I-688B, I-766 Employment Authorization Card

Secondary Documentation must be supported by at least two of the following:

- Utility Bill (with current address)
- Voter Registration Card
- Vehicle Registration Card/Title
- Certificate of Naturalization (N550)
- Current Paycheck Stub with Name/Address
- Cancelled Check or Bank Statement

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Revised 4/15/15

BRIGHT FROM THE START

Georgia Department of Early Care and Learning
RECORDS CHECK APPLICATION FOR LICENSED FACILITIES

TO BE COMPLETED BY APPLICANT:		COGENT Registration ID: _____							
<i>(Please read instructions on back before completing this application.)</i>									
1. EMPLOYEE/	<input type="checkbox"/> Owner (resident in facility)	2. PROGRAM TYPE:	<input type="checkbox"/> Family Day Care Home						
EMPLOYEE	<input type="checkbox"/> Director		<input type="checkbox"/> Group Day Care Home						
TYPE:	<input type="checkbox"/> Employee /Resident		<input type="checkbox"/> Child Care Learning Center						
	<input type="checkbox"/> Temporary/Substitute Caregiver		<input type="checkbox"/> Licensed Head Start Program						
	<input type="checkbox"/> Independent Contractor								
	<input type="checkbox"/> Volunteer								
	<input type="checkbox"/> Student-In-Training								
3. PRINT FULL NAME:	LAST	FIRST	MIDDLE	MAIDEN	DATE OF BIRTH				
_____	_____	_____	_____	_____	_____				
GENDER	RACE	SOCIAL SECURITY NUMBER	PLACE OF BIRTH						
_____	_____	_____	_____						
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	HOME TELEPHONE NUMBER					
_____	_____	_____	_____	_____					
CELL PHONE NUMBER		PERSONAL E-MAIL ADDRESS							
_____		_____							
HOME ADDRESS:	STREET	CITY	STATE	ZIP					
_____	_____	_____	_____	_____					
MAILING ADDRESS:	STREET/P.O. BOX	CITY	STATE	ZIP					
_____	_____	_____	_____	_____					
4. IDENTIFICATION #:	PRIMARY	OR	SECONDARY	AND	SUPPORTING #1	AND	SUPPORTING #2		
_____	_____	_____	_____	_____	_____	_____	_____		
5. I hereby authorize Bright from the Start: Georgia Department of Early Care and Learning ("Department") to receive any criminal history record information pertaining to me which may on file with any criminal justice agency in the United States and its territories. I further authorize the Department to release a fitness determination to the child care provider named below. I understand that this authorization is valid for up to and including 180 days from the date of signature and that Georgia law authorizes the Department to require additional fingerprint records checks when the department has reason to believe that I have a criminal record that renders me ineligible to have contact with children in the center or during the course of a child abuse investigation.									
NOTARY SIGNATURE*				APPLICANT'S SIGNATURE					
_____				_____					
6. TO BE COMPLETED BY FAMILY DAY CARE HOME PROVIDER, FACILITY DIRECTOR OR HEAD START PROGRAM ADMINISTRATOR:									
NAME OF PROVIDER, FACILITY OR PROGRAM ADMINISTRATOR				LICENSE, REGISTRATION OR APPLICATION NUMBER					
_____				_____					
FACILITY STREET ADDRESS				CITY,		STATE,		ZIP	
_____				_____		_____		_____	
MAILING ADDRESS				CITY,		STATE,		ZIP	
_____				_____		_____		_____	
7. My signature indicates that I am the Director, Provider or Program Administrator and that I have verified the above information on the applicant.									
SIGNATURE*				DATE		TELEPHONE NUMBER		_____	
_____				_____		_____		_____	
<small>*The person that signs as the Director, Provider or Program Administrator cannot also notarize this document. See O.C.G.A. §45-17-8(c).</small>									

MAIL TO:
BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
Atlanta, Georgia 30334
(404) 656-5957

Revised 03/24/14

BRIGHT FROM THE START

Georgia Department of Early Care and Learning
RECORDS CHECK APPLICATION FOR LICENSED FACILITIES
(SEE INSTRUCTIONS ON BACK OF FORM)

INSTRUCTIONS FOR COMPLETING RECORDS CHECK APPLICATION

(Be sure to complete the fingerprinting process before sending in this application.)

Please use a blue or black ball point pen, press firmly, and PRINT legibly.

APPLICANT WILL COMPLETE THE FOLLOWING:

- First, write your COGENT ID number at the top of the form in the space provided.
1. Check the correct box that identifies the criminal records check application.
 2. Check the box for the type of child care facility.
 3. Print your full name, including your MAIDEN name. DO NOT use initials if you have a given name.
Print your date of birth.
Print your gender.
Print your race.
Print your Social Security Number.
Print your place of birth: City or County, State and Country if not USA.
Print your height.
Print your weight.
Print the color of your eyes: DO NOT abbreviate: Brown, Black, Grey, Blue, Green, Hazel, or Other.
Print the color of your hair: DO NOT abbreviate: Brown, Black, Grey, Red, Blonde, Bald, or Other.
Print your home and cell telephone numbers with area code.
Print your complete home address.
Print your complete mailing address if different than your home address. If your mailing address is the same as your home address, print "SAME AS ABOVE" on that line. Note that record check results will be mailed both to the center and to the mailing address entered here.
 4. DECAL requires valid and unexpired photograph identification documents to process this application. See the following page for acceptable forms of ID. Attach a photocopy of the picture identification document(s) that you provided to the LIVE SCAN fingerprinting facility to this application. In the space provided, please indicate the number of the ID document you submit according to the list on the following page.
 5. ALL APPLICATIONS MUST BE NOTARIZED.
Read the consent statement.
In front of a Notary Public, sign your name as you would on a bank check or business letter.
Obtain Notary's signature, county and commission expiration date.

DIRECTOR WILL COMPLETE THE FOLLOWING:

6. Print clearly and give complete mailing address.
Print the name of your center as it appears on your license application.
Print the license, registration or application number of your facility.
Print the county.
Print the mailing address of your center.
Print the city/state/zip.
Note that record check results will be mailed to the address that is entered here.
7. Director, Provider or Program Administrator must sign his/her name as it would appear on a bank check or business letter.
Print the name of the Director, Provider or Program Administrator name below the signature.
Print date signed.
Print facility telephone number.
8. Submit the completed, notarized* and signed form to:

*The person that signs as the Director, Provider or Program Administrator cannot also notarize the document. See O.C.G.A. §45-17-8(c).

MAIL TO:
BRIGHT FROM THE START:
GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
Records Unit
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
Atlanta, Georgia 30334

Revised 03/24/14

BRIGHT FROM THE START

Georgia Department of Early Care and Learning
RECORDS CHECK APPLICATION FOR LICENSED FACILITIES

APPROVED IDENTITY VERIFICATION DOCUMENTS

DECAL requires valid and unexpired picture identification documents. As a primary form of picture identification one of the following will be accepted with your application:

AND

In the absence of one of the above Primary identifications, applicants may provide one or more of the following Secondary Documents, along with two of the supporting documents listed below:

Secondary Documents:

One form of ID from this list:

7. State Government Issued Certificate of Birth
8. Social Security Card
9. Certificate of Citizenship (N560)
10. Certificate of Naturalization (N550)
11. INS I-551 Resident Alien Card Issued since 1997
12. INS I-688 Temporary Resident Identification Card
13. INS I-688B, I-766 Employment Authorization Card

AND

Two forms of ID from this list:

14. Utility Bill (with current address)
15. Voter Registration Card
16. Vehicle Registration Card/Title
17. Paycheck Stub with Name/Address
18. Cancelled Check or Bank Statement

Revised 03/24/14